SHAPING THE FUTURE OF EMS IN CALIFORNIA

VISION CONFERENCE SUMMARY:

CONTINUING THE VISION PROCESS

WITH DEEPEST APPRECIATION
TO THE FOLLOWING ORGANIZATIONS
FOR THEIR FINANCIAL ASSISTANCE
FOR PRINTING OF THIS VISION DOCUMENT

California Professional Firefighters

California Chapter, American College of Emergency Physicians

Emergency Medical Services Administrators Association of California

California Ambulance Association

California Fire Chiefs' Association, Northern Chapter

California Fire Chiefs' Association, Southern Chapter

California State Firefighters Association

Emergency Medical Services Medical Directors' Association

Hall Ambulance Service, Inc.

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Interim Director, State of California EMS Authority

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To the EMS Community:

I would like to congratulate members of the Commission on Emergency Medical Services (EMS) and many fine and dedicated individuals who have put their time and talents into development of the concepts contained in this summary of the proceedings at the EMS Vision conference.

The goal throughout this process was to consider ways to improve the EMS system in California and ensure that the needs of the public were efficiently and effectively served. I believe the continuing vision process will help bring us closer to this goal.

"The EMSA mission is to ensure quality patient care by administering an effective, statewide system of coordinated emergency medical care, injury prevention, and disaster medical response."

We stand at the end of one process and the beginning of another. Although many organizations and individuals have successfully worked together for the planning process, we have much work to do to continue to discuss and refine the ambitious 66 objectives identified at the Vision Conference in December.

While consensus was reached among participants during the conference on many issues and objectives, there were some areas where there were minority viewpoints expressed. A continuing process over the next 3 years will enable the many organizations and individuals to discuss and review those disputed issues in an effort to achieve full consensus.

I am confident that by always keeping patient care in mind, organizations and individuals can work together to improve EMS in California.

Sincerely,

Richard E. Watson
Interim Director
State of California
Emergency Medical Services Authority

Forward From the State Commission on EMS

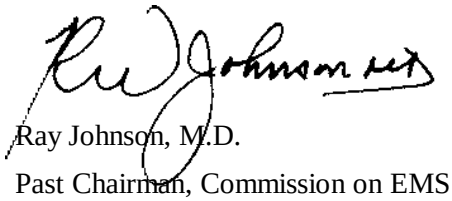
As we approach the new millennium, our goal is to focus the attention of our legislators, our constituents and the public on the value of service provided by EMS and the need to strengthen support for EMS systems in our market driven health care environment. During our regulatory review process, we discovered that what we had previously envisioned to be the future of EMS in California is not what the community and our constituents have demanded. We heard testimony that indicated that EMS needs to evolve and adapt to the changes in health care while at the same time, continue to provide universal access to emergency evaluation and transport.

The vision process further grew out of the necessity to unify all of the participants in the EMS arena before substantive change could take place. The California State Commission on EMS established eight subcommittees to examine the most important deficiencies of our present system and to devise an implementation strategy for correcting them. The subcommittees were composed of representatives from the broad family of EMS participants with an individual member of the Commission assigned as a liaison to each group. They established goals, examined the background and put forth recommendations for change. These recommendations were then brought back to Commission for refinement and prioritization. The document before you is the compilation of the work of each of these committees.

While our current system has numerous deficiencies, there have been several common threads that have emerged that must be addressed. The first is the need to provide the correct provider at the correct time and transport the patient to the correct location for all who need it. The second is the critical need to develop a comprehensive statewide integrated information system. Without this, local EMS providers and agencies cannot share data, measure quality, evaluate research, or improve efficiency within the system, and therefore cannot establish value to the system. Finally, a stable system of financing must be established but future healthcare economics dictate that before funding is allocated for EMS services, true value to the overall system must be determined.

The experiences of EMS in California have provided many of us with a tremendous base of knowledge for which to envision the future. It is time to identify where California is the leader in EMS and where we are the followers and with strong coalition building, to create a model for EMS that will lead the nation. This document comes at a time when EMS is being examined at the national level and like the NHTSA document ***EMS Agenda for the Future***, is intended to be a valuable resource for government, all health care and EMS providers, and all administrators; including EMS administrators, medical directors, managers. It is not enough to create a vision for change. We must be dedicated to making change happen and with this document as our blueprint, it is our plan to make our vision a reality.

Ron Blaul
Chairman, Commission on EMS



Ray Johnson, M.D.
Past Chairman, Commission on EMS

FORWARD

This document is a summary of the proceedings of the EMS Vision conference and the process used to come to consensus on a vision for the Future of EMS in California. The projected three year process to review and discuss the 66 consensus recommendations will provide strategies for EMS organizations and individuals in California to make improvements for the benefit of patient care.

The findings and recommendations in this summary do not necessarily reflect the views of all of the participants. However, the continuing process has been designed to foster a dialogue that may ultimately lead to a full consensus on all issues.

It is only with a cooperative approach can we hope to achieve better patient care through a coordinated statewide EMS system.

SHAPING THE FUTURE OF EMS IN CALIFORNIA

VISION CONFERENCE SUMMARY: CONTINUING THE VISION PROCESS

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SHAPING THE FUTURE OF EMS IN CALIFORNIA

VISION CONFERENCE SUMMARY: CONTINUING THE VISION PROCESS

EXECUTIVE SUMMARY

California does not have a coordinated, written statewide emergency medical services (EMS) system plan or a current process for regularly evaluating the effectiveness of local EMS systems. There are presently 32 local EMS agencies within the state of California that contain populations with many diverse problems and multi-cultural considerations. Over two million requests for emergency medical care are generated from the public annually from within California.

The delivery of emergency health care requires the participation of numerous independent organizations and individuals. Organizations, including public safety agencies, ambulance services, and hospitals, must work together to form an effective system structure. Individual personnel, such as first responders, emergency medical technicians (EMTs), paramedics, nurses, and physicians, are the backbone of the day-to-day response capability and serve the public with unselfish dedication. The single goal of the vision process, which is the subject of this report, was to improve the quality of patient care that can be delivered through a coordinated, statewide EMS system that focuses upon both prevention and response.

Multiple, autonomous organizations, both public and private, have high degrees of functional interdependence as they work to provide emergency medical care to individual patients. Managing this interdependence requires planning, standardization, and mutual adjustment. The lack of statewide system planning results in conflicts among providers, inefficiencies, and a lower level of care to the patient.

In 1997, California began a comprehensive process to develop statewide goals for the improvement of EMS. To develop these goals, members of California's Commission on EMS identified eight major areas of need and concern.

A Commission member chaired a workgroup for each area, and volunteers representing California's EMS constituent groups were assigned to each committee. The process was geared to include all EMS system participants. The EMS Authority asked constituent organizations to nominate volunteers. We ended up with over 140. These individuals all unselfishly worked without even having their expenses covered in some cases. Each

group met approximately six times, at least half of which were in person, the remainder being conference calls.

Over a one year period of time, each committee developed a set of recommendations for improving California's EMS system**.** These recommendations were presented, reviewed, and discussed at a conference of EMS constituents that was held December 3rd and 4th, 1998 in San Francisco.

