October 4, 2006

Honorable Mayor and Members of
The Hermosa Beach City Council

Regular meeting of
October 10, 2006

LOS ANGELES COUNTY CARDIAC CARE PROGRAM EQUIPMENT AND TRAINING AGREEMENT FOR PREHOSPITAL PARAMEDIC TREATMENT OF STEMI PATIENTS

RECOMMENDATION

Staff recommends that council:

1. Approve the agreement with the Los Angeles County Department of Health Services – Emergency Medical Services Agency, and
2. Authorize the City Manager to sign the agreement, and
3. Appropriate $51,000 for the reimbursable purchase of the equipment not to exceed $17,000 per unit, and
4. Approve estimated revenue of $51,000 from the County of Los Angeles.

BACKGROUND

On September 5, 2006, the Board of Supervisors approved the ST Elevation Myocardial Infarction (STEMI) Receiving Center Program. The goal of this program is to identify 9-1-1 cardiac patients experiencing a STEMI in the prehospital setting and transport them to an approved STEMI Receiving Center (SRC) hospital for definitive diagnosis and treatment. Each advanced life support (ALS) unit must be equipped with 12-lead electrocardiogram (EKG) capability and staffed with paramedics trained in its use.

The Board of Supervisors approved the reimbursement to our agency for the purchase of (3) 12-lead EKG equipment and associated training.

FISCAL IMPACT

The 12-lead EKG equipment, not to exceed $17,000 per unit, will be reimbursed by the County of Los Angeles within (90) days of receipt of invoice per the agreement and associated training will also be reimbursed per the agreement. There is no cost to the city for this program.

Respectfully submitted,

Russell Tingley
Fire Chief

Concur:

Stephen Burrell
City Manager

Noted for Fiscal Impact:

Viki Copeland
Finance Director

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

5555 Ferguson Drive, Suite 220
Commerce, CA 90022

Tel: (323) 890-7500
Fax: (323) 890-8536

To improve health through leadership, service and education

September 21, 2006

RECEIVED SEP 2 8 2006

Russell Tingley
Fire Chief
Hermosa Beach Fire Department
540 Pier Avenue
Hermosa Beach, CA 90254

Dear Chief Tingley:

I am pleased to announce that on September 5, 2006, the Board of Supervisors approved the ST Elevation Myocardial Infarction (STEMI) Receiving Center Program. As you know, the goal of this program is to identify 9-1-1 cardiac patients experiencing a STEMI in the prehospital setting and transport them to an approved STEMI Receiving Center (SRC) hospital for definitive diagnosis and treatment. Each advanced life support (ALS) unit must be equipped with 12-lead electrocardiogram (EKG) capability and staffed with paramedics trained in its use.

Attached is the adopted Board letter to be used by your department as verification of the County's intent to reimburse your department for the purchase/upgrade of 12-lead EKG equipment for two **EMS Agency approved** ALS units and one assessment unit. The reimbursement includes payment for training 14 **accredited** paramedics as well as all EMTs in your department.

Agreement

Attached is the Cardiac Care Program Equipment Agreement approved by the Board of Supervisors that must be executed by the EMS provider and/or city in order to qualify for reimbursement. **This will cover the cost of 12-lead EKG equipment purchased/upgraded by December 31, 2006 and training completed by June 30, 2007.** It is a limited term contract for the reimbursement of applicable equipment and training and expires June 30, 2007. No substantive changes to the agreement will be accepted.

In order to expedite the agreement execution, please provide the following information to Anna Farias at afarias@ladhs.org by December 1, 2006:

- The name of the agency (fire department or city) that should appear on the first page of the agreement as the "provider"
- The name of the agency, the individual, and the address to which notices regarding the agreement should be sent
- The preferred city official on the signature page (fire chief, city manager, or mayor)
- The name(s) and title(s) of the individuals who will sign the agreement

Reimbursement

To qualify for reimbursement, the encumbrance/purchase order/purchase agreement for applicable EKG equipment must be dated no later than December 31, 2006. Please refer to Pages 5 through 9 of the attached agreement for a detailed outline of the purchase and reimbursement responsibilities of the Provider and the County. The paid invoices submitted for reimbursement must clearly provide verification of expenditures for the purchase of 12-lead EKG equipment and must be submitted within 30 days after purchase of said EKG equipment. The 12-lead EKG purchase should include transcutaneous pacing (TCP) and waveform capnography cabilities. The maximum reimbursement will be $17,000 per unit. All vendor credit for exchange of existing equipment for new 12-lead EKG equipment shall be applied to the purchase cost prior to County's reimbursement to Provider.

Reimbursement for training shall be made upon receipt of rosters with the names and signatures of attendees and the number of course hours completed. Reimbursement will be for full hour increments only. The training rosters should be grouped and submitted on a monthly basis.

Training

Training for paramedics shall be either an ACLS course that includes in-service on the 12-lead EKG equipment, not to exceed sixteen (16) hours **or** specific training only on the equipment, not to exceed six (6) hours per individual. EMTs will be paid for training on the application of the 12-lead equipment not to exceed two (2) hours per individual. ACLS training is not mandated. The six hour training should include, but is not limited to, the following subjects:

- Policies and procedures related to the SRC program (attached)
- Training on TCP and waveform capnography
- Review of chest pain of suspected cardiac origin
- Care of the cardiac patient
- Overview of the anatomy and physiology of the heart
- Application of the 12-lead EKG equipment
- The rationale for utilizing rapid primary percutaneous coronary intervention (PCI)

A more detailed outline of the 6-hour course will be provided by the EMS Agency within 30 to 60 days.

Prehospital 12-Lead EKG Transmission to the SRC

As part of the application process to become an EMS Agency approved SRC, hospitals have received letters detailing the required criteria (sample attached). Providers should consider consulting with the likely SRC(s) in their local geographic area to determine whether they will accept the computer analysis of the prehospital EKG or require transmission to the facility. The monies allocated from the Measure B Fund do not include any hospital costs. If the SRC plans to require EKG transmission, the transmission capability for the provider will be covered but not the cost of the hospital's receiving equipment.

