



201 - Multi-jurisdictional Air Service Provider

REGULATION MARKERS:

1. (Marker) Establish STATEWIDE Trauma Triage Criteria.
2. (Marker) Establish a standardized STATEWIDE scope of practice (may be expanded scope of practice) for flight paramedics.
3. (Marker) Establish STATEWIDE Standardized Operating Procedures for authorized flight nurses (e.g. MICN).
4. (Marker) Establish STATEWIDE Web-based data system with username and passwords for local EMS Agencies:
 - a. EMS Aircraft providers will download their data to a single STATEWIDE web-based database consistent with CEMSIS.
 - b. Local EMS Agencies will be provided access to STATEWIDE database with ability to run reports on data from patient transports originating in their jurisdiction.

TITLE 22, DIVISION 9, CHAPTER 8. Prehospital EMS Air Regulations – BASED ON MODEL 3!

Article 1. DEFINITIONS:

1. **§§100288. Classifying EMS Agency:** “Classifying EMS Agency” or classifying agency” as used in this Chapter means the agency which categorizes the EMS aircraft into the group identified in Section 100300(c)(3). This shall be the ~~primary local~~ EMS agency in the jurisdiction of origin except for aircraft operated by the California Highway patrol, the California Department of Forestry or the California National Guard which shall be classified by EMS Authority. In the case of Multi-jurisdictional Air Providers, the classifying EMS agency shall be the primary EMS agency.
2. **§§100290. Jurisdiction of Origin.** “Jurisdiction of origin” as used in this Chapter means the local EMS jurisdiction within which the authorized air ambulance or rescue aircraft is operationally based.
3. **§§ 100291. Designated Dispatch Center.** “Designated dispatch center” as used in this Chapter means an agency which has been designated by the ~~local-authorizing~~ EMS agency for the purpose of coordinating air ambulance or rescue aircraft response to the scene of a medical emergency within the jurisdiction of the ~~local-authorizing~~ EMS agency.
4. **(§§ NEW Section)** “Out-of-Area Provider” means an EMS aircraft that has been requested by a designated dispatch center as back up air service provider to a local EMS agency. The request from a designated dispatch center shall be considered authorization to provide service.

Comment [RHS1]: See question under Model 2 – “Region.” I don’t think after looking at the various models, this wording “jurisdiction of origin” can remain. Need further clarification. 05/15/08 – How the primary EMS Agency is to be chosen was discussed, but not agreed upon.

- IN State, w/ base in CA
- OUT of State, w/base in CA
- OUT of State, no base in CA – but ROUTEINELY provides service.

Comment [RHS2]: 05/16/08 - To be determined if this needs defining.

Article 2. GENERAL PROVISIONS (Application of Chapter) and/or Article 4. System Operation (Bonnie, help here...not sure this goes under General Provisions????):

1. The classifying EMS agency:
 - a. Establishes and maintains the following
 - Standard drug and equipment list
 - Medical control
 - (1) Medical flight crew accreditation and authorization.
 - (2) Paramedic flight crew member scope of practice (may include expanded scope).
 - (3) Review and approve medical protocols & standardized procedures.
 - CQI plan approval
 - Approve data collection process.
 - Primary incident review coordination.

- b. Collaborates through interagency agreements with authorizing EMS agencies to establish the following:
- CQI process
 - Data collection process.
 - Incident review process.
 - Ensure review of medical protocols & standardized procedures (reference H&S 1797.202)
 - EMS aircraft provider site visit and inspection.
- c. May charge the appropriate fees to cover costs associated with any multi-jurisdictional air service provider as set forth in Title 22, Chapter 8, §§ 100300(7).
2. The authorizing EMS agency:
- a. May designate dispatch center(s) within it's jurisdiction to coordinate requests for EMS aircraft.
- b. Establishes the destination policy for patient transports originating from or within the authorizing EMS agency's jurisdiction.
- c. Receives or ability to access data in universal format.
- d. Collaborates with classifying EMS agency through an interagency agreement(s) to establish the following for multi-jurisdictional air service provider(s):
- CQI process
 - Data collection process.
 - Incident review process.
 - Ensure review of medical protocols & standardized procedures (reference H&S 1797.202)
 - EMS aircraft provider site visit and inspection.

Comment [RHS3]: Bonnie is going to see if we need this statement.

THIS IS WHERE WE STOPPED REVIEW AT OUR 05/15/08 MEETING!