Based on the input received during the conference, the vision recommendations have been consolidated into 66 specific objectives. The objectives, collectively, are called a "Vision for the Future of EMS in California". It is anticipated that the vision process suggested in this document is a three year plan.

Six new vision process committees have been formed for the purpose of continuing discussion and developing strategies on the objectives within their given area. The six committees are in the following areas: Funding, governance and medical control, education and personnel, system review and data, access, and prevention.

Vision Process Committees

A	**Funding**
B	**Governance And Medical Control**
C	**Education and Personnel**
D	**System Review And Data**
E	**Access**
F	**Prevention**

Because of common threads that run through the six areas, overall coordination of the vision process is necessary to ensure that all of the strategies developed fit into a general statewide EMS plan. A vision project team, headed by the EMS Authority, will coordinate the continuing discussion of these 66 objectives. The project team will consist of staff from the EMS Authority, a Commission member, and the leads from each committee. Funding, if available, will be obtained from Federal Preventive Health and Health Services block grant funds and/or through the California Office of Traffic Safety. Through a continuing open committee process, involving all EMS system participants, it is hopeful that meaningful discussion can take place on ways to achieve the identified objectives.

The EMS vision process was comprehensive. The intent was to obtain input from various individuals and organizations representing all elements of the EMS system that could then be used to make improvements to California's EMS system. Through a uniform and

planned process to continue the review and discussion of the objectives recommended by the vision participants, the ultimate goal of the vision process, to improve the quality of patient care in California, can be achieved. We are indebted to the valuable individuals who deliver professional emergency medical care -- each and every day.

HISTORY AND BACKGROUND OF THE VISION PROCESS

In 1997, the Commission on Emergency Medical Services (EMS) and the State of California EMS Authority embarked upon a process to identify future goals to help shape California's emergency medical services into the 21st century. EMS Commission members volunteered their time to lead seven groups and one sub-group to create a vision document based upon input from the EMS system participants.

This was done following several public hearings held in November 1996 and January 1997, on the future role of paramedics. Additionally, the EMS Authority had undertaken strategic planning efforts. The EMS Commission requested ongoing updates on the process. On September 24, 1997, Richard Watson, Interim Director, suggested that it was important to look at the future of emergency medical care in California. The EMS Commission was asked if they would be willing to undertake the process and to be responsible for it. The EMS Commission accepted the challenge, and Mr. Watson appointed an ad hoc committee with Ron Blaul as Chairperson, and the following members: Dorothy Bizzini, Steve Maiero, Jan Ogar, Betty O'Rourke, Chuck Baucom, Blair Sadler, Angelo Salvucci M.D., and Tim Sturgill, M.D.

This group met on November 18, 1997. They deliberated on the areas that were the most important to pursue in determining the future direction of EMS. They created eight vision workgroups, and each member volunteered to be the Commission Group Lead of one of the groups. The groups were: Financing EMS in California; System Access; EMS Data Systems; Role of Prehospital Personnel; Rural EMS; Integrating Prevention Activities into EMS; Quality Improvement for EMS Systems; and the Authority and Responsibility for EMS.

The group members represented many disciplines, including paramedics, nurses, fire chiefs and firefighters, local EMS agency administrators and systems personnel, training coordinators, emergency medicine physicians and trauma surgeons, and other EMS related personnel. The EMS Authority reported on this at the November 19, 1997 Commission meeting. Mr. Watson then appointed Authority staff leads to assist each of the Commission leads.

Chairman Ron Blaul and the EMS Authority requested nominations for Vision committee workgroup participants. Organizations were requested to nominate members to work on one or more of the workgroups. Specific expertise in the area was identified as desirable.

Ultimately, workgroup members were selected by each chairperson. The workgroups themselves varied in size, with a general goal to keep each group manageable while still allowing a broad range of input.

Every effort was made to ensure full input during the workgroup stage. The workgroups met in person two to three times and several conference calls from May until October 1998. No reimbursement or travel expenses were available to workgroup members, however, the EMS Authority covered such incidental costs such as conference calls, room rental, mailings and reproduction.

Although each group worked at a different pace and developed varying end-products, each end-document consisted of a short paper outlining desirable goals, objectives, and in some cases strategies, in a given area. In many cases, the end products involved proposed legislative changes or EMS system organizational changes. The Vision workgroups completed their products on time and generated a considerable amount of reference material that was used in preparing the group reports.

The EMS Authority Staff compiled the eight reports into a single document, that was then sent to each attendee registered for the December 3-4, 1998 Vision Conference held in San Francisco, so that they would be prepared to actively contribute and participate. The EMS Authority hired four facilitators to assist the workgroup Commission leads who presided over each of their section presentations. Representatives of most of the EMS community participated in the conference which consisted of approximately 250 participants.

The completion of this document in preparation for the conference was not the end of the process. Conference attendees discussed it, challenged it, and eventually supported a set of objectives through a consensus approach.

Although not every individual or organization agreed with every objective, the process identified a general direction for EMS in the coming years. This document describes a continuing process to discuss and refine some objectives. It also outlines a continuing plan to help achieve consensus on recommendations formulated at the conference.

THE CONTINUING VISION PROCESS

Plan

It is estimated that over two million requests for emergency medical care occur annually. California has not had a coordinated written statewide EMS system plan or a process for regularly evaluating the effectiveness of local EMS systems. There are 32 local EMS agencies within the state of California each with many diverse problems and multi-cultural considerations. The delivery of emergency health care requires the participation of numerous independent individuals and organizations, including fire service agencies, ambulance services, and hospitals, as well as dedicated EMTs, paramedics, nurses, and physicians.

These multiple, autonomous organizations have high degrees of functional interdependence as they work to provide care, sometimes simultaneously, to individual patients. Managing interdependence requires planning, standardization, and mutual adjustment. The lack of a statewide system plan results in conflicts among providers, inefficiencies, and a lower level of care to the patient.

In 1997, California began a comprehensive process to develop goals for the improvement of EMS in California. To develop these goals, members of California's Commission on EMS identified eight major areas of need and concern. A Commission member chaired a workgroup for each area and volunteers representing California's EMS constituent groups were assigned to each committee. Over a one year period of time, each workgroup developed a set of recommendations for improving California's EMS system**.** These recommendations were presented, reviewed, and discussed at a conference of EMS constituents that was held December 3rd and 4th, 1998 in San Francisco.

Based on the input received during the conference, the vision recommendations have been consolidated into 66 specific objectives. Six new committees have been formed to refine strategies and continue discussion on the 66 objectives. Because of common threads that run through the six areas, overall coordination of the vision process is strongly needed to ensure that all of the strategies fit into a general statewide EMS plan. The objectives collectively are called a "Vision for the Future of EMS in California". One particular recommendation that came out of more than one of the committees is to develop a process to periodically review the effectiveness and efficiency of local EMS systems.

Process Participants

The vision process was designed to be inclusive of all interested organizations and individuals. Invitations to participate in vision workgroups were sent to all groups who had a stake in EMS in California. Broad representation was achieved in all workgroups. These hard-working individuals produced end-products that were reflective of the group and served as a basis for the conference discussions.