Important Deadlines

- **December 1, 2006** All information required to modify the agreement to each city's preferred agreement style should be provided to Anna Farias.
- **December 31, 2006**: All purchases of 12-lead equipment (waveform capnography and TCP recommended) should be complete.
- **January 31, 2007**: All equipment purchase invoices should be submitted to the EMS Agency.
- **June 30, 2007**: All paramedic and EMT 12-lead training should be complete.
- **December 31, 2007**: All training rosters should be submitted to the EMS Agency.

If you have any questions, please contact Christine Bender, Chief, Prehospital Care Operations, at (323) 890-7576 or Paula Rashi, Facilities Programs Manager, at (323) 890-7581.

Very truly yours,

Carol Meyer
Director

CM:cb
09-14

Attachments

c: Medical Director, EMS Agency
Paramedic Coordinator, Hermosa Beach Fire Department

Health Services
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

Gloria Molina
First District

Yvonne B. Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

William Loos, MD
Acting Senior Medical Officer

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
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ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

26 SEP 05 2006

SACHI A. HAMAI
EXECUTIVE OFFICER

September 5, 2006

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

APPROVAL OF ST ELEVATION MYOCARDIAL INFARCTION RECEIVING CENTER STANDARDS, MEASURE B SPECIAL TAX FUNDING ALLOCATION, CARDIAC CARE PROGRAM EQUIPMENT AGREEMENT, AND APPROPRIATION ADJUSTMENT
(All Districts) (4 Votes)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve the attached 2006 Emergency Medical Services (EMS) Agency ST Elevation Myocardial Infarction (STEMI) Receiving Center Standards, substantially similar to Exhibit I, and instruct the EMS Agency to approve and designate qualified private and public hospitals as STEMI Receiving Centers to provide optimal care for 9-1-1 STEMI cardiac patients in Los Angeles County, with implementation of STEMI Receiving Center standards, effective upon Board approval.

2. Approve $4 million in Measure B Trauma Property Assessment (TPA) funding one-time only to reimburse the paramedic service provider agencies identified in Attachment B for initial purchase of 12-Lead electrocardiograph (EKG) machines and initial training of paramedic and emergency medical technician (EMT) personnel on the use of 12-Lead EKG machines.

3. Approve and instruct the Director of Health Services, or his designee, to offer and execute Cardiac Care Program Equipment Agreements (Agreement), substantially similar to Exhibit II, with the paramedic service provider agencies identified in Attachment B, to provide reimbursement of equipment and training costs for paramedic first responders in local fire departments in order to ensure 12-Lead EKG capability in prehospital care for 9-1-1 patients in Los Angeles County, at a maximum reimbursement rate of $17,000 per 12-Lead EKG machine and $45.00 per hour per attendee for training, for a total maximum obligation of $4 million, effective upon Board approval through June 30, 2007.

4. Approve the attached appropriation adjustment to reallocate $4 million in Measure B TPA funds from Appropriation for Contingencies to Services and Supplies (S&S) in the Fiscal Year (FY) 2006-07 Department of Health Services (DHS) Adopted Budget.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS:

The purpose of the recommended actions is to: 1) authorize the EMS Agency to approve and designate qualified private and public hospitals in Los Angeles County as STEMI Receiving Centers (SRC). This will enable the transport of 9-1-1 STEMI cardiac patients to a SRC for earlier definitive diagnosis and treatment improving patient outcome; 2) approve DHS EMS to reimburse 30 paramedic service provider agencies in Los Angeles County a total maximum aggregate amount of $4 million, for the expense incurred for equipping their paramedic units with 12-Lead EKG machines and for training paramedic and EMT personnel on the use of such equipment; 3) approve DHS EMS to offer and execute cardiac care program equipment agreements with the paramedic service provider agencies, identified in Attachment B, who comply with respected medical community recommendations to equip paramedic units with 12-Lead EKG machines for the early diagnosis of 9-1-1 patients with acute myocardial infarction; and 4) approve an appropriation transfer in the amount of $4 million within the FY 2006-07 DHS Adopted Budget to enable DHS EMS to reimburse the paramedic service provider agencies identified in Attachment B who equip their paramedic units with 12-Lead EKG machines and train their paramedic and EMT personnel in the use of such machines.

FISCAL IMPACT/FINANCING:

The maximum obligation for the agreements with the local and County paramedic service provider agencies identified in Attachment B will not exceed $4 million, for the period effective upon Board approval through June 30, 2007. This is 100% funded by Measure B TPA funds and is a one-time only expenditure. The appropriation adjustment to reallocate $4 million from Appropriation for Contingencies to S & S in the FY 2006-07 DHS Adopted Budget is necessary to cover these obligations.

Any Measure B TPA funds unused at the end of FY 2006-07 will remain in the Measure B Special Fund, pending additional uses recommended by DHS and approved by your Board.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

Acute myocardial infarction (heart attack) remains the leading cause of death of adults in the United States. Survival from a heart attack is largely dependent on prompt recognition and rapid intervention. Data show that the faster a patient can be identified as having an acute heart attack, the corresponding faster intervention can be delivered in an effort to reduce death of cardiac tissue and save lives.

Increasingly, there is national interest in developing a systematic approach to the prehospital care of STEMI cardiac 9-1-1 patients supported by organizations such as the American College of Cardiology and the American Heart Association (AHA). In enacting their Advance Cardiac Life Support Guidelines, the AHA advocates a 12-Lead EKG machine as standard equipment on all paramedic units that handle acute coronary syndrome patients. The United States Senate, in a letter dated May 31, 2005, also recommended that anyone with symptoms of a possible heart attack obtain a 12-Lead EKG as soon as possible and that EMS should transport patients with heart attack symptoms to specialized facilities. In Los Angeles County, the EMS Agency is working closely with the medical community to develop these recommendations into a cardiac care program that includes rapid acquisition and interpretation of a 12-Lead EKG.

