



## EMS Stakeholder Engagement Process

### Stakeholder Groups

Coastal Valleys EMS Agency (CVEMSA) participates with EMS System stakeholders on a number of groups for the purpose of EMS system coordination and quality improvement. This attachment is intended to describe several listed within the Policy Position Paper including their membership, function within the EMS system and specific role within the policy development process.

The Sonoma County Emergency Medical Care Council or “EMCC” is a public brown-act compliant committee established under the authority of the Sonoma County Board of Supervisors. The EMCC meets quarterly to consider EMS system issues relevant to the community and to advise and inform the Medical Director of the EMS agency and the Board of Supervisors. Membership is defined within the EMCC bylaws and includes representation from each supervisorial district, Sonoma County Fire Chiefs’ Association, Hospitals, field providers, Law Enforcement and at-large positions. The EMS Agency provides staff support and keeps the records of the meetings, including agendas and minutes. Policy changes including revisions and any new policy development may be placed on the EMCC agenda by any interested party, including EMS Agency staff, system participant agencies and any members of the public by contacting EMS agency offices at 707-565-6501 or via email at [coastalvalleysemsagency.org](mailto:coastalvalleysemsagency.org)

The CVEMSA Medical Advisory Committee or “MAC”, is a clinically-focused group led by the CVEMSA Medical Director and open to EMS system participants from both Sonoma and Mendocino counties. MAC was established in in 2006 as a treatment guideline workgroup convened to consider revisions to the entirety of the CVEMSA treatment guidelines. At project completion, the system participants expressed interest in maintaining the MAC group as a standing subcommittee of the EMCCs in both Sonoma and Mendocino County for the purpose of considering treatment guideline and clinical practice issues. In current form, the MAC group is informal and does not have minutes taken as a part of the meeting structure. The MAC provides a sounding board for discussion between stakeholders from both CVEMSA counties and staff on clinically-related issues, but is not a forum for discussing individual cases due to confidentiality concerns related to such communication. Ideas may be generated from MAC group discussions that drive policy drafts, and the MAC group participants may discuss policy open for external comment, but there is no decision-making authority invested in the MAC group due to the informal structure.

Sonoma County Clinical Quality Improvement (CQI) Committee is a closed case review meeting with membership restricted to EMS system participants with direct patient care responsibilities. The purpose of the group is to review care provided within the system and assist EMS Agency staff with system evaluation and improvement. The group may look at case audits for medication usage, documentation of compliance with treatment guidelines or evaluate EMS system-level data to see trends. The CQI committee is led by the Medical Director with staff support from ALS Coordinator and Clinical/Trauma

Coordinator. The policy role of the CQI group is to inform EMS Agency and provider partners regarding the performance of the EMS system and suggest areas of improvement. The CQI group reports activities and suggestions for improvement to the MAC and EMCC groups.

A portion of the CQI agenda is set aside for REDCOM Dispatch Medical Steering Committee discussion and report. The Dispatch Medical Steering Committee is intended to inform the EMS Agency Medical Director regarding the quality of Emergency Medical Dispatching and pre-arrival instructions provided by REDCOM under medical director oversight. The meeting occurs as a CQI agenda item to ensure confidentiality is available for discussion regarding the performance of personnel in providing medical instructions and to engage provider agency clinical leadership present as representative of the responding agencies on scene after instructions were provided. The Dispatch Medical Steering Committee has no policy role other than as participants in the CQI meeting.