Vision Process Participants

EMS Administrators' Association of California
EMS Medical Director's Association of California
California Chapter, American College of Emergency Physicians
California Fire Chief's Association
California Ambulance Association
California State Firefighters Association
California Professional Firefighters
Service Employees International Union
California Rescue and Paramedic Association
Emergency Nurses Association
California Nurses Association
League of California Cities
California State Association of Counties
California Paramedic Program Directors

The initial workgroup process included individuals from the following organizations: EMS Administrators' Association of California (EMSAAC), EMS Medical Directors Association of California (EMDAC), California Chapter of the American College of Emergency Physicians (Cal-ACEP), the California Fire Chief's Association (CFCA), the California Ambulance Association (CAA), California State Firefighters Association (CSFA), California Professional Firefighters (CPF), Service Employees International Union (SEIU), California Rescue and Paramedic Association (CRPA), Emergency Nurses Association (ENA), California Nurses Association (CNA), League of California Cities, California State Association of Counties (CSAC), and others.

The vision conference was open to everyone. The conference was designed to encourage input and consensus building. At the conference, four neutral facilitators were utilized to ensure that the process stayed on track.

Workgroup Consolidation

The initial eight vision workgroups performed their pre-conference tasks and completed their findings, recommendations, and strategies for continuing discussion of their subject areas.

Based upon the conference results, it became clear that there were many cross-cutting (transactional) threads common to several areas. These important areas included: Rural EMS, patient care, role of personnel, communication, data/information, and medical transport. These threads were apparent in several areas and due to their importance are considerations in multiple areas.

Cross-cutting (Transactional) Threads

Patient Care
Rural EMS
Role of EMS Personnel
Communication
Data/Information
Medical Transport

Consequently, two particular areas appeared extremely important for consolidation with other groups. Rural EMS delivery was a continuing theme throughout the document. It was determined that each area needs to consider rural EMS in their particular area. Additionally, due to the linkage of data and quality, these two were inseparable. In fact, several recommendations were made that these two areas should be closely linked.

Six committees were redefined for the continuing vision phase at a meeting in January 1999 comprised of the vision workgroup chairs and EMS Authority staff.

Continuing Vision Process Committees

Six new vision process committees have been formed for the purpose of continuing discussion on the objectives within their given area. The six committees are in the following areas: Funding, governance and medical control, education and personnel, system review and data, access, and prevention.

Vision Process Committees

A	Funding
B	Governance And Medical Control
C	Education and Personnel
D	System Review And Data
E	Access
F	Prevention

The solitary purpose of these committees is to continue meaningful discussion toward consensus and a plan of action on the recommendations that have been assigned.

Accountability

An important consideration in maintaining an environment of trust is the need for accountability. Through this continuing process, four strategies have been identified to keep the process moving forward.

First, as part of the regular EMS Commission agenda, progress on the second phase of the vision process will be discussed. Second, meetings of the six vision committees will be multi-disciplinary in nature to ensure continued participation. Third, an annual conference that is co-sponsored by all organizations including, but not limited to EMSAAC, EMDAC, EMSA, CFCA, CAA, ENA, CSFA, CPF, and SEIU will be sought. Finally, the project team will monitor the progress of the vision committees.

Additionally, in order to confirm the findings of the vision process, a State Assessment of the EMS system has been requested from the National Highway Traffic and Safety Administration (NHTSA). This assessment project has been accomplished in 46 other states. The assessment will be funded through the California Office of Traffic Safety and conducted by NHTSA. An outside team of EMS professionals will conduct a review of the state EMS system and compile a final report. It is anticipated that this review will be completed by September 1999.

Project Team Members and Responsibilities

A continuing process for development of a possible action plan on the recommendations was formulated once a general set of objectives were identified.

Vision Project Team

EMSA Director
EMS Commissioner
EMSA Project Manager
Six Implementation Committee Chairs

The process will be headed by a Vision Project Team consisting of nine members. This team will include the Director of the EMS Authority, one EMS Commissioner (selected by the Commission), the EMS Authority project manager, and the committee chairs for each of the six process committees.

The Project Team will oversee the progress made by the six vision process committees and will routinely report to the EMS Commission on the process committee status. Any

regulatory or guideline recommendations will require both EMS Authority and EMS Commission approval as part of the regular review process.

The committees will communicate and meet regularly to refine the objectives and develop action strategies. Additional clarification will flow through the Project Team and the EMS Commission as needed.

Strategies for Success

In order to begin a pattern of successful action, several priorities were identified. It was determined that the following system improvement recommendations should be examined for initial action. These six proposed actions are:

1. Seek legislation to implement a comprehensive EMS data system.
2. Seek legislative changes to provide the EMS Authority with evaluation authority over local EMS agencies.
3. Seek legislative changes to provide immunity for EMS dispatch.
4. Obtain protection from discovery for quality improvement activities.
5. Seek funding for non-transport and first responder services.
6. Develop regulations concerning interfacility transportation.

It was the intent to seek Legislative or regulatory changes for these general areas in 1999.

WORK PLAN AND RESPONSIBILITIES

The continuing vision project itself will require a work plan and identification of responsibilities. Performance measures and objectives have been developed to guide the projected three year process necessary to make changes to the California EMS system.

Performance Measures

Project Goal: The project goal is to improve the delivery of emergency medical care in California by developing a statewide EMS System Plan. The Statewide EMS Plan will improve California's Emergency Medical Services System by using input from EMS constituents through the EMS Commission's "Future of EMS in California" vision document recommendations and NHTSA's state assessment, in August 1999, to make changes. The specific final products will include strategies for possible implementation of the 66 recommendations, revision of the EMS Authority's "EMS System Standards and Guidelines" as needed, development of performance benchmarks that are linked to the new "EMS System Standards and Guidelines", and creation of a statewide EMS plan. All of these documents can be used to develop of an annual system evaluation process.

Project Objectives:

a. To develop strategies for possible implementation of the sixty-six (66) vision objectives developed at the December, 1998 EMS vision conference and NHTSA's recommendations to improve the statewide EMS system.

b. To recruit and hire program and clerical staff to assist in implementation.

c. To identify and organize six vision project groups representing each of the six categories identified in the final EMS vision recommendations: Funding, Governance and Medical Control, Education and Personnel, System Review/Data, Access, and Prevention.

d. To finalize the vision process recommendations.

e. To create a plan that outlines objectives, tasks and activities for achieving the vision recommendations.

f. To revise the EMS System Standards and Guidelines.

g. To develop a statewide EMS Plan.

h. To create an annual review process to assess local EMS agencies.