The Los Angeles County and City Fire Departments have been integral in the development stages of the cardiac care program, as recipients of an Annenberg Foundation grant which partially offsets the cost of 12-Lead EKG equipment and training for their respective agency's paramedics. The paramedic service provider agencies identified in Attachment B are expected to purchase 12-Lead EKG equipment by December 31, 2006, with the intent to provide associated training by June 30, 2007. A one-time allocation, not to exceed $4.0 million in Measure B TPA funding, would cover equipment and training costs for paramedics and EMT personnel in the 30 paramedic service provider agencies identified in Attachment B to ensure the implementation of the cardiac care program for STEMI patients. Per terms of the Agreement, the County will not reimburse for equipment and training previously funded by other grant funds.

Studies have shown that morbidity and mortality due to a STEMI can be reduced significantly if patients activate the EMS system early, thereby shortening the time to treatment. Paramedics currently transport all cardiac patients to the nearest hospital. If the receiving hospital does not have the SRC capability some of the patients may require secondary transfer to a STEMI facility. However, under the new cardiac care program they would transport the 9-1-1 STEMI cardiac patients to EMS Agency-approved receiving centers. As with all other patient destination policies, the paramedics will utilize the EKG equipment on patients based on established medical criteria, including County responsible indigent patients. Under the authority granted by Title 22, California Code of Regulations, and as outlined in the EMS System Guidelines issued by the State EMS Authority, the EMS Agency Medical Director will approve and designate qualified public and private hospitals in Los Angeles County as STEMI receiving centers. Approved SRCs will meet specific standards as outlined in Exhibit I, and include required equipment and personnel to provide rapid intervention. There are at least 36 hospitals in Los Angeles County that have the capability to participate as SRCs and have expressed high interest in the program. Participation in the SRC program is voluntary.

The SRC Standards were developed by the Cardiac Technical Advisory Group, under the leadership of the EMS Agency Medical Director and was comprised of cardiologists, emergency physicians, fire department personnel, an EMS Commissioner, nurse managers from emergency departments and cardiac catherization laboratories, and a representative from the Hospital Association of Southern California. The SRC Standards have been fully approved by the County-ordinanced Emergency Medical Services Commission.

On July 30, 2002, the Board adopted a resolution for the Measure B special tax ballot initiative. The resolution provides that Measure B TPA funds will be used to pay for the cost of prehospital care, including care provided in, or en route to, from or between acute care hospitals or other health care facilities. The resolution also established that the special tax is for the purpose of purchasing or leasing supplies, equipment or materials. In accordance with Measure B objectives, $4 million in Measure B TPA funds will be used to reimburse the paramedic service provider agencies identified in Attachment B for the initial purchase of 12-Lead EKG machines and related training.

County Counsel has approved Exhibits I and II as to use and form.

Attachments A and B provide additional information.

CONTRACTING PROCESS:

The paramedic service provider agencies executing the attached agreement are current participants in the County's EMS System and satisfy County criteria and conditions for participation. It is not appropriate to advertise this agreement on the Los Angeles County On-Line Web Site.

IMPACT ON CURRENT SERVICES:

The designation of STEMI SRCs, allocation of Measure B TPA funding, Cardiac Care Program Equipment Agreements with local and County paramedic service provider agencies and approval of the appropriation adjustment will help to ensure the delivery of timely and definitive emergency medical care to 9-1-1 STEMI cardiac patients in Los Angeles County.

When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,

Bruce A. Chernof, M.D.
Director and Chief Medical Officer

BAC:ab

Attachments (5)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
Auditor-Controller

ATTACHMENT A

SUMMARY OF AGREEMENT

1. Type of Service:

   This agreement provides for paramedic service provider agencies to be reimbursed by County for equipment and training costs to ensure 12-Lead electrocardiograph (EKG) capability in prehospital care for 9-1-1 patients in Los Angeles County.

2. Address and Contact Person:

   Department of Health Services – Emergency Medical Services (EMS) Agency
   5555 Ferguson Drive, Suite 220
   Los Angeles, California 90022
   Attention: Carol Meyer, Director
   Telephone: (323) 890-7545 Fax: (323) 890-8536
   Email: cmeyer@ladhs.org

3. Term:

   Effective upon Board approval through June 30, 2007.

4. Financial Information:

   The maximum obligation for the agreements with the local and County paramedic service provider agencies identified in Attachment B will not exceed $4 million. This is 100% funded by Measure B Trauma Property Assessment funds. The appropriation adjustment to reallocate $4 million from Appropriation for Contingencies to Services & Supplies in the Fiscal Year 2006-07 Department of Health Services Adopted Budget is necessary to cover these obligations.

5. Primary Geographic Area to be Served:

   Countywide.

6. Accountable for Program Monitoring:

   The County's local EMS Agency, i.e., the Department's EMS Division

7. Approvals:

Emergency Medical Services Agency:	Carol Meyer, Director
Contracts and Grants Division:	Cara O'Neill, Chief
County Counsel:	Edward A. Morrissey, Deputy County Counsel
CAO Budget Unit:	Leticia Thompson

ATTACHMENT B

PARAMEDIC SERVICE PROVIDER AGENCIES THAT REQUIRE CARDIAC CARE PROGRAM EQUIPMENT AGREEMENT

1. Alhambra Fire Department
2. Arcadia Fire Department
3. Beverly Hills Fire Department
4. Burbank Fire Department
5. Compton Fire Department
6. Culver City Fire Department
7. Downey Fire Department
8. El Segundo Fire Department
9. Glendale Fire Department
10. Hermosa Beach Fire Department
11. La Habra Heights Fire Department
12. La Verne Fire Department
13. Long Beach Fire Department
14. Los Angeles City Fire Department
15. Los Angeles County Fire Department (Memorandum of Understanding)
16. Los Angeles County Sheriff Department (Memorandum of Understanding)
17. Manhattan Beach Fire Department
18 Monrovia Fire Department
19. Montebello Fire Department
20. Monterey Park Fire Department
21. Pasadena Fire Department
22. Redondo Beach Fire Department
23. San Gabriel Fire Department
24. San Marino Fire Department
25. Santa Fe Springs Fire Department
26. Santa Monica Fire Department
27. South Pasadena Fire Department
28. Torrance Fire Department
29. Vernon Fire Department
30. West Covina Fire Department

TBR:35ZM 11/85

BOARD OF SUPERVISORS
OFFICIAL COPY

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT DEPT'S. No.

