

CVEMSA Public Comment Matrix

Protocol	Comment	Response
<p>Paramedic Accreditation 2012</p>	<p>1. Are the proposed changes going to be in effect as outlined for the foreseeable future? There is currently an expedited accreditation process in place, allowed under a special memo, which will expire and is not allowed under the proposed new policy as presented. Does CVEMSA plan to implement changes to the accreditation process, either permanent or temporary, immediately after the adoption of this new policy? Taking those steps, right after going through a policy revision process would be a poor example of the policy development process, which should be focused on developing policy changes that reflect the needs of the system and stakeholders that are in place when the policy is updated. A new policy should not be developed that must be immediately changed by administrative rule barring significant changes in the immediate term. (Matt Windrem, EMS Division Chief- Sonoma County Fire District)</p>	<p>The intent of the flexibility provided within the policy is to allow for temporary changes to accreditation process to happen within the context of the policy rather than per special memo. The current modifications to accreditation process that were included in the expedited accreditation memo will be continued if the medical director feels the modifications remain appropriate at the time of the policy revision. Including those modifications to our normal in the policy is not desirable as they were never intended to be permanent changes.</p>

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Paramedic Accreditation 2012	<p>2. The power to change accreditation requirements without public input is too broad and does not require any feedback from affected providers or other stakeholders. While I recognize that the medical control aspect is within the Medical Director’s purview, this level of discretion to make changes without any input could create challenges for anyone trying to navigate the accreditation process, or those who assist employees who must achieve or renew their accreditation. I view this as an effort to move the accreditation policy out of the normal policy revision process, and to allow much more flexibility for CVEMSA and the medical director to make changes without any formalized input from those affected. The CVEMSA already has the special memo process, which has proven in the past year to be an effective way of addressing unforeseen challenges in the accreditation process that must be addressed prior to full policy revision. (Matt Windrem, EMS Division Chief-Sonoma County Fire District)</p>	<p>Please note additions to the Policy language stressing the importance of communication with stakeholders. The EMS Agency shares the concern regarding confusion for accreditation candidates and provider agencies and will reach out for input when considering changes. The policy does require a thirty-day minimum lead time for any increase in requirements, although even waivers require stakeholder communication.</p>
Paramedic Accreditation 2012	<p>I am supportive of the clean-up language in the first sections of the policy, but also want to be sure that we are in fact returning to REDCOM and Base Hospital orientations. Those are listed in this policy as part of the new requirements, but I know they have been on hold in recent times. I feel strongly that any newly adopted policy should reflect what we are doing and want to do, and should not be subject to immediate changes and updates if we know that areas may not be achievable. ( Matt Windrem, EMS Division Chief, Sonoma County Fire District)</p>	<p>The EMS Agency intends to return to the requirements within the policy that have been waived as soon as it makes sense to do so. Communications Center and Base Hospital orientations as well as in-person field evaluation reviews have been valuable to the onboarding process for new accredits, and the requirements are in the revised policy for that reason.</p>

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<p>Paramedic Accreditation 2012</p>	<p>(suggested addition in red to 2012.4 <i>Discretionary Authority OF EMS Medical Director</i>)</p> <p>a. CVEMSA Local accreditation requirements are created for the purpose of ensuring the EMS Medical Director can establish and maintain medical control over the care delivered within the EMS system. Local accreditation is not a health care certificate or license but represents the EMS Medical Director’s approval for a specific individual to practice within the system at the ALS level. <b>The medical director will make an effort to inform and obtain feedback from EMS policy making groups including EMCC members prior to the modification that provides a reasonable timeframe for response. Modification without input shall require an explanation with specific examples of the need for urgency in the changes to the accreditation process.</b></p>	<p>Please see edits to 2012.4(c) with modified language based on this input:</p> <p>a. Temporary modifications to accreditation requirements will be communicated with EMS System partner agencies with staff affected by the modifications. <b>The EMS Medical Director will make an effort to inform and obtain feedback from EMS system stakeholder groups prior to the modification that provides a reasonable timeframe for response. Modification without input shall require an explanation with specific examples of the need for urgency in the changes to the accreditation process.</b></p>