Proposed Solution

EMSA should create a statewide EMS System Plan, based on the "Future of EMS in California" vision document recommendations and NHTSA's recommendations, and a Systematic Annual Review Process to be used to assess the effectiveness of local EMS systems and agencies: This would entail:

a. EMSA should obtain vision conference recommendations and NHTSA evaluation results for distribution to project staff.

b. EMSA should recruit and hire three staff members to oversee and coordinate the activities of the vision project depending upon funding source. Create a vision project team consisting of the EMS Authority Director, an EMS Commissioner, a project manager from the EMS Authority, and a lead representative from each of the six project groups developed to continue the vision process. Project committees will work on various aspects of the vision process recommendations and of completing the revised EMS System Standards and Guidelines, Statewide EMS Plan, and the Annual System Review process for use by the EMS Authority and the local EMS agencies.

c. Program staff should meet with the vision project team to recruit, identify and form the six vision process committees. Membership should be appointed to represent major EMS constituent groups including, but not limited to: Emergency Medical Services Administrators Association of California (EMSAAC), EMS Medical Directors Association of California (EMDAC), ambulance services, California Fire Chiefs, Firefighters, Service Employees International Union (SEIU), Hospital Councils, Emergency Nurses Association (ENA), Third Party Payers (e.g., Health Care Financing Administration, Medi-Cal, Blue Shield, Blue Cross, Kaiser Permanente) and others.

d. The vision project team should assign each of the 66 vision recommendations to the appropriate vision process committee. Each vision process committee will prioritize their assigned objectives and develop task forces, as needed, for completing the vision recommendation objectives developed at the vision conference. The vision process committees will convene at least quarterly, in addition to holding periodic conference calls to assess their progress.

e. The vision process committees should present their findings to the vision project team. Once consensus is reached, the project team should forward the findings to the EMS Authority for final preparation and presentation to the Commission for their consideration.

f. The EMS Authority should distribute the current EMS Systems Standards and Guidelines to all EMS constituents for review and comment. The EMS Authority staff should compile comments and create a revised draft of the EMS Systems Standards and Guidelines. The EMS Authority should present the revised draft to the project team to discuss proposed changes. Once consensus is reached, the revised draft should be presented to the EMS Commission for their consideration. If approved, the document can then be finalized and distributed.

g. The EMS Authority staff should review NHTSA's recommendations, the vision objectives, and the revised EMS System Standards and Guidelines and then meet with the project team to develop a draft statewide EMS plan. Staff should conduct meetings and conference calls to maintain consensus with all stakeholders on the draft plan, distribute the draft plan to all constituents for comments, and compile all comments and present the final plan to the EMS Commission for their review and possible approval.

h. EMSA should develop performance benchmarks that are linked to the revised "EMS Systems Standards and Guidelines and the new "Statewide EMS Plan". The benchmarks could then be used to develop an annual system evaluation process.

Time Required

The total time needed to complete work on the project should be three years.

EMS Authority's Responsibilities

The California Emergency Medical Services Authority, through standards setting and consensus building, provides leadership in the statewide development and implementation of EMS systems and is responsible for coordinating and integrating emergency and disaster medical care throughout the State.

EMS Authority responsibilities include, but are not limited to:

1. Development of minimum training and certification standards for prehospital emergency medical care personnel in addition to development of first aid and CPR training and examination standards for firefighters, lifeguards, peace officers, and school bus drivers and day care workers;
2. Review and approval of optional scope of practice for EMT-Is, EMT-IIs, and Paramedics;
3. The licensure of Paramedics;
4. The establishment of standards and guidelines for the development of emergency medical service systems throughout the state;
5. Review and approval of local EMS plans and trauma care system plans, which must comply with the minimum standards set by the EMS Authority;
6. Assessment of local EMS systems in order to coordinate EMS activity based on community needs and the effective and efficient delivery of emergency services;
7. Coordination of medical and hospital disaster preparedness with local, state, and federal agencies;
8. Establishment of minimum standards for medical control and accountability of emergency medical services systems;
9. Provision of technical assistance to local and state agencies developing or implementing components of an EMS system and provision of funding, when available, to EMS agencies;
10. Development of statewide trauma system regulations;
11. Review of county Emergency Medical Care Committee (EMCC) reports and recommendations; and,
12. Development and oversight of the statewide poison control system.

Local EMS Agencies' Responsibilities

The local EMS agency serves as the lead agency for the emergency medical services system at the local level and is responsible for coordinating all system participants in its jurisdiction. In California, counties have been given the primary responsibility for assuring that EMS systems are developed and implemented and for designating a local EMS agency. The intent is that counties will be the smallest unit for planning and implementation of EMS systems. Currently, of California's 32 local EMS systems, 25 are single-county and 7 are multi-county. California encourages the development of multi-

county EMS agencies as a way to maximize administrative efficiency and to coordinate the use of regional resources.

The local EMS agency is responsible for planning, implementing, monitoring, and evaluating the local EMS system. This includes establishing policies addressing the financial aspects of system operation, and making provisions for the collection, analysis, and dissemination of EMS-related data.

The local EMS agency is also responsible for:

1. Establishing policies and procedures for local EMS system operations (using State minimum standards).
2. Developing and submitting a plan to the State EMS Authority for its emergency medical services system and, if desired, its trauma care system.
3. Designating and/or contracting with EMS base hospitals and specialty care centers.
4. Developing guidelines, standards and protocols for the triage, prehospital treatment and transfer of emergency patients.
5. If desired, authorizing and implementing a prehospital advanced life support program.
6. Certifying and accrediting prehospital medical care personnel and approving EMS personnel training programs.

Funding

This project will require approximately $950,000 to implement the EMS Commission's "Future of EMS in California" vision recommendations and NHTSA's recommendations, develop a statewide EMS plan, revise the EMS Authority's "EMS System Standards and Guidelines" as needed, and develop performance benchmarks that are linked to the new "EMS System Standards and Guidelines" and statewide EMS plan to be used as part of an annual system evaluation process.

Funding will be sought through the use of either Federal Health and Health Services Block Grant and/or Office of Traffic Safety funding.

VISION COMMITTEE OBJECTIVES

Work Group A - Finance

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
1. Secure adequate and stable funding for local EMS agencies and the state EMS Authority for administration, system planning, and evaluation activities.		Pursue multiple legislative changes, with HMOs, etc→ Federal funding.		Identify potential sources of funding: Tax dollars- Third Party payers- private pay- fines and forfeitures- organizational changes (i.e. 501-3c) partnerships	Define our value of service. Define recipients of this value, and "assign" responsibility Define what adequate & stable is.
2. Implement a mechanism for periodic review of EMS funding needs and appropriate sources. Establish performance criteria in order to evaluate effectiveness of funding.	D			Evaluate current level of funding to determine future needs: Level of funding Sources of funding Time of funding Stability / practicality Accountability (but with less red tape)	Establish a task force of stake holders in each area (providers, LEMSAs, EMSA) Define core responsibilities
3. Develop a multidisciplinary task force of federal, state, local government EMS regulators, providers, and payers to address first responder and medical transportation funding needs.		Lobby for legislative and regulatory reforms to assure equitable reimbursement by all payers based on costs of providing services.		Research potential funding sources	Define First Response & Medical Transportation level of service provided within an EMS system. Define the payers who finance the First Response & Medical Transportation Services component of EMS systems. Define the payment criteria for the First Response & Medical Transportation Services component of EMS systems. Obtain commitment