DEPARTMENT OF Health Services DATE 08/14/2006

AUDITOR-CONTROLLER:
THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. WILL YOU PLEASE REPORT AS TO ACCOUNTING AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF ADMINISTRATIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFOR

Budget Adjustment
Fiscal Year 2006-07
4 Vote

SOURCES:		USES:	
Measure B Appropriation for Contingencies BW9-HS-41010-3303 ps-e	$4,000,000	Measure B Services and Supplies BW9-HS-41017-2000	$4,000,000
Total:	$4,000,000	Total:	$4,000,000

JUSTIFICATION:

The appropriation adjustment in the amount of $4,000,000 is necessary to reallocate Fiscal Year 2006-07 DHS Board Adopted Budget Measure B - Trauma Property Assessment funds from Appropriation for Contingencies to Services & Supplies to fund agreements with the 30 paramedic service provider agencies.

EM:bsf
08/10/06

MC Hall for EM

Efrain Munoz, Chief
DHS-Controller's Division

CHIEF ADMINISTRATIVE OFFICER'S REPORT:

REFERRED TO THE CHIEF ADMINISTRATIVE OFFICER FOR:
☐ ACTION
☑ RECOMMENDATION

APPROVED AS REQUESTED ☒ AS REVISED ☐

S. Kabbaura 3/16/06
CHIEF ADMINISTRATIVE OFFICER

AUDITOR-CONTROLLER No.
017

BY: Nelson Jung
8-16-2006

APPROVED (AS REVISED):
BOARD OF SUPERVISORS

BY:
DEPUTY COUNTY CLERK

SEND 6 COPIES TO THE AUDITOR-CONTROLLER

EXHIBIT II

Contract No._____

CARDIAC CARE PROGRAM EQUIPMENT AGREEMENT

THIS AGREEMENT is made and entered into this _____day of _____, 2006,

by and between COUNTY OF LOS ANGELES (hereafter "County"),

and _____ (hereafter "Provider")

WHEREAS, pursuant to the authority granted under the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (Health and Safety Code, sections 1797, et. seq.), ("Act") County has established and maintains an Advanced Life Support ("ALS") system providing services utilizing Emergency Medical Technicians-Paramedics (hereafter "paramedics") for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport to a general acute care hospital, during interfacility transfer, while in the emergency department of a general hospital, until care responsibility is assumed by the regular staff of that hospital, and during training within the facilities of a participating general acute care hospital; and

WHEREAS, under the Act County has designated its Department of Health Services (hereafter "DHS") as the local Emergency Medical Services Agency (hereafter "EMS Agency"); and

WHEREAS, the EMS Agency approves paramedic provider agencies, to render through licensed and accredited paramedic personnel, ALS level patient care in accordance with policies and procedures established by the EMS Agency and the State Emergency Medical Services Authority; and

WHEREAS, the _____ Fire Department (hereafter "Provider") is an approved primary provider of prehospital emergency medical services with the City of _____, and is staffed with certified Emergency Medical Technician-Is ("EMT") and licensed and accredited paramedics; and

WHEREAS, under Title 22, California Code of Regulations sections 100144 and 100169, the Medical Director of the local EMS Agency ("Medical Director") may approve policies and procedures allowing a paramedic to initiate a 12-Lead electrocardiogram (12-Lead EKG) on a patient experiencing chest pain in the prehospital setting, provided that continuous quality improvement ("CQI") measures are in place as specified in section 100167 of such regulations; and

WHEREAS, the EMS Agency has established a systemwide CQI program as defined and required under Title 22, California Code of Regulations sections 100136 and 100172; and

WHEREAS, the Medical Director, in consultation with the Cardiac Technical Advisory Group, has approved and recommended Countywide implementation of 12-Lead EKGs for prehospital emergency medical care, and the addition of 12-Lead EKG equipment to the ALS Unit Inventory; and

WHEREAS, Provider desires to utilize 12-Lead EKG equipment for Provider ALS units in accordance with prehospital emergency medical care policies and procedures established by the local EMS Agency; and

WHEREAS, the EMS Agency agrees to reimburse Provider for the cost of the initial purchase of 12-Lead EKG equipment and the initial training associated with the equipment's use, unless previously funded by other grant funds; and

WHEREAS, the parties agree to cooperate with each other and with paramedic base hospitals within the County for the development and implementation of approved ST Elevation Myocardial Infarction (STEMI) Receiving Centers which will serve as a destination for 9-1-1 patients who are experiencing a STEMI as determined by a 12-Lead EKG administered in the field by an ALS Unit; and

WHEREAS, County's authority for this Agreement is found in Health and Safety Code section 1797.252, Title 22, California Code of Regulations section 100169, and Government Code section 26227; and

WHEREAS, the parties agree that Provider does not waive its "grandfather" status, if applicable, under California Health and Safety Code section 1797.201, and that this agreement is solely for the purpose of establishing terms and conditions of reimbursement by County to Provider for the initial purchase of 12-Lead EKG equipment and associated training, and does not impact any of Provider's present or future rights under Health and Safety Code section 1797.201.

NOW, THEREFORE, the parties agree as follows:

1. BASIS AND PURPOSE: The basis of this Agreement is the desire and intention of the EMS Agency to cooperate in the operations of each party's component of the emergency medical care delivery system, consistent with each party's other health services activities and fiscal requirements and the duties and responsibilities of the County and its EMS Agency. The Agreement's purpose is to establish, in a manner reflective of such cooperative basis, the designated rules, duties and responsibilities of the parties with respect to the matters addressed herein.

