



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

August 26, 2015

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Board of Supervisors**

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Michael DuRee
Fire Chief
Long Beach Fire Department
3205 Lakewood Boulevard
Long Beach, CA 90808

TERMINATION OF THE RAPID MEDIC DEPLOYMENT PILOT PROJECT

Dear Chief DuRee:

This is to notify you that the Emergency Medical Services (EMS) Agency has identified significant patient safety issues related to the Rapid Medic Deployment (RMD) Pilot Project. Additionally, Long Beach Fire Department (LBFD) has not met the tenets of its own RMD proposal and the requirements of the Los Angeles County Prehospital Care Policy Reference No. 407, Advanced Life Support (ALS) Unit Alternate Staffing Pilot Program Requirements. Therefore, as stipulated in Reference No. 407, the EMS Agency has determined that it is in the best interest of the public to “stop” the pilot project. Effective immediately, LBFD is to begin the process of reverting back to the previous staffing and deployment model prior to RMD.

Although the Data Safety Monitoring Board (DSMB) found the RMD not to be inferior to the two-paramedic staffing model, the metrics agreed upon prior to project implementation do not reflect the concerns identified after the project was implemented. The DSMB monitoring is only one aspect of the evaluation and is not reflective of the entire program evaluation. As previously discussed, the EMS Agency would still like to conduct a Qualitative Review with your personnel. Dr. Nichole Bosson will be contacting your department to initiate this Qualitative Review in the near future.

The EMS Agency conducted multiple ride-alongs with different Agency staff from July 2014 through August 2015 and identified major concerns regarding training, mentoring, oversight and system performance. While some of these issues are expected at the beginning of the pilot, the persistence after a year is most concerning. These issues have been brought to your attention on multiple occasions, most recently during our August 13, 2015 meeting. The RMD has created an environment that is not conducive to good patient care based on the following:

- Rescue ambulances are being staffed with newly trained paramedics and EMTs who have very limited experience and without the direct oversight and mentoring by personnel who have adequate experience.

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Medical Director

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- Mentoring of new EMTs (Ambulance Operators) by paramedics to medical operations is not occurring.
- Paramedics are concerned that some of their actions as a patient advocate may compromise their local accreditation and license.
- Prolonged arrival of the 2nd paramedic, while occurring intermittently, delays the transport of patients requiring advanced life support and results in the first paramedic choosing between waiting for the second paramedic to arrive on scene or transporting with only one paramedic, which is outside of the policy.
- There is no effective mechanism in place to immediately identify high risk cases and address problematic cases.
- The current method of data collection and reporting is not robust enough to conduct a comprehensive and timely analysis of system wide performance.

Subsequent to our August 13, 2015 meeting wherein we discussed the concerns listed above, the EMS Agency requested to review patient care records that were identified as "Tier I Fallouts" (ALS patients who met Tier 1 transport criteria but were transported by only 1 paramedic instead of 2). Lbfd submitted 269 records which were reviewed by Lbfd and deemed to be appropriate departure from the Tier 1 transport criteria. The EMS Agency Medical Director reviewed all the records and found that 48% (128/269) had significant concerns about patient stability in the field which may have prompted paramedics to transport instead of waiting for the second paramedic. These patients include:

- 75 hypotensive patients - systolic blood pressure less than 90mmHg in two or more readings or with skin signs of shock (pale, diaphoretic)
- 18 acute stroke patients
- 4 patients with ST-elevation myocardial infarction
- 2 patients in respiratory distress with low pulse oximetry reading and poor response to therapy
- 10 trauma patients with altered level of consciousness or significant penetrating injury
- 8 patients with significant bradycardia (heart rate less than 50 beats per minute) or tachycardia (heart rate greater than 160 beats per minute)
- 7 pediatric patients with Apparent Life Threatening Event
- 2 seizure patients with significant persistent low Glasgow Coma Score (GCS)
- 2 patients with altered level of consciousness with persistent low GCS

These issues are too great to ignore and pose immediate threat to patient safety; therefore, the EMS Agency is terminating the RMD pilot project. As per the March 14, 2014 "Contingency Plan for City of Long Beach Paramedic Staffing Pilot Program" submitted by the City of Long Beach to the EMS Agency and the EMS Commission, please begin the process of reverting back to staffing all approved ALS Units with two State Licensed and County Accredited Paramedics.

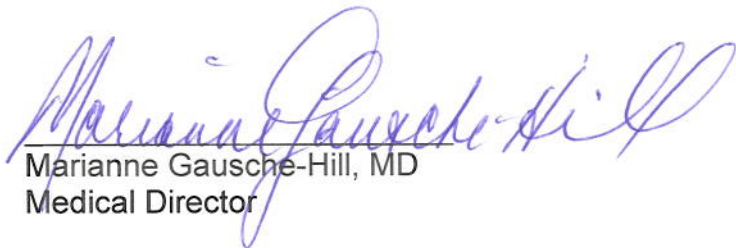
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Effective October 1, 2015, all approved Long Beach Fire Department ALS Units must be staffed in accordance with Los Angeles County Ref. No. 408, ALS Unit Staffing. If the department requires additional time to comply, please notify the EMS Agency no later than September 15, 2015.

The EMS Agency will provide a report to the EMS Commission at the September 16th meeting.

Sincerely,


Cathy Chidester
Director


Marianne Gausche-Hill, MD
Medical Director

CC/MGH/rt

- c. City Manager, City of Long Beach
Medical Director, Long Beach Fire Department
Health Deputy, Fourth Supervisorial District
Director, Department of Health Services
EMS Commission