Work Group A - Finance

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
					from all system participants to utilize advocacy resources to support the process and product. Define value, then tie funding to it.
4. Develop a multidisciplinary task force of federal, state and local government and EMS representatives to define, measure the problem and recommend funding source(s), process(es) and an action plan that would meet the stated needs for disaster, medical and mutual aid planning. If necessary, develop a legislative proposal that responds to the recommended action plan. Develop an advocacy effort to assist with the legislative platform's execution.		Explore legislative changes i.e. legislation to appropriate a portion of home owners and business insurance to fund disaster planning. Develop advocacy effort to support legislation		Identify funding sources Pursue funding	Organize multidisciplinary Task Force.
5. Support legislative efforts to require payers to pay allowable costs in a timely manner		EMSA & stake holders lobby state legislature & Congress			
6. Support legislation to require payers to pay for hospital medical evaluation.		EMSA & State holders lobby state legislature & Congress			
7. Provision of EMS data processing services is a fundamental responsibility of the EMS Authority and should be adequately funded. Funding should be continued and coupled to measuring the ongoing effect of the EMS System.	D			EMSA designate a full time position for this purpose.	
8. Obtain stable funding for California's poison control system through a State General Fund increase of $5.5 M annually.	F	Develop a plan to educate legislators and Governor Davis of the need to adequately support the poison control system		Seek and support funding from beneficiaries and / or the SGF	Ensure that all efficiencies that can be made have been implemented Consolidate further if it will increase efficiencies
9. Seek legislative funding for hospital services.					
10. Explore and obtain adequate state funding to	D	Federal & state		Obtain public and	Create task force to

Work Group A - Finance

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
accomplish statewide QI capability to be compatible with national standards.		legislation to develop new funding sources Private sector companies and foundations (health insurance companies and health plans and hospitals/health systems).		private sector funding through existing resources: Federal and state agencies (NHTSA, DOT, EMSA). Fund workshops (NHTSA) early (first year). Develop Strategic Plan.	address funding options. Collaborate with data groups Emphasis: ongoing and stable financing Do within the next six months. Develop a detailed multi-year implementation plan. Develop a marketing plan.

Work Group B - Governance & Medical Control

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
1. Formalize the recently implemented process by EMSA of utilizing interested stakeholders in a task force makeup to review and revise statutes, regulations and system guidelines, prior to release for public comment.					Establish a list of statutes, regulations and guidelines by topic. Distribute to constituent groups to solicit requests for inclusion on future task forces. Develop a task force participant list for each topic identifying proposed revision timeframe and staff responsible. Submit to each group requesting participation. Allow groups not included on a desired

Work Group B - Governance & Medical Control

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
					task force to appeal to the Commission.
2. Finalize and adopt the definitions and matrix identifying areas of responsibility**.**			Develop a State guideline that utilizes the final document.		Establish a task force of stakeholders to finalize definitions and matrix. Distribute document for public comment. Agendize for Commission review and approval.
3. The Health and Safety Code should be changed regarding the qualifications for the State EMS Authority Director. The changes should increase the emphasis on administrative skills and experience and change the requirement that the appointee be a physician from mandatory to "desirable". If a physician does not fill this position, then the job should be split into an administrator and an emergency physician with ultimate medical authority.		Propose legislation.			Develop a task force of stakeholders. Look at models for an administrator and a medical director concept (Arizona). Report back to constituent groups.
4. The authority of the State EMS Authority should be expanded to include monitoring and evaluating of local EMS agencies. This process should be according to set performance criteria, provide for a complaint-based review, have consequences, and be conducted by individuals with experience in organizational and system evaluation.	D	Requires statutory mandate. Provide appeal rights to the State Commission on EMS.	Requires regulatory action.		Establish review criteria with LEMSA's and stakeholders. Define qualifications of auditors (EMSA & peer LEMSA staff). Define corrective action process (non-punitive). Evaluate LEMSA's every 3-4 years.
5. The membership of the State Commission on EMS should be changed to reflect current stakeholders and achieve a balance of influence that reflects true-shared governance.		Seek legislation – understanding that there will be "jockeying".			Have stakeholders develop make-up.

Work Group B - Governance & Medical Control

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
6. Define system medical control to be vested with the LEMSA Medical Director with the ability to delegate certain functions to a provider medical director via a contract.		Seek legislative change.			LEMSA medical director needs a contract with the provider agency medical director.
7. Define the role of EMSA regarding inter-facility transfers on a statewide basis.			Develop Statewide standards and guidelines for critical care and inter-facility transfers. Modify process for procedures and medications beyond the basic scope of practice. Establish clear lines of medical control for critical care and inter-facility transfers. EMSA to develop regulations regarding Critical Care & Inter-facility Transport, as part of EMS.		
8. Integrate Rural EMS into a health care system that is cooperative, shares limited health care resources, provides a broad education to the EMS providers, recognizes innovative methods of health care delivery and is adequately reimbursed.	A	Federal legislative efforts to enhance the establishment of rural networks to include EMS and trauma systems as mandatory components. Federal legislative efforts to define and support innovative hospital conversion, limited service			Encourage relationships with universities, and other medical centers. Encourage use of tele-medicine resources (remote access).

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
		hospitals or medical assistance facilities should recognize the importance of integrating EMS as part of the overall system of care in rural areas. Federal and State efforts to support standby emergency rooms or freestanding ERs with funding available to assist local counties to have this type of service available. Legislative efforts need to permit local flexibility.			
9. Clarify cross border relationships for rural areas where sparse populations and resources require interstate transportation by air or ground.			Clarify state (regulations) concerning interstate/intrastate air and ambulance transfer.		EMSA to facilitate with LEMSA's to clarify interstate cross border agreements. Coordinate with other licensure agencies. (i.e. Board of Registry Nurses, reciprocity.) Develop task force process to facilitate cross border agreement in each of the three border region. (Nevada, Oregon, Arizona, Mexico?)
10. There shall be consistency in the processes for certification/licensure and disciplinary procedures for	A	Standardize the certification and	Clarify, and possibly expand, reporting		

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EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
all categories of personnel.		discipline process statewide for EMS personnel.	requirements for disciplinary actions involving EMS personnel in the state regulations.		
11. Maintain the need for all personnel performing advanced and invasive procedures to practice only within an organized and authorized EMS system.		Is legislation needed?			EMSA identify outlying agencies. Bring agencies into the fold. Avoid litigation if possible. Make system participation attractive to agencies/providers. Tie to Governance issues.
12. A standing committee of EMDAC or the State EMS Commission should be established, with other appropriate groups represented, to establish a consistent and medically sound process for the establishment and revision of scope of practice including baseline practice parameters which could be applicable at the basic scope of practice. Additional practice parameters could be developed for expanded scope items.	D				Establish standing committee or process for revising scope of practice or utilize the existing EMDAC Scope of Practice Committee. Establish a process for revising scope of practice. Establish baseline practice parameters for basic scope of practice. Establish baseline practice parameters for expanded scope of practice.