2. TERM: The term of this Agreement shall commence upon Board approval and shall continue in full force and effect to and including June 30, 2007.

In any event, this Agreement may be canceled at any time by either party by the giving of at least one-hundred-eighty (180) calendar days advance written notice thereof to the other party.

3. ADMINISTRATION: The Director of DHS or designee shall have the authority to administer this Agreement and subsequent amendments, if any, on behalf of County. The Provider's Fire Chief or designee is authorized to administer this Agreement and subsequent amendments, if any, on behalf of Provider.

4. RESPONSIBILITIES OF THE COUNTY RELATING TO THE PURCHASE OF 12-LEAD EKG EQUIPMENT AND TRAINING:

A. County agrees to reimburse Provider for the initial purchase of 12-Lead EKG equipment and for the initial training of paramedic and EMT personnel in the use of 12-Lead EKG equipment, at the rates and per terms specified in Subparagraphs B and C, hereinbelow.

B. REIMBURSEMENT FOR 12-Lead EKG PURCHASE: Reimbursement shall be made by County to Provider within ninety (90) days of receipt of a complete and correct invoice from Provider for the initial purchase of 12-Lead EKG equipment in accordance with the rate of reimbursement

specified hereunder. Reimbursement by County to Provider shall be limited to the purchase of one (1) 12-Lead EKG machine per approved ALS Unit, to be purchased by Provider no later than December 31, 2006. County's reimbursement to Provider shall not exceed a total maximum amount of Seventeen Thousand Dollars ($17,000) per 12-Lead EKG machine, excluding any vendor credit for exchange of existing EKG equipment. All vendor credit for exchange of existing equipment for new 12-Lead EKG equipment shall be applied to the purchase cost prior to County's reimbursement to Provider. Notwithstanding the foregoing, the County shall not reimburse Provider for the purchase of a 12-Lead EKG machine if Provider has already received funding from a grant or any other third party source to offset the cost of such machine.

C. REIMBURSEMENT FOR INITIAL TRAINING:

Reimbursement shall be made by County to Provider within ninety (90) days of receipt of a complete and correct invoice from Provider for initial training of Provider's paramedic and EMT personnel in the use of 12-Lead EKG equipment. Such invoice must include rosters from initial training that identify each attendee, each attendee's classification (paramedic or EMT),date of training, and

total hours of initial training. Reimbursement by County to Provider shall be limited to the initial training completed no later than June 30, 2007, and as described herein. County's reimbursement to Provider shall not exceed a total maximum amount of Forty-Five Dollars ($45.00) per hour of initial training per attendee, limited to one category of training per attendee, for the following maximum hours,:

TRAINING CATEGORY	ATTENDEE	MAXIMUM HOURS
ACLS (includes 12-Lead EKG training)	Paramedic	16
- OR -		
12-Lead EKG	Paramedic	6
- OR -		
12-Lead EKG	EMT	2

D. Reimbursement by County to Provider shall be made in the order that invoices are received from all Providers under this Agreement (first-come, first-served basis). Providers that have not received previous grant funding for reimbursement of expenditures described in Section 4, Subparagraph A of this Agreement, shall have priority for reimbursement. Reimbursement shall be made by County to Provider for 12-Lead EKG equipment purchased by Provider no later than December 31, 2006, and for initial training of

Provider's paramedic and EMT personnel on the use of such equipment that is completed no later than June 30, 2007.

5. RESPONSIBILITIES OF PROVIDER RELATING TO THE PURCHASE OF 12-LEAD EKG EQUIPMENT AND TRAINING:

A. Provider shall be responsible for the selection of a vendor and the initial procurement of 12-Lead EKG equipment under the terms of the group purchase plans developed by the Los Angeles Chapter of the California Fire Chiefs Association. Provider agrees to equip each approved ALS Unit within its agency with each 12-Lead EKG machine purchased under terms of this Agreement. Purchase of said equipment must be made by Provider no later than December 31, 2006, to qualify for reimbursement by County.

B. Provider shall coordinate and arrange for the initial training of paramedic and EMT personnel in the use of 12-Lead EKG equipment. Such training must be completed no later than June 30, 2007, to qualify for reimbursement by County.

C. Provider shall submit an invoice to County that clearly reflects and provides reasonable details for said purchase of 12-Lead EKG equipment. Reimbursement by County will be subject to the terms as set forth in Section 4, Subparagraphs B, C, and D of this Agreement. Invoice(s)

shall be forwarded by Provider to the EMS Agency, 5555 Ferguson Drive, Suite 220, Commerce, California 90022. All invoices shall be submitted by Provider to County within thirty (30) days after purchase of said EKG equipment, with respect to the purchase deadline as set forth in Section 5, Subparagraph A of this Agreement.

D. Provider shall submit an invoice to County that clearly reflects and provides reasonable details of the initial training of paramedics and EMT personnel on the use of 12-Lead EKG equipment. Reimbursement by County will be subject to the terms set forth in Section 4, Subparagraphs C and D of this Agreement. Invoice(s) shall include roster(s) from initial training that identify each attendee, each attendee's classification (paramedic or EMT), date of training, and total hours of initial training per attendee. Invoice(s) shall be forwarded by Provider to the EMS Agency, 5555 Ferguson Drive, Suite 220, Commerce, California 90022. Invoice(s) shall be submitted by Provider to County within thirty (30) days after training is completed, with respect to the training deadline as set forth in Section 5, Subparagraph B of this Agreement.

E. Provider shall submit upon request by the EMS Agency, accurate and complete data pertaining to prehospital emergency medical care of STEMI patients.

F. Provider shall be responsible for: (1) all maintenance of 12-Lead EKG equipment purchased under terms of this Agreement and beyond, (2) expenditure for purchase of all replacement 12-Lead EKG equipment, (3) expenditure for additional and/or future 12-Lead EKG equipment purchased after December 31, 2006, and (4) expenditure for training on the use of 12-Lead EKG equipment that occurs after June 30, 2007.

