EMS Stakeholder Engagement Process

LEMSA Position on Dispatching of First Response Resources

In the interest of transparency and open communication desired by both our stakeholders and our staff members, CVEMSA feels it appropriate to issue a number of position statements to inform our system partners and stakeholders of our intent and viewpoint on EMS System issues raised during the EMS System Project.

One of the key concerns voiced by our Public Service partners has been possibility that the EMS Agency may attempt to restrict public safety first responders from being dispatched to calls from the general public for medical assistance. Despite some interpretations of medical control authority vested in the Local EMS Agency Medical Director that would include determinations of when first responder resources should be dispatched, CVEMSA recommends EMS Agency and stakeholders with differing opinions look beyond the debate and focus on the operational aspects, as we believe we all want the same thing operationally.

CVEMSA has no intention of dictating what first response resources will be dispatched to which types of calls for service. We believe that our communities will decide what types of responses they would like to receive and are willing to support. In other words if a community supports a public or private entity and would like a first response to all 911 requests for services then that is the level of response that should be provided. In many cases, the community support and expectation regarding response has been expressed in the form of taxpayer funding provided to those entities identified as community First Responders. First Response entities are most commonly our Fire Service providers, but also may include law enforcement, Medical Emergency Response Teams (MERT), and public and private EMS ambulance service providers, i.e. quick response vehicles (QRV) deployed as initial responders.

CVEMSA has every intention of continuing to support Medical Priority Dispatching (MPD) as a process by which 911 centers can, through a series of questions asked of callers, make a safe determination that an immediate need for medical intervention is, or is not required. In some cases that may mean an ambulance responding without lights and sirens is appropriate for the incident from a medical care perspective. Other factors are included in the triage process such as an evaluation of the reliability of the information provided by the caller to the 911 Call-taker.

CVEMSA recognizes those same questions used to determine if an emergent response is needed *could* also be used to limit the resources sent to an incident. From a strictly medical care perspective, lower acuity patients may not require a first response resource *if* ambulance response times are sufficient based on patient acuity and the nature of the call. Making determinations regarding safely limiting medical response is medical decision-making and may only occur with the oversight and approval of the EMS Agency Medical Director. Making

decisions regarding limiting community supported first responders involves many factors beyond simple medical decision-making, and others need to be involved in that decision-making process.

We know our first response system partners are solidly committed to the health and safety of the communities they serve and we share that commitment. We understand the concern that inaccurate information from callers regarding on-scene conditions and/or patient condition could result in an inappropriately reduced level of response in any system of call triage. We have not examined the data locally to know if such concerns are a factor because we have no intention of reducing the level of response for any of the providers within our system.

CVEMSA has every intention to continue to advocate for improved patient outcomes. As healthcare is reformed and shifts are made in reimbursement an EMS system must remain agile and able to adjust to the changing environment. We are witnessing many changes in how requests for services are being made, for example, Kaiser members frequently access a Registered Nurse (RN) advice line to determine if transportation to healthcare is required and by what method when it is deemed necessary. Many systems are testing the idea of RN or Physician advice lines to more accurately direct patients to the appropriate level of care. Some EMS systems are using Physician consults to direct patients to alternative destinations other than the emergency department of the local hospital, the traditional destination of 911transports. The concept behind such a change is to get the patient to the appropriate level of care the first time. Many insurers across the nation are beginning to pay for this level of service rather than funding the transport of all patients to the ED. CVEMSA will continue to stay informed of best practices and innovations from a patient-care and population health perspective and share those ideas as appropriate with the community we serve.

CVEMSA has no intention of making any unilateral change. Changes to the triage and management of 911 callers that move away from a traditional 911 “all calls get everybody lights and sirens” emergency response model to a more comprehensive care model may be supported by insurers and make sense to many provider partners in the system of care, but ultimately the community must be supportive of the concept before any changes are made. Communities have very strong relationships with the agencies that serve them. The City, District or Volunteer Fire Service Providers in particular are viewed as able crisis managers, and their fast response and presence on-scene is often comforting to the public. The comfort provided may in many cases be unrelated to specific medical care rendered, but it is directly associated with the overall emergency response that occurs when 911 is activated, and the community may expect that to continue. Once more, CVEMSA will not implement any system changes that limit response of local agencies without the approval of the community and the response agencies they have endorsed.

Suggested Revisions to Ordinance:
In order to support the communities served by the EMS System with any dispatch changes that are based on medical decision-making, CVEMSA recommends ordinance language that supports the EMS Agency Medical Director as the approving authority for medical decision-making within the pre-hospital system of care, including any operational policies that impact patient care and medical outcomes of the patients served by the system. We recommend the ordinance language empower the policies of the EMS Agency Medical Director to define how services are provided in the community. By utilizing policy as the operational method to describe medical dispatch services, the EMS system will retain the needed agility to adopt to a rapidly changing healthcare environment. Utilization of the ordinance as the tool to define how the system will

function and operate on a daily basis would require a lengthy and cumbersome ordinance revision process each time an EMS dispatch change is needed.

Applicability of EMS Agency Policy:
CVEMSA recommends the policies of the EMS Medical Director be used as the tool to describe operational specifics of the dispatching of medical first response resources. The CVEMSA Policy Development Process

Policy Development Process:
The EMS Agency Medical Director oversees the policy development process. All EMS Agency policies are created or revised in accordance with the Policy Development Process Policy, a process itself subject to periodic revision in response to stakeholder requests. Most recently revised in 2016, the process was updated to incorporate a 60-day comment period at the request of the Sonoma County Fire Chief's Association to allow for sufficient deliberative discussion time during the comment period.

Policies (and revisions to existing policies) are typically initiated through the Medical Advisory Committee (MAC) or in response to direct system stakeholder requests. In some cases policy updates are initiated to comply with changes to Health and Safety Code or the California Code of Regulations. EMS Agency staff are responsible for creating drafts, researching best practices and convening workgroups of subject matter experts from the EMS System Stakeholder community. In one recent revision process, representatives from Santa Rosa Fire Department, REDCOM dispatch, Petaluma Fire Department, AMR and Falck Ambulance Services worked with EMS Agency staff to revise the Multi-Casualty Incident policy over a number of work sessions. After initial drafts are created, the policy is released for the 60-day comment period to gather feedback from the larger community of stakeholders.
During the comment period, the policy is discussed at system stakeholder groups that occur in the comment period timeframe. Proposed policy changes are also reviewed with field providers at the monthly CVEMSA ALS Update classes. After comment period closes, the EMS Agency incorporates appropriate changes in the policy if any have been submitted. If a large number of changes have been suggested, or if a revised version substantially changes the effect of the policy, the document may be released for an additional comment period.
Once the final version of a draft policy is created, the document is posted on the EMS Agency website and distributed to the MAC and EMCC list of attendees maintained by the EMS Agency. The policy adoption period varies depending upon the scope of the training anticipated and/or any equipment change required, but is at least 30 days from posting date. At all times the EMS Agency is open to phased implementation, or extended adoption periods if needed by partners to mitigate the impact of an operational change.

CVEMSA cannot stress enough the importance of stakeholder engagement in this process. Our system partners drive much of the change that occurs in EMS Agency policy, and the input from those partners on change we propose is critical if we are maintain a strong effective relationship with those stakeholders.

CVEMSA recommends engagement with our partners through a transparent rulemaking process that recognizes the system participants' needs as well as the need to remain compliant with State law and regulation in the process. CVEMSA is open to changes in the rulemaking process that encourage stakeholder participation if such changes increase accountability and support patient-centric medical decision-making.