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
					Evaluate system and determine length of time for pilot studies. Assess reimbursement from payer groups for service given various provider levels (example: EMT intubation). Consider national standards for prehospital providers. Use evidence-based decision making.
13. The standing committee should be charged with establishing clear and consistent standards for the approval, review, and termination of trial studies and research projects.	D		Agendize the standards for Commission review and approval.		Establish standards for approval, review and termination of trial studies and research projects. Evaluate system and determine length of time for studies. Use evidence-based decision making.
14. The standing committee should also be charged with reviewing the existing scope of practice and evaluating what medications and procedures are evidenced-based. Items that fail to meet a minimal standard would be identified and subjected to study, debate and reevaluation as to their efficacy and either be maintained or eliminated from the scope of practice.	D		Amend scope of practice as needed.		Review existing scope of practice and evaluate what medications and procedures are evidenced-based. Further study, debate use of, and evaluate medications and

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
					procedures that do not meet standard. Consider national standards for prehospital providers. Evaluate system and determine length of time for studies.
15. The Health and Safety Code should be amended to require the establishment of Local EMS Commissions balanced to ensure true-shared governance with mandated final authority in defined areas of mutual interest.		Create legislation to form local EMS commissions. Legislation should identify composition of membership and include shared government concept.			Define areas of mutual interest. Should be in place in one year. Consideration should be given to single county JPA and multi-county region with JPA's.
16. Health and Safety Code Sections 1797.201 and 1797.224 should be modified to: narrow the scope to transportation, mandate contracts with providers that specify the manner of system participation, and provide grandfathering sunsets on providers that refuse to participate in the system through the execution of a contract. This recommendation is partnered with and dependent upon the successful implementation of local EMS commissions.		New legislation needs to be flexible to allow latitude. Section 1797.224 should focus on regular contract intervals including a competitive bid process. Develop an appeal process.			Local Commission structure must be in place prior to implementing this recommendation. Establish task force to develop: regulation/statute language, a boiler plate contract, contract compliance standards, and an educational package that reassures 201 cities and identifies benefits of the system. This should be completed within two

Work Group B - Governance & Medical Control

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
					years. Consider opportunities to regionalize LEMSA's.
17. The duties and powers of the State EMS Commission should be broadened to include more oversight and appeal functions of EMSA and LEMSA activities such as Local EMS and Trauma Plans. This recommendation is partnered with and dependent upon the successful implementation of a balanced Commission.		Seek Legislative change.		Develop Commission on EMS subgroup/panel to conduct appeals.	Develop clearly defined statewide standards and an appeal process. Develop policies and procedures with timeframes. Identify who would handle appeals.

Work Group C - Education

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
1. Expand the role of public health in the efforts to educate the public about effectively and appropriately using the ER.	F				Explore potential savings & quantity for public agencies, public safety providers agencies, private plans, ED services, transportation Educate policy makers
2. Improve awareness of and increased participation by all EMS system participants in injury and illness prevention.	F		Principles of injury and illness prevention will be included in basic education for every level of EMS and fire service personnel. Include in the basic curriculum for every provider an awareness of the importance of		The roles and responsibilities of EMS and fire providers will be defined as they relate to injury and illness prevention. Employers will provide motivation, opportunity, and

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
			injury and illness prevention, and teach relevant skills necessary for prevention activities. Include prevention activities as a component of the basic and advanced life support student's internship.		acknowledgment of individuals who choose to focus on prevention activities as a career path in EMS. Promote increased involvement of prevention activities at educational conferences through poster presentation, lecture, and demonstration project reports. Increase availability of EMS continuing education credits at conferences and courses with prevention related content. Develop career paths for prevention "specialists". Acknowledge and reward those who seek experiences in prevention activities through employer-based incentives. Promote and share successful programs, spotlighting them in funding requests as examples of what can be accomplished.

Work Group C - Education

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
3. Standardize California Emergency Medical Technician - Paramedic training with National Standard Curriculum.			Adopt National Standards as minimum for training/Scope of Practice. Modify EMT-P regulations to reflect changes. Continue to allow expansion of Scope of Practice to meet state and local needs. Paramedic Regulations Committee		
4. Implement Critical Care Transport Personnel Training.		Support legislation necessary to implement this recommendation.			Identify core competencies for critical care personnel. Develop and provide bridge training to paramedics and nurses. Conduct assessment of needs (a definition of what critical care transport is and services required.) Prehospital providers should participate in Emergency Nurses Associations (ENA) Inter-facility Transport (IFT) Task Force (refer to recommendation alignment with National Standards.)

Work Group C - Education

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
					Recognize that in rural areas – you do the best you can with what you have.
5. Develop methods to communicate to the public where Urgent Care and First Aid Facilities are located.			Universal signs should be developed to notify the public where Urgent Care and First Aid Stations are located.		Communicate with Cal-Trans and County Public Works the current status of hospitals. LEMSA's/ Public Health work with local media. LEMSA's/Public Health print information in phone directories. Coordinated public education campaign. Have community-based medical/health providers (including EMS, public safety, prehospital personnel, and marketing professionals.)
6. Improve the implementation and success of EMS education in rural areas.		Recognize and encourage modular training programs. (first responder → EMT→LVN→RNs→NPs)	Permit training and certification reciprocity with adjacent states. (Department of Transportation must be minimum for all). Remove "restrictive" limitations on CE.		Encourage distance learning. Public-private partnerships with colleges/universities for EMS education. Facilitate community involvement in CPR, first aid, EMS training. Allow increased

Work Group C - Education

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
					flexible scheduling for EMS training. Work with EMSA to establish process to facilitate approval process.
7. Primary Education of EMS providers should be consistent with national standards and should allow for enhanced training where evidence-based studies or local needs indicate the necessity for an expanded scope of practice.			Incorporate the U.S. Department of Transportation/National Highway Traffic Safety Administration (DOT/NHTSA) Curriculum.		Encourage availability of academic credit for all EMS education. Develop curriculum, which may include modular, bridging, or other specialized programs that assist individuals in earning additional credentials, or move from one level of education to another. Development of an EMS educational task force including members from such groups as Joint Review Committee (JRC), California Coalition of EMS Educators (CCEE), California Paramedic Program Directors (CPPD), Commission on EMS' Educational Technical Advisory Committee (ETAC).
8. EMS personnel should be encouraged to participate in professional activities to further develop the field of EMS as a profession.			Continuing education should include recognized needs,		EMS providers and personnel need to be involved in education,

Work Group C - Education

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
			which are determined through CQI programs. Included should be nationally recognized programs such as ACLS.		quality improvement, and research activities taking place in the EMS system. EMS personnel (with provider encouragement) should pursue college credits and advanced degrees to be instrumental in further development of EMS as a profession. Providers/personnel are encouraged to maintain membership in EMS professional organizations.
9. Encourage relationships between EMS and academic institutions for the purpose of research.			Develop guidelines and educational processes for EMS professionals to encourage statistically valid research.	Seek grant funding for research from federal, private, and health care insurer organizations. EMS Authority to provide a permanent staff person to coordinate research activities, assist with grant writing and funding. Develop a state data repository and make access available to researchers.	Query academic institutions for available postgraduate work.
10. Develop a plan to provide information to legislators and the Governor on the problems with emergency department and hospital funding.	A				
11. Develop a multidisciplinary task force of	D				

Work Group C - Education

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
providers and employees to identify the expectations and needs of individuals seeking jobs as an EMT or Paramedic.					