G. Provider agrees to utilize any 12-Lead EKG equipment subject to this Agreement in a manner consistent with standards, policies, and procedures of the EMS Agency. Provider agrees that in such utilization it shall provide prehospital care as needed without regard to a person's ability to pay.

6. INDEPENDENT CONTRACTOR STATUS: This Agreement is by and between County and Provider and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, between County and Provider. Provider understands and agrees that all the Provider employees performing services on behalf of Provider

under this Agreement are, for the purposes of worker's compensation liability, employees solely of Provider and not of County.

7. INDEMNIFICATION: Each party (Indemnifying Party) shall indemnify, defend, and hold harmless the other, and the other's Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, fees, actions, costs and expenses (including attorney and expert witness fees) arising from or connected with the Indemnifying Party's acts and/or omissions arising from and/or relating to this Agreement.

8. MAXIMUM COUNTY OBLIGATION: County has allocated a maximum total amount of Four Million Dollars ($4,000,000.00) for reimbursement of allowable costs incurred by all Providers under terms of this Agreement. The parties acknowledge that this funding is comprised by revenue generated by Measure B, Preservation of Trauma Centers and Emergency Medical Services annual special tax as allocated by the County Board of Supervisors (Measure B Trauma Property Assessment [TPA] Funds). The parties further acknowledge that, following all due payment by County to all Providers under terms of this Agreement, any Measure B TPA funds unused at the termination of this Agreement

shall remain in the Measure B Special Fund, pending additional use subject to approval by the County Board of Supervisors.

9. MERGER PROVISION: The body of this Agreement, and any exhibits attached hereto, fully express all understandings of the parties concerning all matters covered and shall constitute the total Agreement. No addition to or alteration of the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents, or employees, shall be valid unless made in the form of a written amendment to this Agreement which is formally approved and executed by the parties.

10. COMPLIANCE WITH HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996: The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"). Provider understands and agrees that as a provider of medical treatment services, it is a "covered entity" under HIPAA and, as such, has obligations with respect to the confidentiality, privacy and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of its staff and the establishment of proper procedures

for the release of such information, and the use of appropriate consents and authorizations specified under HIPAA.

The parties acknowledge their separate and independent obligations with respect to HIPAA, and that such obligations relate to transactions and code sets, privacy, and security. Provider understands and agrees that it is separately and independently responsible for compliance with HIPAA in all these areas and that County has not undertaken any responsibility for compliance on Provider's behalf. Provider has not relied, and will not in any way rely, on County for legal advice or other representations with respect to Provider's obligations under HIPAA, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

Provider and County understand and agree that each is independently responsible for HIPAA compliance and agree to take all necessary and reasonable actions to comply with the requirements of the HIPAA law and implementing regulations related to transactions and code set, privacy, and security. Each party further agrees to indemnify and hold harmless the other party (including their officers, employees, and agents), for its failure to comply with HIPAA.

11. NOTICES: Any and all notices required, permitted, or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally or by United States mail, certified or registered, postage prepaid, return receipt requested, to the parties at the following addresses and to the attention of the person named. The Medical Director shall have the authority to issue all notices which are required or permitted by County hereunder. Addresses and persons to be notified may be changed by one party by giving at least ten (10) calendar days prior written notice thereof to the other.

A. Notices to County shall be addressed as follows:

1. Department of Health Services
Emergency Medical Services Agency
5555 Ferguson Drive, Suite 220
Commerce, California 90022
Attention: Director

2. Department of Health Services
Contracts and Grants Division
313 North Figueroa Street, 6th Floor East
Los Angeles, California 90012

Attention: Division Chief

3. Auditor-Controller
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 525
Los Angeles, California 90012

Attention: Director

B. Notices to Provider shall be addressed as follows:

1.

IN WITNESS WHEREOF, The Board of Supervisors of the County of Los Angeles has caused this Agreement to be subscribed by its

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Director of Health Services and Provider on its behalf by its duly authorized officer, the day, month, and year first above written.

CITY OF _____

By _____

APPROVED AS TO FORM:
CITY ATTORNEY

By _____
City Attorney

COUNTY OF LOS ANGELES

By _____
Bruce A. Chernof, M.D.
Director and Chief Medical Officer

APPROVED AS TO PROGRAM:
Department of Health Services

By _____
Carol Meyer, Director
Emergency Medical Services Agency

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

_____
Deputy

APPROVED AS TO CONTRACT ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **ST ELEVATION MYOCARDIAL INFARCTION PATIENT DESTINATION**

(PARAMEDIC, MICN)
REFERENCE NO. 513

PURPOSE: To ensure that 9-1-1 patients with ST-elevation myocardial infarction are transported to a facility with cardiac catheterization/surgical capabilities.

AUTHORITY: Health & Safety Code, Division 2.5, Sections, 1798

DEFINITIONS:

ST Elevation Myocardial Infarction (STEMI): An acute MI that generates ST-segment elevation on the prehospital 12-lead electrocardiogram (EKG).

STEMI Receiving Center (SRC): A facility licensed for a cardiac catheterization laboratory and cardiovascular surgery by the Department of Health Services License and Certification Division and approved by the Los Angeles County EMS Agency as a SRC.

PRINCIPLE:

1. The 12-lead EKG in the prehospital care setting is a key component to the early diagnosis and ongoing definitive treatment for patients with acute myocardial infarction.

2. In all cases, the health and well being of the patient is the overriding consideration in determining patient destination. Factors to be considered include: severity and stability of the patient's condition; current status of the SRC; anticipation of transport time; and request by the patient, family, guardian or physician.

POLICY:

I. Responsibility of the Provider Agency

A. The 12-lead EKG shall be acquired on patients who complain of chest pain/discomfort of suspected cardiac etiology and/or patients who the paramedics suspect are experiencing an acute cardiac event.

