**EMS Program Recommendations**

**Revised February 14, 2020**

California Health and Safety Code (HSC) and the California Code of Regulations (CCR) set forth mandatory and permissive requirements for local EMS agencies.

Historically SCEMSA has been understaffed due to funding. While significant improvements have been made over the past 5 years, there are some responsibilities that EMS is either not meeting or partially meeting.

Statute Required Responsibilities: **Not Meeting**

Paramedic Programs: CCR, Title 22, Division 9, Chapter 4 – Emergency Medical Technician – Paramedic. Provisions not being completed include:

Paramedic Preceptors Program:

* Oversight and written protocols/policies
* Active preceptors tracking
* Preceptor training programs
* Creation of hospital clinical preceptor tracking
* Track and assure notification of internship placement in other LEMSAs is occurring, including those coming into Sacramento County from outside programs.

Statute Required Responsibilities: **Partially Meeting**

Investigations: HSC, Division 2.5, Chapter 7, Section 1798.200 and CCR, Title 22, Division 9, Chapter 6. Local EMS Agency shall conduct investigations to determine if disciplinary action is needed against an EMT or a paramedic when there is a violation of HSC Section 1798.200(c) or CCR Section 100214.3(c).

Investigations opened per year: 2016 (39), 2017 (32), 2018 (58), and 2019 (38).

Investigations include new applicants with criminal backgrounds, current EMT and paramedics that violate policy or statute, complaints by citizens, and complaints by EMS providers.

* Completing investigations is a 6-18 month process depending on staff’s time and availability of court documents.
* Completing at a minimal level. In person interviews are not conducted.

Quality Improvement (QI): CCR, Title 22, Division 9, Chapter 12 requires LEMSA to have a QI program which includes review of EMS Provider and Base Hospital QI programs.

* Currently completing reports that give a general overview. Insufficient staffing to produce more granular reports or targeted reports for system improvements.
* Staff have insufficient time to meet with providers to follow through with QI initiatives, discuss strengths or deficiencies within each program, or develop strategies to improve deficiencies.
* More staff time needed in order to fulfill the agency’s QI program elements.
* Stakeholders are requesting more QI data and reports.

Stakeholder Requested Programs: **Permissive**

Critical Care Paramedics (CCP): This program allows an expanded scope of practice for paramedics in order to transport more critical patients between facilities. It requires additional hours of training and an advance paramedic certification.

* Oversight and written protocols/policies.
* Develop required course content.
* Meets defined eligibility requirements including national testing requirements.
* Tracking and monitoring.

EMS for Children: CA Health and Safety Code, Division 2.5, Chapter 12. The EMS for Children (EMSC) program is a national initiative that creates guidelines for the hospital and prehospital communities to effectively care of children during emergencies.

* Develop and oversee the initial program with stakeholder input, including written program plan, policies, and protocols.
* Submission of the program plan to State EMS Authority for approval.
* Establish an advisory committee of multidisciplinary representatives with regular meetings.
* Work with hospitals that are not pediatric centers to meet required standards of pediatric care.
* Oversight of prehospital standards of care protocols.

Current Staffing:

|  |  |
| --- | --- |
| **Staff** | **FTE** |
| Medical Director (contracted) | .5 |
| EMS Administrator | 1.0 |
| EMS Coordinator | 1.0 |
| EMS Specialist | 3.0 |
| Administrative Support | 2.0 |
| **Total** | **7.5** |

Additional Staffing Needed for Mandatory & Permissive Programs:

|  |  |  |  |
| --- | --- | --- | --- |
| **Function** | **Position** | **FTE** | **FY 2019-20 Cost** |
| QI | Medical Director | 0.3 | $ 72,000\* |
| Hospital Programs | EMS Coordinator | 1.0 | $ 167,258 |
| Investigations | EMS Specialist II | 1.0 | $ 139,110 |
| QI | EMS Specialist II | 0.5 – 1.0 | $ 139,110 |

\*Cost is a net increase based on a change from 0.5 to 0.8 FTE.