Work Group D - System Review / Data

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
1. Identify two to three indicators for QI in each of the three areas: dispatch area, field, and in the hospital.				Utilize existing grants/projects as well as fund new efforts as vehicles to develop and demonstrate the rapid cycle improvement model.	Identify participating organizations through a request for proposal from EMSA in each of the areas: dispatch, the field, and hospital, which will share data regarding the identified indicators in QI consortium. Implement process to develop and choose key questions. Identify criteria by which participating agencies will be chosen. Establish how information will be disseminated (non-punitive). Consider questions with linkages between the three areas studied (dispatch, field, hospital). Get organizational buy-in as necessary.

Work Group D - System Review / Data

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
2. Develop benchmarks for EMS system evaluation based on results. Share results internally and with EMSA. Evaluate and publish results where appropriate.				Grant Project for dissemination of $.	Continue to expand standards and benchmarks in the future. Collect information that is already out there. Sharing of information at EMS Conferences. Develop EMSA Homepage bulletin board. Develop foundation proposal to evaluate effectiveness of EMS System. LEMSA's meet together on a regional basis. Interface with other organizations on a national level.
3. Assess the need for and if necessary promote legislation to ensure continuous medical quality improvement in the EMS system.		Support legislative efforts to: Protect quality improvement activities throughout all components of the EMS system: dispatch, prehospital provider agency, and local and state governments. Encourage participation in a quality		Require and fund costs associated with ongoing, system wide data collection, linkage (local state and national), and analysis, which can be used to promote the QI process in the EMS system.	Assess data flow and QI process. Obtain AG opinion. Determine how EMS fits within AB2507 – OSHPD. Educate. Timeline: Do it now. Formally link the Data

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
		improvement process on two levels (mandated and voluntary). Protect patient confidentiality throughout the continuum of care (dispatch to follow-up) related to QI activities. Protect QI process from discoverability. Protect patient confidentiality throughout the continuum of care related to QI activities.			and QI agendas to minimize duplication and redundancy.
4. Develop a Statewide Integrated Information System driven by the scope and purpose to acquire, process and disseminate information to all necessary stakeholders in order to evaluate and improve the delivery of all services delivered by the EMS System. The information system will contain all of the following components: 1. Funding 2. Identification of all customers 3. Standardized data sets 4. Coordination of all participants 5. Client Identification 6. Confidentiality and Security 7. Transmission 8. Central Repository 9. Database Linkage 10. Dissemination	A	Present the EMS Information System Plan to the Commission on Emergency Medical Services for endorsement, appropriate action and necessary legislation or regulation changes.		Identify sources of funding for an EMS Information System Committee (ISC) project. Identify qualifications, costs of "domain experts" necessary to ensure successful system design through a services contract. Write project proposals for various funding sources to secure ISC project funding.	Establish a Statewide EMS Information System committee, including sufficient paid staff and appropriate domain experts and perform initial analysis and determine basic system design. Prepare an outline of the scope of the project and distribute to all customers requesting their input. Using the customer input and necessary

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
					outside technical expertise, create an EMS Information System Plan.
5. Research, identify, and expand non-traditional roles for all practitioners based on community needs and benefits.	B		Develop proactive programs and coalitions focused on standardizing injury and illness prevention activities and developing methodologies for delivery. Expansion should be accompanied by standardized education, training, and competency based skills evaluation. When considering expanded scope of practice or non-traditional roles, the concept of care should be considered rather than the skill.		Expand beyond the "emergency" scene to emergent and non-emergent roles. Task Force to identify the community/patient need for modification of the roles of all practitioners. Task Force should include all stakeholders. Identify methods of developing protocol driven alternate disposition decision making. Get involved in community health monitoring and uniform data collection. Identify delivery models that bridge similar skill sets among various practitioners. Encourage 9-1-1 systems to develop linkages to health care providers to allow for universal access into any part of the health care system.

Work Group D - System Review / Data

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
					Education in traditional roles and basic scope of practice should not be minimized for the benefit of expanded scope of practice or non-traditional roles.
6. Implement QI programs in order to provide continuing review of program effectiveness for administration, system planning, and evaluation activities.					Develop Q.I. indicators for system planning and evaluation State identify existing benchmark Q.I. indicators and disseminate State monitoring of LEMSA's to include these Q.I. indicators Obtain hospital outcome data aimed at managing populations
7. Document the costs to medical facilities associated with their support of the EMS System.	A				
8. Work with the hospital industry to determine the amount of uncompensated care provided through the ER.	A				
9. Establish a multidisciplinary task force to include payers to develop suggestions for studies and cooperative ventures between public health, public safety and payers directed at education which may reduce morbidity and mortality of certain patient populations and or disease and injury processes locally. Actively seek out and broker the establishment of cooperative ventures and measurement parameters (of intervention success, cost of delivery, and cost avoidance) and report its findings to the State EMS Commission. Distribute the results of these ventures into the health care community with the goal of reporting successful and unsuccessful methodologies.	A				

Work Group D - System Review / Data

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
10. Design and establish a statewide QI capability in collaboration with the identified EMS stakeholders.	A			EMSA should hire permanent, full-time staff to coordinate the QI effort.	Develop mechanism for LEMSA's and other local stakeholders to give input/ oversight / guidance e.g. Ad Hoc committee composed of EMSAAC/EMDAC/etc. representatives.
11. The Health and Safety Code should be modified to provide immunity for medical control and quality improvement for local EMS agency medical directors and provider agencies.	B	Seek legislation, if necessary.			Assess contractual options before seeking legislation.
12. The Health and Safety Code should be modified to provide discovery protection for provider and local EMS agency quality improvement activities.		Seek legislation to expand Evidence Code.			Define discovery protection. Research experience in other states.
13. Due to the unique nature of interfacility transport (IFT), this area needs to be evaluated and addressed as a unique entity within emergency services.	B		IFTs require evaluation of non-traditional roles and scope of practice.		Education specific to IFT should be available and required for EMS personnel involved in these activities. Determine if scheduled IFT should be under LEMSA or not. In counties where paramedic IFT occurs: evaluate expanded scope for IFT, and specialized training for IFT.

Work Group D - System Review / Data

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
14. Conduct an assessment of PSAPs in California to determine optimal configuration and interface with EMS.	E				

Work Group E - Access

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
1. Implement pathway management programs in PSAP's, and promote the development of and participation in large regional centers, as a cost effective way to reduce unnecessary costs and redirect patients from mandatory hospital transports (when transported) to more cost effective destinations.	A	Require PSAPs that receive 911 funding to provide EMD or be linked to regional center (that does).		Provide financial incentives to promote regional centers Payers that benefit from system enhancement to provide funding	Reevaluate the operations of PSAPs with respect to EMS
2. Access to EMS for perceived emergency needs should be via a universal access system, such as 911. This system should have the ability to distinguish and provide care appropriate to need.			Complete State dispatch (EMD) regulations.		Define a criteria based dispatching system with minimum standards. Develop a concurrent and retrospective quality improvement review process to validate the criteria based dispatching system. Fund a model. Establish a task force of stakeholders with an emphasis on the aspects of technologies. Develop a model community needs assessment to understand the community's perception of the 911 service.