Note: Standing Field Treatment Protocol (SFTP) providers will contact for notification and destination.

B. Contact the assigned Base Hospital for medical direction and destination for all patients whose 12-lead EKG demonstrates "acute MI" or the manufacturer's equivalent reading of an acute STEMI.

C. Determine destination of the STEMI patient when for whatever reason base hospital contact cannot be made.

EFFECTIVE: 05-15-06
REVISED:
SUPERSEDES:

APPROVED: Director, EMS Agency

Medical Director, EMS Agency

D. Transmit (if capable) the 12-lead EKG demonstrating "acute MI" or "acute MI suspected" to the receiving SRC if requested.

E. Label each prehospital 12-lead EKG performed with the corresponding EMS Report Form Sequence Number.

F. On the EMS Report Form, document that a 12-lead EKG was done.

II. Responsibility of the Base Hospital

A. Provide medical direction and destination for all patients whose 12-lead EKG demonstrates STEMI.

Note: Provide destination and obtain patient information in such a way as not to delay transport.

B. Determine patient destination via the ReddiNet system.

C. Notify the receiving SRC if the base hospital is not the patient's destination.

III. Transportation of STEMI Patients to a SRC

A. All STEMI patients shall be transported to the most accessible open SRC if ground transport is 30 minutes or less regardless of service agreement rules and/or considerations.

Note: This includes hypotensive patients with signs and symptoms consistent with cardiogenic shock.

B. If ground transport time to a SRC is greater than the maximum allowable time of 30 minutes, the patient shall be transported to the most accessible receiving facility.

IV. Diversion of STEMI Patients to a SRC

The SRC may request diversion of 9-1-1 ALS units only when:

A. The hospital is unable to perform emergent percutaneous coronary intervention because the cardiac cath staff is already fully committed to caring for STEMI patients in the catheterization laboratory; or

B. The facility is on internal disaster.

Note: ED diversion does not prohibit a STEMI patient's transport to an open SRC.

CROSS REFERENCE:

Prehospital Care Policy Manual:
Ref. No. 501, **Hospital Directory**
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Ref. No. 808, **Base Hospital Contact and Transport Criteria**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT-I,PARAMEDIC,MICN)

SUBJECT: **PATIENT DESTINATION**

REFERENCE NO. 502

PURPOSE: To ensure that 9-1-1 patients are transported to the most appropriate facility that is staffed, equipped, and prepared to administer emergency and/or definitive care appropriate to the needs of the patient.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220
California Code of Regulations, Title 13, Section 1105 (c)

PRINCIPLES:

1. 9-1-1 patients shall ordinarily be transported to general acute care hospitals with a basic emergency department permit. Transport to other medical facilities (hospitals with a stand-by permit, clinics and other medical facilities approved by the EMS Agency) shall be performed only in accordance with this policy.

2. In the absence of decisive factors to the contrary 9-1-1 patients shall be transported to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patient.

3. The most accessible receiving (MAR) facility may or may not be the closest facility geographically. Transport personnel shall take into consideration traffic, weather conditions or other similar factors, which may influence transport time when identifying which hospital is most accessible.

4. The most appropriate health facility for a patient may be that health facility which is affiliated with the patient's health plan. Depending upon the patient's chief complaint and medical history, it may be advantageous for the patient to be transported to a facility where they can be treated by a personal physician and/or the individual's personal health plan and where medical records are available.

5. ALS units utilizing Standing Field Treatment Protocols (SFTPs) shall transport patients in accordance with this policy.

6. Patients shall not be transported to a medical facility that has requested diversion due to internal disaster.

7. Notwithstanding any other provision of this reference, and in accordance with Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Units, final authority for patient destination rests with the base hospital handling the call. Whether diversion request will be honored depends on available system resources.

APPROVED:

Director, EMS Agency

Medical Director, EMS Agency

POLICY:

I. Transport of Patients by EMT-I Personnel

A. EMT-I personnel shall transport 9-1-1 patients deemed stable and requiring only basic life support (BLS) to the MAR, regardless of its diversion status (exception: internal disaster). For pediatric patients, the MAR is considered to be the most accessible Emergency Department Approved for Pediatrics (EDAP). For perinatal patients, the MAR is considered to be the most accessible perinatal center.

B. EMT-I personnel may honor patient requests to be transported to other than the MAR provided that the patient is deemed stable and requires basic life support measures only and the ambulance is not unreasonably removed from its primary area of response.

C. In life-threatening situations (e.g., unmanageable airway or uncontrollable hemorrhage) in which the estimated time of arrival (ETA) of the paramedics exceeds the ETA to the MAR, EMT-Is should exercise their clinical judgement as to whether it is in the patient's best interest to be transported prior to the arrival of paramedics.

D. EMT-I personnel may transfer care of a patient to another EMT-I team if necessary.

II. Transport of Patients by Paramedic Personnel

A. Patients should be transported to the MAR unless:

1. The base hospital determines that a more distant hospital is more appropriate to meet the needs of the patient; or

2. The patient meets criteria or guidelines for transport to a specialty care center (i.e., Trauma, Pediatric Trauma, ST-Elevation Myocardial Infarction Receiving Center, EDAP, Pediatric Medical Center, Perinatal); or

3. The patient requests a specific hospital; and

a. The patient's condition is considered sufficiently stable to tolerate additional transport time; and

b. The EMS provider has determined that such a transport would not unreasonably remove the unit from its primary area of response. If requests cannot be honored, the provider should attempt to arrange for alternate transportation, i.e., private ambulance, to accommodate the patient's request; and

c. The requested hospital does not have a defined service area. (For hospitals with a defined service area, refer to Section V of this policy.)

