

## **#777.00 Comments – Orange City Fire Department**

### **General Comments:**

- We appreciate changes made following the first round of public comment.
- We do not support the addition of a second level paramedic (IFT-P).
- We believe even stable critical care patients being transferred to another facility should remain in the care of a Registered Nurse. Use of a paramedic instead of a RN in this capacity does not provide an equivalent level of care. The only benefit is reduced cost to the Service Provider.
- There is no evidence that reduced personnel costs will encourage the Service Provider to put more CCT units in service to reduce lengthy response times for CCT's.
- Potential IFT-P Service Providers have admitted in meetings that they do not plan to reduce the fee charged for a CCT when performed by an IFT-P rather than an RN.
- We request the addition of a statement that makes it clear that IFT-P Service Providers are not authorized to respond to 911 calls. Statements have been made by potential IFT-P Service Providers indicating that they believe this policy allows them to respond to 911 calls during periods of high call volume. If this policy is going to be implemented, we would like it to be very clear that 911 responses are not being authorized.

### **Specific Comments**

Page 2, III.B. 9. e.3)a)

- We object to the use of the term “medical aid responses” in this document. The stated purpose of this level provider is to perform IFT's for patients requiring ALS level care, not respond to medical aid calls.

Page 2, III.B. 9. e.3)a)1)

- We suggest modification of the language requiring the Service Provider to report ALL patient complaints as unusual incidents.
  - Does this include complaints that the paramedic wasn't nice to them? The employer would want to deal with the complaint from a customer service standpoint, but is it really necessary to report it to the regulatory agency?

- Does this include billing complaints from individuals who believe the service should be provided for free?

Is OC EMS going to provide a simple reporting matrix so the information can be reported efficiently and consistently from one provider to the next?

Page 2, III.B. 9. e.3)a)4)

- Please clarify. Do you intend that every documentation error and minor CQI fallout be reported? If so, is OC EMS going to provide a simple matrix the provider can use for reporting so the reporting expectation can be met efficiently and will be consistent between providers.  
OC EMS stated in 2012 that procedures are “best practices” unlike standing orders that allow for no deviation.
  - As written, it appears that any deviation from a written procedure is considered just as serious as deviation from a standing order or policy and would therefore have to be reported. Is that the intent?

Page 3, III.B. 10

- If these are non-911 IFT's of stable ALS patients (ICU to ICU), who are the IFT-P's going to be talking to on the Med 10 or other radio equipment?  
Are IFT-P's going to be required to make base contact on these patients? If so, this program will place an increased burden on the base hospital system that has been designed to focus on prehospital 911 emergency responses.  
Would a requirement to make base contact bring IFT-P Service Providers into the 911 System?
- Do CCT's communicate with OCC now?

Care Ambulance continues to believe that the proposed IFT-P program is unnecessary and provides no cost saving to patients, MediCare or MediCal.

Currently, these types of patients are safely transported in the accompaniment of an experienced Critical Care Registered Nurse with multiple years of Critical Care Nursing experience.

Care Ambulance does appreciate the hard work Dr. Stratton and the EMS staff has committed to this project and the solutions incorporated into the current proposal.

Care Ambulance agrees with the requirement that the ALS patient must be attendant to by an OC Accredited IFT-P and an additional patient care OC EMT, in addition to the EMT required for ambulance driving.

Understanding that an IFT-P program is challenging to maintain the highest clinical standards, Care Ambulance requests that the following language be included in Policy 777.0 under Section:

### **III. CRITERIA**

9. Provider shall have a IFT-P Coordinator who is currently licensed in the State of California as a Registered Nurse (RN) and who has a minimum of three (3) experience in ambulance transportation and/or experience in emergency medicine or Critical Care nursing.

10. A commitment to have the IFT-P Coordinator perform the following tasks:
- Maintain documentation indicating that all IFT-P personnel have been properly oriented to the IFT-P program
  - Maintain documentation of all applicable licensure, certification and/or accreditation requirements for all IFT-P personnel.
  - Be familiar with Orange County EMS Agency policies, EMTALA, and HIPAA
  - Ensure the development, implementation and ongoing evaluation of a QA/QI program specific to the IFT-P transport program
  - Ensure the ongoing training and competency evaluation of all IFT-P personnel.

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## **#778 .00 Comments – Orange City Fire Department**

### **General Comment:**

- We do not support the addition of a second level of Paramedic Provider in Orange County.

### **Specific Comments:**

- III. Suggest correcting the numbering of criteria listed (there are two D's)
- III. Suggest reordering of criteria to reflect the order in which they would occur. See example of suggested order below. This example does not suggest changes to the language currently used for the criteria.
  - A. Current Paramedic License
  - B. Successfully complete IFT-P Training
  - C. Successfully complete 10 preceptored ALS Transports
  - D. Be accredited as an OC IFT-P
  - E. Attend mandatory updates
  - F. Maintain ACLS and PALS
  - G. Understand and adhere to policies and procedures, etc.