Work Group E - Access

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
3. Education of both users and providers of universal access systems must have a central role.	C				Statewide messages developed regarding universal access number and any other appropriate public health messages (EMSA). Develop local details to go with statewide messages (LEMSA). Include public safety, consumers, HMOs, AARP, M.D.s, hospitals, clinics, public health, public health plans, CBOs, and schools in message development (EMSA and LEMSA). Develop school curriculum for 911 and other public health messages (EMSA, State Department of Education, local Department of Public Health and school districts).
4. Emergency medical dispatch principles should be a core element of all universal access systems.	B				Task Force on developing statewide certification of dispatch system. Encourage consolidation of dispatch.

Work Group E - Access

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
5. Improve enhanced 9-1-1 system access in rural areas and support and advocate installation of call boxes on federal/state highways.	A	Explore use of enhanced 911 monies and legislation to support use.		Explore and obtain funding sources i.e., Cal-Trans, block grants, wireless communication and public safety act.	Implement full enhanced 911 emergency numbers, evaluate current system and identify needs coupled with rural addressing, to ensure all citizens have better access to health care. Evaluate current call box system / location /usage.
6. Integration of alternate (non-911) access should be developed in all universal access systems.			Need regulatory change to ensure integration of non-emergency with EMS. Mandate that all emergency dispatch can triage as non-emergency, and vice-versa. Need to consider change in regulation so that a call can be multiply re-triaged.	Use surplus in 911 surcharge fund to pay for 311-type triage or 911-311 connectivity. Change funding for law enforcement dispatch. Need to consider that 80% of 911 calls are law enforcement related.	PSAPs are part of EMS. Integration of PSAPs. Integration with non-emergency centers.
7. Consider a new universal statewide non-911 (i.e. 311) number staffed by personnel trained at same level as 911.		Will need legislation. Is this too narrow?	Define scope of practice of 311 dispatcher.		Must develop <u>any</u> system that unburdens <u>every</u> EMS system. Mandate ability to retriage perceived emergency and emergent.
8. Access to the appropriate level of emergency medical and acute care services should be based on	B	Require that all health plans and managed care	Assure that EMD decisions are based on		

Work Group E - Access

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
objective medical decision making.		organizations have a plan for member education and access to local EMS which includes appropriate referral of calls to the 911 system. Mandate that all recognized medical answering points/advice lines comply with standard EME protocols.	approved medical protocols. Assure that EMD education includes a standardized curriculum and standardized certification and recertification process. Assure that all recognized medical answering points meet standards for staffing , training and quality assurance.		

Work Group F - Prevention

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
1. Champion Prevention Leadership at the State level by the EMS Authority (EMSA) with coordinated active involvement of local EMS agencies and system participants.	A	There will be a program of policy and legislative advocacy to develop support for EMS prevention activities.	Revise the EMS Systems Guidelines to include a greater emphasis on prevention activities by the EMSA and local EMS agencies.	Establish a permanent position at the EMSA dedicated to EMS prevention activities statewide.	The EMSA will coordinate and communicate activities with other government agencies at the federal, State, and local levels. There will be a strategic plan developed, evaluated, and based on identified needs and broad-based community input. The EMSA will become a resource for local or regional EMS systems.

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
					Expand the local EMS leadership role in the coordination of prevention activities based on community needs. Include prevention activities in the State Strategic Plan and in local EMS plans.
2. Increase permanent funding for EMS prevention activities.	A	Undertake legislative advocacy to develop federal and State programs that include adequate funding.		Stable funding sources for prevention activities will need to be identified and developed by the EMSA. The EMSA will work with the local EMS agencies to secure adequate funding for LEMSAs to conduct prevention activities and services that result in measurable and beneficial outcomes and that can be promoted and shared with other local EMS agencies for use in their prevention programs. Funding will be sought for existing statewide programs that maintain a validated and efficient focus on prevention.	

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
				Secure federal, State, and/or private funding sources to support currently-successful EMS prevention-related activities, including the statewide poison control system and community disaster preparedness, as well as to support new programs. Seek alternate funding sources through partnerships with private industry, foundations, and other sources.	
3. Develop an integrated database linked to other statewide systems focused on prevention.	D				The EMS Authority will maintain a comprehensive database. Data would be readily accessible, collected by regional identifiers, and free to users. The EMSA and LEMSA will provide linkage to existing hospital, pre-hospital, and other local agencies' data, including dispatch, medical examiner/coroner, law

Work Group F - Prevention

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
					enforcement, and community health departments to identify community health indicators. Existing statewide data bases such as those maintained by the Office of Statewide Health Planning and Development (OSHPD), the California Highway Patrol (Statewide Integrated Traffic Records System—SWITRS), the Department of Health Services (Emergency Preparedness and Injury Control—EPIC), and the EMS Authority, would be centralized with probabilistic linkages and be more readily-accessible to LEMSAs. Develop and maintain a standardized EMS data base that is readily-available to the local EMS agencies. Create linkages to existing hospital, pre-hospital and other local agencies including dispatch, coroner, law

Work Group F - Prevention

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
					enforcement and community health indicators. Link statewide data bases such as OSHPD, SWITRS, and EPIC and eventually link them to the EMS data base.
4. Increased focus on injury and illness prevention in the EMS workplace among employers and employees. Create accessible wellness programs for all system participants.	C	Develop wellness programs as a part of employee benefit packages.	Develop focused prevention programs for the workplace based on identified need and industry experience. For example, programs that focus on eliminating needle stick injury, reduction in latex exposure, safe lifting techniques, personal safety at a potentially violent scene, and critical incident stress debriefing.		Work-safety awareness and on-the-job injury and illness prevention activities will be expanded in the workplace. Ongoing efforts will be made to reduce job-related disability due to illness, physical disability and stress-related conditions for EMS providers. Identify hazards specific to working in the EMS environment and develop and implement programs designed to reduce workplace injury and illness.
5. Promote policy and legislation to develop effective prevention activities.		EMS constituent groups will advocate for passing legislation that will foster the continued development of prevention activities.	The EMS Authority will develop policy based on newly-implemented legislation.		Collaborate with other government agencies and private entities to develop policy and legislation to maximize potential benefit to the public.

Work Group F - Prevention

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
		Support appropriate legislation to facilitate the development of prevention activities suitable for involvement by EMS systems.			
6. Create an effective process for development and evaluation of prevention programs.	D			Provide technical expertise through the resources of the EMSA to foster the development of local programs.	Prevention programs should be developed based on proven strategies borrowing from public health and fire service models. These programs would include elements of community needs assessment, intervention, and evaluation. Partner with appropriate public and private agencies to share resources, deliver programs, and identify successful endeavors. Include, when appropriate, an element of prevention in quality improvement activities. Share information at statewide conferences to foster collaboration.

Thank you for your participation in the continuing Vision Process to help shape the "Future of EMS in California."