



Draft Policy Public Comments Received: 04/14 - 05/13/2023

S-416 Supply and Resupply of Designated EMS Agencies and Vehicles		
DATE	NAME	PUBLIC COMMENT
4/14/2023	Christopher Kahn	<p>There are two separate areas of concern with the update for this policy. First, IV.A.1 refers to “the Medical Director of the agency”. While we can all likely have a reasonable guess as to what an agency medical director is, there is no actual definition of this role in County of San Diego EMS policy. Are there minimum requirements – for example, do they have to be licensed to practice medicine in California (or anywhere)? Is board certification in any specific specialty or subspecialty required? Does the medical director have to be a physician at all? What are the responsibilities and privileges of an agency medical director? While it is likely well beyond the scope of this specific policy do address these questions, it would be excellent to consider them and potentially develop policy that answers these questions.</p>

This would also be useful as the basis for a policy that would allow agency medical directors to provide real-time medical direction to EMS personnel from their own agency, which is the standard of care across much of the country and even other California LEMSAs (e.g., see Los Angeles County Policy Manual reference 411: https://file.lacounty.gov/SDSInter/dhs/206202_411.pdf). Creating an analogous policy would then provide the underlying information needed for this policy – S-416 – to be clear. Second, IV.A.3 (or IV.A.2 in the tracked change version) allows a base hospital medical director (BHMD) to serve as the authority under which dangerous drugs and devices are procured and managed for an EMS agency. While it is arguable that this would make that BHMD the agency’s medical director – and therefore already referenced in IV.A.1 – the more important concern is that this fails to fully address the reason this policy has been opened for review. As you are aware, your office recently announced that the position of County of San Diego EMS Medical Director (LEMSA MD) has an unavoidable conflict of interest with any activity that involves medical direction for EMS agencies within the LEMSA’s jurisdictional area.

Accordingly, the line permitting that physician to supervise the procurement/management of dangerous drugs and devices has been stricken from this policy. However, BHMDs have the same potential for conflict of interest. They serve as direct extensions of the LEMSA MD’s medical control authority and – while base hospitals often act independently from the LEMSA MD in the interpretation and creation of new policy/procedure – they do not actually have any functional distinction or independent medical control authority apart from the LEMSA MD in terms of their regulatory oversight of EMS provider agencies. Consider the relevant statutes within the Health and Safety Code: - 1798.100 (in part): Hospitals or other entities so designated and contracted with as base hospitals or alternative base stations shall provide medical direction of prehospital emergency medical care provided for the area defined by the local EMS agency in accordance with policies and procedures established by the local EMS agency and approved by the medical director of the local EMS agency - 1798(a) (in part): The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency. - 1798.2: The base hospital shall implement the policies and procedures established by the local EMS agency and approved by the medical director of the local EMS agency for medical direction of prehospital emergency medical care personnel. As noted in these three statutory provisions, ALL base hospital provision of medical control

SHALL be provided only as approved by the LEMSA MD.

Consequently, any conflict of interest between the medical direction function of the LEMSA MD and the medical direction of EMS agencies within the LEMSA's jurisdictional area necessarily devolves upon the BHMDs as well. Further, there is one bit of independence for BHMDs which creates the potential for their own individual conflict: - 1798(c) : In the event a medical director of a base station questions the medical effect of a policy of a local EMS agency, the medical director of the base station shall submit a written statement to the medical director of the local EMS agency requesting a review by a panel of medical directors of other base stations. Upon receipt of the request, the medical director of a local EMS agency shall promptly convene a panel of medical directors of base stations to evaluate the written statement. The panel shall be composed of all the medical directors of the base stations in the region, except that the local EMS medical director may limit the panel to five members. As base hospitals are required to provide medical direction only as approved by the LEMSA MD – and the LEMSA has the authority to terminate a base hospital's contract for any reason, which could include the BHMD's disagreement with LEMSA policy – the ability for their BHMDs to provide an independent assessment of LEMSA policy could be constrained. If the BHMD was serving as an EMS agency's medical director under this provision rather than under an independent agreement with that EMS agency (which would separately address and resolve any potential conflicts), this would be an unfair conflict between their responsibilities to the LEMSA, their base hospital, and the agency relying upon their services. While this is fortunately not currently the reality in our LEMSA, we cannot ignore your office's declaration of the potential for conflict of interest when considering revisions to this policy.



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DATE	NAME	PUBLIC COMMENT
		No comments received.