Draft Policy Public Comments Received: 12/31 - 01/31/2025

S-620 LEMSA Data Use and Standards		
DATE	**NAME**	**PUBLIC COMMENT**
1/10/2025	Jon Jordan	Recommend adding "or employees of an organization or entity" to D.3. after the word clinicians.
1/29/2025	Nate Pearson	Please consider the following changes to the proposed policy: IV.D.5(added) - include language to the effect that "When releaseing records for any reason LEMSA shall notify the originating agency(ies) of the release of records and the requestor". IV.F. - This language does not obligate consent for the use of data and allows for "posting, publication or other dissemination of ENTITY-SPECIFIC" material. "Collaboration" should be changed. Suggest "SDCo EMS Office will obtain written consent from data stewards prior to..." Please include in section II. Authority - "Nothing in this policy supersedes written agreements between the SDCo EMS Office and agencies/data stewards with regard to data usage, publication, release and ownership." Thank you

1/31/2025	Christopher Kahn	IV.A.1/2 (data stewardship). Is the phrase “responsible party” used only to define who should be responding to requests for records? If so, items 1 and 2 should be combined. IV.A.3. Is there a standard definition for “timely or “high quality”? If not, how does the LEMSA intend to interpret these provisions? IV.A.5. Please rewrite this sentence. It is not clear what the intent or subject is. IV.B.2 (confidentiality). While it is admirable that the LEMSA wishes to protect patient records, they are not exempt from discovery under Evidence Code 1157, 1157.5, or 1157.7 unless they are part of a quality review committee or other review committee as specified in those statutes. Evidence Code 1040 may be applicable. Please confer with your legal counsel to ensure that your policy is congruent with State law. There are areas of overlap within several of the following areas (including IV.D.1/2 and IV.F.1) that, along with the removal of item IV.E.1.c (ambulance patient offload time reporting), suggest that this policy is being written to specifically shield hospitals from having to disclose their ambulance patient offload times in any kind of public forum. This is not appropriate, as it is inconsistent with HSC 1797.123 (which already makes these data public) and contrary to the public interest. There is a strong public interest in understanding the availability of emergency medical care in community/region. There is also a strong public interest in knowing in real time whether a hospital is likely to be readily available for the provision of urgently needed care that falls short of a true life-threatening emergency but for which the public is often referred to hospital emergency departments by their health care providers.

1/31/2025	Christopher Kahn (Cont.)	San Diego – per the December 2024 "Report to Commission: Ambulance Patient Offload Delays"(https://emsa.ca.gov/wp-content/uploads/sites/71/2024/12/6A1.-Ambulance-Patient-Offload-Delays.pdf) – is consistently an outlier in having some of the longest ambulance patient offload times in the entire state whether evaluated by 90%ile APOT, percent of offloads by APOT-2 time intervals, cumulative APOT over 30 minutes, or almost any other metric reported. Of the 108 hospital/month combinations for April-September 2024, there are only 7 instances where the 90%ile APOT did not exceed the State standard. In that 183 day period, the cumulative burden of offload delay (NOT counting the initial 30 minutes for each offload) was 229 days, 12 hours, 5 minutes, and 54 seconds. It is critical that our healthcare system work collaboratively to reduce this embarrassingly high number, and doing so requires that all relevant data be made public in real time so changes can be made at the time of need rather than never made because the available data are "too old". The public should have access to real-time ambulance patient offload times by facility and by agency (individual unit numbers can be masked to protect patient privacy) and real-time diversion statuses for each facility. At a bare minimum, this information must be available to all on-duty EMS personnel without requiring base hospital contact so that patients can use this information to inform their destination decisions. For one example of reporting that, while not real-time, is still notable, please refer to the San Mateo County LEMSA's APOT reporting page at https://storymaps.arcgis.com/stories/1ca390d253c6475ea9a65d337c018ece.

Draft Policy Public Comments Received: 01/30 - 03/01/2023

S-620 LEMSA Data Use and Standards		
DATE	**NAME**	**PUBLIC COMMENT**
2/24/2023	Jodie Pierce	A policy of this nature requires transparency and protection of agencies rights and interest. The policy is deficient of details on process and should not circumvent agencies rights. The policy should be replaced with a Data Use agreement providing the necessary clarity and protections for all agencies. Members of the Emergency Medical Care Committee should be aware of these rights and concerns before proceeding or voting on this policy.

2/25/2023	Nate Pearson	This policy must recognize that some jurisdictions may have their own municipal requirements for data management and permit for those instances without violation of policy. One such way would be to acknowledge data sharing agreements. -Section IV (new), all subsections moved down and Item A. should include: "This policy will take effect in lieu of a Data Sharing AGreement if an agency does not have one in place". Prehospital data - Patient-level Information, metrics, and other elements related to the provision of EMS services. Prehospital data includes, but is not limited to, dispatch, patient care, transfer of care, and quality assurance information required by CEMSIS under statute. Statutory requirements to meet CEMSIS requirements should be applied to all pre-hospital agencies. Additional data field should be accepted but not required. IV.C.2 - Policy 601 and 602 already address data collection and should be revised to refelct CEMSIS statutory requirements. IV.C.3 - "other platforms" ...as permitted within existing statute. IV.E.2.c - edit to state "Aggregated Countywide measures and dashboards" IV.F- edit to read - The San Diego County EMS Office will obstain consent from EMS systems and the data stewards prior to using data in the following ways: IV.G.2.a (new) - any compensation or funding obtained through the use of data by outside entities will be proportionally distributed to the respective data stewards providing data. IV.G.2 and IV.I.3 are in conflict. One permits release of data to "academic research" the other states no data will be released to third parties. IV.new - HIE - this policy or 601 should address systemwide bi-directional participation in the HIE. In addition, 601 should be revised to establish a clinical, epidemiologocial and administrative working group for future data dictionary revisions ensure useful and usable data collection standards.