

**“.201 Today and Tomorrow:
A Workshop on EMS System Coordination”**

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**Emergency Medical Directors' Association of
California**

Acknowledgement

We would like to thank the following EMDAC members for their significant contribution in development of this document:

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Introduction

The Emergency Medical Directors' Association of California (EMDAC) is a professional organization representing a diverse group of physicians directly involved in EMS medical oversight and continuous quality improvement. Our membership includes local EMS Agency medical directors from the 31 local EMS Agencies, as well as those of several private and public EMS providers throughout the state. EMDAC works closely with the EMS Authority medical director, in an advisory capacity, providing recommendations on medical matters. A subcommittee of EMDAC, Scope of Practice Committee, reviews all requests for optional scope items and provides recommendations on their approval to EMS Authority medical director. Our mission is to provide and promote a collaborative process by which EMS medical directors can use evidence based, innovative solutions to develop and maintain patient-centric and community-based EMS systems throughout California.

EMDAC is pleased to participate in this statewide workshop to discuss issues relating to section 1797.201 of California's Health and Safety Code, Division 2.5. We have reviewed the statements from California Ambulance Association, California Fire Service, EMS Administrators' Association of California, and the Emergency Medical Services Authority and feel that they clearly identify the differing perspectives on the interpretation of 1797.201. Therefore EMDAC will limit its comments to the "impact" of 1797.201 on our role of providing medical guidance and control.

What has changed?

During the last 30 years, since the EMS Act and section 1797.201 was written, the practice of pre-hospital medicine has gone through significant changes and growth. These changes are very important when considering the impact of 1797.201 on the future of EMS and the quality of its medical control and oversight. The following are a list of such changes:

1. Increasing body of research is targeting the effectiveness of therapies provided by EMS in the field. Medical device manufacturers are increasingly interested in developing and marketing devices for EMS applications.
2. More complex in-hospital specialty services, such as trauma, STEMI, and stroke, resulting in more complex destination decision-making process for EMS providers.
3. Regionalization of specialty services at the state level, such as regional trauma plan, state stroke or STEMI plans.
4. Increased litigation in the pre-hospital environment translating into increased medical legal risk for pre-hospital providers.

5. Increasing public expectation of a robust, competent, highly trained EMS system which is capable of providing the latest therapies. This is particularly true of disaster and pandemic response.

Such changes are making it increasingly difficult to support attempts to isolate EMS providers from the totality of a coordinated EMS system working to provide optimal emergency medical care. EMDAC believes that the future of EMS requires a robust medical oversight that seeks a unified, standardized, and well coordinated system through a collaborative process and based on scientific evidence when available.

EMDAC's position regarding Medical Control as it relates to section 1799.201.

We applaud the California Ambulance Association for referencing the Institutes of Medicine report "EMS at the Crossroads" and specifically the observation concerning the "fragmented system that exists today" and their recommendations that EMS systems need to improve coordination, expand regionalization, and provide increased transparency and accountability. We fully support their recommendation that any changes made to the EMS Act, and specifically 1797.201, should follow these principles.

Since the passage of 1797.201, the Local EMS Agency Medical Directors have functioned effectively with, and frequently without, written agreements with those organizations having "201 rights." We have done that using a collaborative process supported by the vast numbers of EMS stakeholders enthusiastically wanting to improve their local EMS systems. For most of us, the term "201 rights" never arises in our discussions relating to EMS medical care. We use evidence based solutions if evidence is available, and if not, we use the common sense and experience of our local EMS providers and hospitals.

We wonder why 201 rights seem "fixed in time" when our EMS systems have gone through enormous evolutions since 1980. We define "medical control" in broad terms because we see our responsibility to our EMS patients as broad. Any medical advice, therapies or procedure provided in the EMS arena should be subject to a "neutral" CQI process and LEMSA medical policies should be transparent and uniform.

EMDAC's conclusions:

1. The concept of "201 rights" no longer appears applicable to principles by which EMS systems of today function and future advancements will be accomplished. Future workshops should focus on the organizational tools and CQI processes necessary for California's EMS system to become a

leader in the 21st century and not on a 30-year old regulatory statement written to assist the early implementation of California's EMS system.

2. EMS providers are encouraged to strive for a neutral, independent, and non-punitive CQI process and foster local and regional collaboration and cooperation in order to drive EMS forward in developing, testing and adopting the most effective, efficient and patient-centric pre-hospital therapies.
3. Further subdivision and parsing of EMS components is not likely to foster these goals, nor is "silo-ing" of EMS functions and being too exclusionary of the role of EMS medical oversight in operational and structural decisions. There should be some give and take in these decisions, and clarity on the ones that are the sole responsibility of Medical Directors, for which we are held accountable.
4. Unresolved legal issues around 1797.201 should be set aside and left to legal consultants and the courts to resolve.