4. The medical facility has requested diversion to 9-1-1 patients requiring advanced life support (ALS) as specified in Ref. No. 503. ALS units may be directed to an alternate open facility provided:

   a. The patient does not exhibit an uncontrollable problem in the field as defined by unmanageable airway or uncontrolled hemorrhage.

   b. The involved ALS unit estimates that it can reach an alternate facility within fifteen (15) minutes, Code 3, from the incident location. If there are no open facilities within this time frame, ALS units shall be directed to the MAR, regardless of its diversion status (exception: Internal Disaster).

B. Paramedic personnel may transfer care of a patient to another paramedic team if necessary. If base hospital contact has been made, the initial paramedic team shall advise the base hospital that another paramedic team has assumed responsibility of the patient.

C. BLS patients transported by ALS personnel may be transported to an alternate open facility if the MAR has requested diversion.

NOTE: On an "as needed" basis, the EMS Agency may extend the maximum transport time.

III. Destination of Restrained Patients

A. Restrained patients shall be transported to the most accessible basic emergency department facility within the guidelines of this policy. Allowable exceptions:

1. Patients without a medical complaint with a 5150 order written by a designated Department of Mental Health Teams when transport to a psychiatric facility has been arranged.

2. A law enforcement request for transport to medical facilities other than the closest may be honored with base hospital concurrence.

IV. Transport to Health Facilities without a Basic Emergency Department Permit

A. Hospitals with a Stand-by Emergency Department Permit: Patient requests for transport to hospitals with a Stand-by Emergency Department Permit may be honored by EMT-I or paramedic personnel if base hospital contact is made; and

1. The base hospital concurs that the patient's condition is sufficiently stable to permit the estimated transport time; and

2. The base hospital contacts the requested hospital and ensures that a physician is on duty and willing to accept the patient.

B. Other medical facilities approved on an individual basis by the EMS Agency: 9-1-1 patients may be transported to medical facilities other than hospitals (i.e., clinics) only when approved in advance by the EMS Agency.

V. Transport to Health Facilities with a Designated Service Area (Service Area Hospitals)

A. Patients shall be transported by EMT-I or paramedic personnel to hospitals with a designated service area whenever the incident location is within the hospital's defined service area (exception: diversion to Internal Disaster). In most instances, the service area hospital is also the MAR.

B. If a patient within the defined service area meets criteria or guidelines for a specialty care center not provided by the service area hospital, this patient shall be transported to the appropriate specialty care center.

C. Patient requests for transport to: 1) a service area hospital when the incident location is outside the hospital's defined service area or inside the service area of another hospital or; 2) a hospital without a service area when the incident location is within another hospital's defined service area, may be honored by:

1. EMT-I personnel if it is a BLS patient, the receiving hospital is contacted and agrees to accept the patient, and the transporting unit is not unreasonably removed from its primary response area.

2. Paramedic personnel if the base hospital is contacted and concurs that the patient's condition is sufficiently stable to permit the estimated transport time, the requested hospital agrees to accept the patient, and the transporting unit is not unreasonably removed from its primary response area. The receiving hospital may be contacted directly if the ALS unit is transporting a BLS patient.

VI. Transport to Specialty Care Centers

A. Trauma Center and Pediatric Trauma Center: Transport of trauma patients shall be in accordance with Ref. Nos. 504, 506 and 510. Requests for diversions due to trauma care may be honored as outlined in Ref. No. 503.

B. Pediatric Medical Center (PMC): Transport of pediatric patients shall be in accordance with Ref. Nos. 504, 506 and 510. The MAR for the pediatric patient is the most accessible EDAP.

C. Perinatal Center: Patients meeting Perinatal Center criteria shall be transported in accordance with Ref. No. 511. The MAR for the perinatal patient is the most accessible Perinatal Center.

D. STEMI Receiving Center (SRC): Patients who are experiencing an ST-elevation myocardial infarction (STEMI) as determined by a field 12-lead EKG should be transported to an approved STEMI Receiving Center, regardless of service agreement rules and/or considerations.

CROSS REFERENCE:

Prehospital Care Policy Manual:
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Ref. No. 504, **Trauma Patient Destination**

Ref. No. 506, **Trauma Triage**
Ref. No. 508, **Sexual Assault Patient Destination**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 511, **Perinatal Patient Destination**
Ref. No. 512, **Burn Patient Destination**
Ref. No. 513 **ST-Elevation Myocardial Infarction Patient Destination**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 838, **Application of Patient Restraints**

ASSESSMENT

PRINCIPLE:

1. The 12-lead electrocardiogram (EKG) in the prehospital care setting is a key component to the early diagnosis and ongoing definitive treatment for patients with acute myocardial infarction (MI).

2. 12-lead EKGs are used with a variety of patients. The goal is to incorporate the 12-lead EKG into the decision making about the ST-elevation MI (STEMI) patient. The transmission or reporting of the STEMI should decrease "door-to-intervention" times in 9-1-1 receiving hospitals.

3. Only paramedics who are employed by a provider agency with a 12-lead EKG program and who have received the required training may perform a 12-lead EKG.

4. The 12-lead EKG should be performed as part of a complete assessment for a patient with chest pain/ discomfort or a patient suspected of experiencing an acute cardiac event.

5. Necessary medical treatments shall not be delayed in order to obtain a 12-lead EKG.

GUIDELINE:

1. Apply standard Lead II monitor. Treat rhythm as appropriate. Perform 12-lead EKG in conjunction with applicable treatment guidelines.

2. A 12-lead EKG shall be acquired on patients who complain of chest pain/discomfort of suspected cardiac etiology and/or patients who the paramedics suspect are experiencing an acute cardiac event.

3. Paramedics should utilize the computerized analysis of the EKG machine. If the computer analysis of the 12-lead EKG indicates an acute STEMI or the manufacturer's equivalent of STEMI, this information shall be conveyed to the base hospital. Transmit, if capable, the 12-lead EKG demonstrating STEMI to the receiving STEMI Receiving Center (SRC) if requested.

4. Every effort should be made to maintain patient's privacy and dignity while obtaining 12-lead EKG readings.

5. Label the 12-lead EKG with the sequence number from the patient's EMS Report Form.