OCEMS Policy
777.00 Interfacility Transport Paramedic- (IFT-P) Service Provider Criteria
Public Comments
October 26, 2012 through November 9, 2012

Date Submitted	Organization:Contact	777.00 comments	OCEMS Response
10/28/2012 19:18	Care Ambulance Service	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: â€¢ Maintain documentation indicating that all IFT-P personnel have been properly oriented to the IFT-P program â€¢ Maintain documentation of all applicable licensure, certification and/or accreditation requirements for all IFT-P personnel. â€¢ Be familiar with Orange County EMS Agency policies, EMTALA, and HIPAA â€¢ Ensure the development, implementation and ongoing evaluation of a QA/QI program specific to the IFT-P transport program â€¢ Ensure the ongoing training and competency evaluation of all IFT-P personnel.	While Medicare and MediCal pay set service fees, the IFT-P program will otherwise provide cost savings to self-pay patients and private third party payers. OCEMS agrees with proposed changes and has revised draft policy. Revisions exclude EMTALA and HIPAA language; HIPAA applies to an entire health care provider organization, not just an EMT-P program and EMTALA applies to the hospital sector of EMS, not the prehospital component.

11/6/2012 16:27	Lynch EMS	Section III, B, 3; recommend including 365 days a year Section III, B, 9, e, 2; Delete Major, we recommend OCEMS specifying which administrative personnel fall into this requirement. Does OCEMS want to know if our communications manager changes? Section III, B, 11; typo, add an "S" to OCEMS in two places	Suggestions incorporated into revised draft
11/8/2012 20:53	OC EMS	I believe, in addition to ACLS and CPR, we should require the IFT paramedics to be certified in PALS and ITLS. This could defeat criticism that they are not "real" paramedics, capable of handling any emergency.	Rather than PALS and ITLS, PEPP has been added to EMT-P requirements
11/9/2012 11:12	JVI Consulting, LLC	#777.00 criteria for IFT-P service providers mandates a 30 minute response time for unscheduled IFT-P transports. It is my understanding that an IFT-P transport is a significantly lower scope of care than an SCT (Specialty Care Transport) which requires an attending RN. High acuity SCT(s) are currently provided within the County of Orange by qualified ambulance providers. I am not aware of any response time mandated by County for an SCT. Please clarify the reasoning for the County's mandated 30 minute response time for an IFT-P transport. If the County were the ONLY end-user of this IFT-P service, this would make sense. However, I don't believe that is the case. In light of this, shouldn't the IFT-P response time be treated as a 'contractual issue' between the IFT-P provider and the end-user client (as with SCT) and not a mandate by a Government agency?	The 30 minute response time for unscheduled IFT-P response is based on the temporal requirements for transport of sepecialty care patients – example is transport of cardiac patients for Cardiac Catheter Lab intervention. The failure of timely response for the CCT system which is based on the "contractual issue" is a primary issue that has led to development of the EMT-P system.
11/9/2012 12:27	Med Dir Lynch Ambulance	I would like to express agreement with this IFT-P policy, including the 30-minute response time. Should greatly defuse the situations that have been known to occur in Orange County, resulting in delayed transport and ER backups.	Comment accepted

11/9/2012 15:59	Newport Beach Fire Department	Newport Beach Fire Department #777.00 Comments General Comments: We appreciate the considerations and changes that your agency made after the first public comment period. We still believe the current standard provided in our county for non-911, critical care interfacility transports (IFTs), using a Registered Nurse (RN) with critical care experience and 2 EMTs, is in the best interest of patient care. Utilization of an IFT-P during this type of transport creates increased liability by allowing the transfer of care to be relinquished to a lower level providerâ€"critical care RN to an IFT-P. For this reason, we do not support the addition of the IFT-P provider level. We request the addition of a statement that makes it clear that IFT-P Service Providers are not authorized to respond to 911 calls. Public statements have been made by administrative staff from a private ambulance provider 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 strongly urge your agency to be very clear that 911 responses are not being authorized. Page 2, III.B. 9. e.3)a) We object to the use of the term â€œmedical aid responsesâ€□ in this document. The stated purpose of this level provider is to perform IFTâ€™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. Patient complaints are not, by nature, unusual incidents but a system issue that should be addressed.	See comment above regarding CCT transports in Orange County. Suggested changes made to draft policy. Requirement to report patient billing compliants will be excluded.
11/9/12 14:52	Orange 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	Changes language regarding 911 and medical aid as suggested.

		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. o 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? o 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. o 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?	OCEMS is currently developing the suggested QA/QI matrix. Procedure deviation changed as suggested. Currently, Ambulance Providers are required to have Med 10 capability to allow for communication with OCC. IFT-P and CCT are not included in the Base Hospital communication network

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10/28/2012 19:18	Care Ambulance Service	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	While Medicare and MediCal pay set service fees, the IFT-P program will otherwise provide cost savings to self-pay patients and private third party payers. IFT-P Coordinator criteria are defined in Policy # 777.00

		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.	
11/6/2012 16:27	Lynch EMS	Section III, B; This requirement does not make sense. Section III, C; is there a policy or curriculum for the IFT-P training course? Seciton III, D; Who will be performing the preception and evaluation? What criteria will the IFT-P candidates be evaluated from? Section III, E; Include PEPP as an alternative to PALS	A Curriculum for accrediatition of IFT-P is being developed. OCEMS approved preceptors will be permitted to precept IFT-P candidates. PEPP added to policy.
11/8/2012 20:53	OC EMS		
11/9/2012 11:12	JVI Consulting, LLC	I appreciate the need to regulate IFT-P licensure with a benchmarked scope of practice that is commensurate to the level of care being provided .	Comment accepted
11/9/2012 12:27	Med Dir Lynch Ambulance		
11/9/2012 14:52	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.	Suggested changes made in draft policy.

11/9/2012 15:59	Newport Beach Fire Department	General Comments: We appreciate the considerations and changes that your agency made after the first public comment period. We still believe the current standard provided in our county for non-911, critical care interfacility transports (IFTs), using a Registered Nurse (RN) with critical care experience and 2 EMTs, is in the best interest of patient care. Utilization of an IFT-P during this type of transport creates increased liability by allowing the transfer of care to be relinquished to a lower level providerâ€"critical care RN to an IFT-P. For this reason, we do not support the addition of the IFT-P provider level.	Currentlty, call continuation and retriage transport of critical patients is safely done by paramedics in Orange County. the IFT-P program is not designed to replace CCT-RN transport, rather provide transferring physicians with more options for transport of low-mid acuity Als patients.

778.00 Attachment # 3 Bill Westin – 778.00 Attachment 4 Suzanne Goodrich