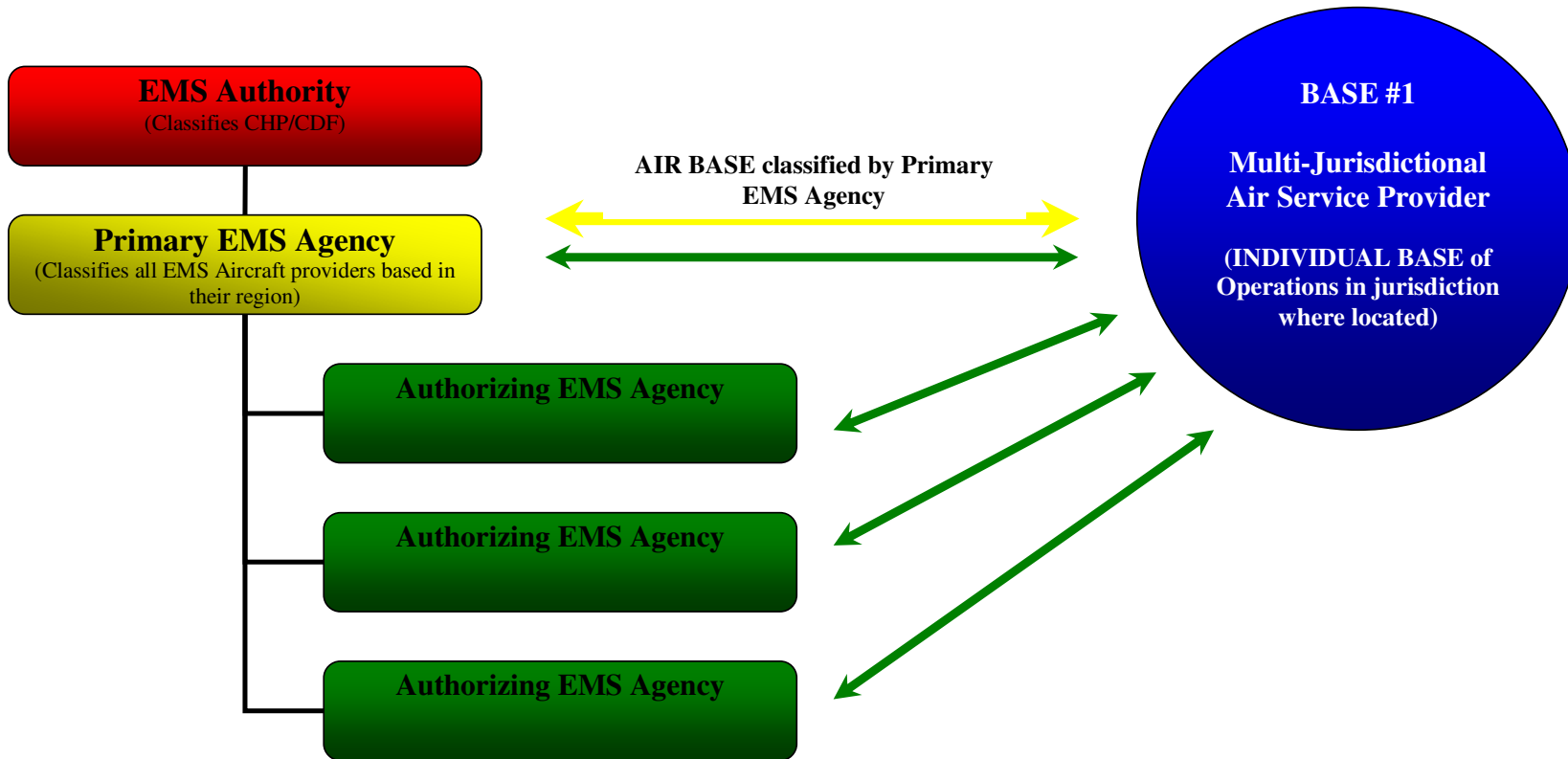
3. The multi-jurisdictional air service provider:
- a. Is classified by a primary EMS agency and based in its jurisdiction, transporting patients from or within multiple authorizing EMS agency's jurisdictions; this does not include mutual aid providers.
- b. Shall have a provider agreement with each authorizing EMS agency where a base of operations is located or where a multi-jurisdictional air service provider is assigned primary response to a designated area within an authorizing EMS agency jurisdiction.
- c. Shall have at a minimum a physician, licensed in the state of California and approved by the primary EMS agency, which functions as the air service medical director.
- d. Shall develop approved standardized operating procedures for authorized flight nurses (e.g., MICN) with a process established for input by each authorizing EMS agency. The primary EMS agency's medical director will have the final approval. This provision is in effect until superseded by STATEWIDE standardized operating procedures for authorized flight nurses.
- e. Shall provide data to the primary and all authorizing EMS agencies in universal format consistent with CEMISIS.

Comment [RHS4]: I strongly suggest moving this up under the "establishes and maintains the following: for the PRIMARY EMS Agency. Otherwise Air Service Providers could still have multiple inspections by authorizing EMS agencies. The PRIMARY EMS Agency sets the scope and the drug & equipment list...seems appropriate to have them take care of this as well.

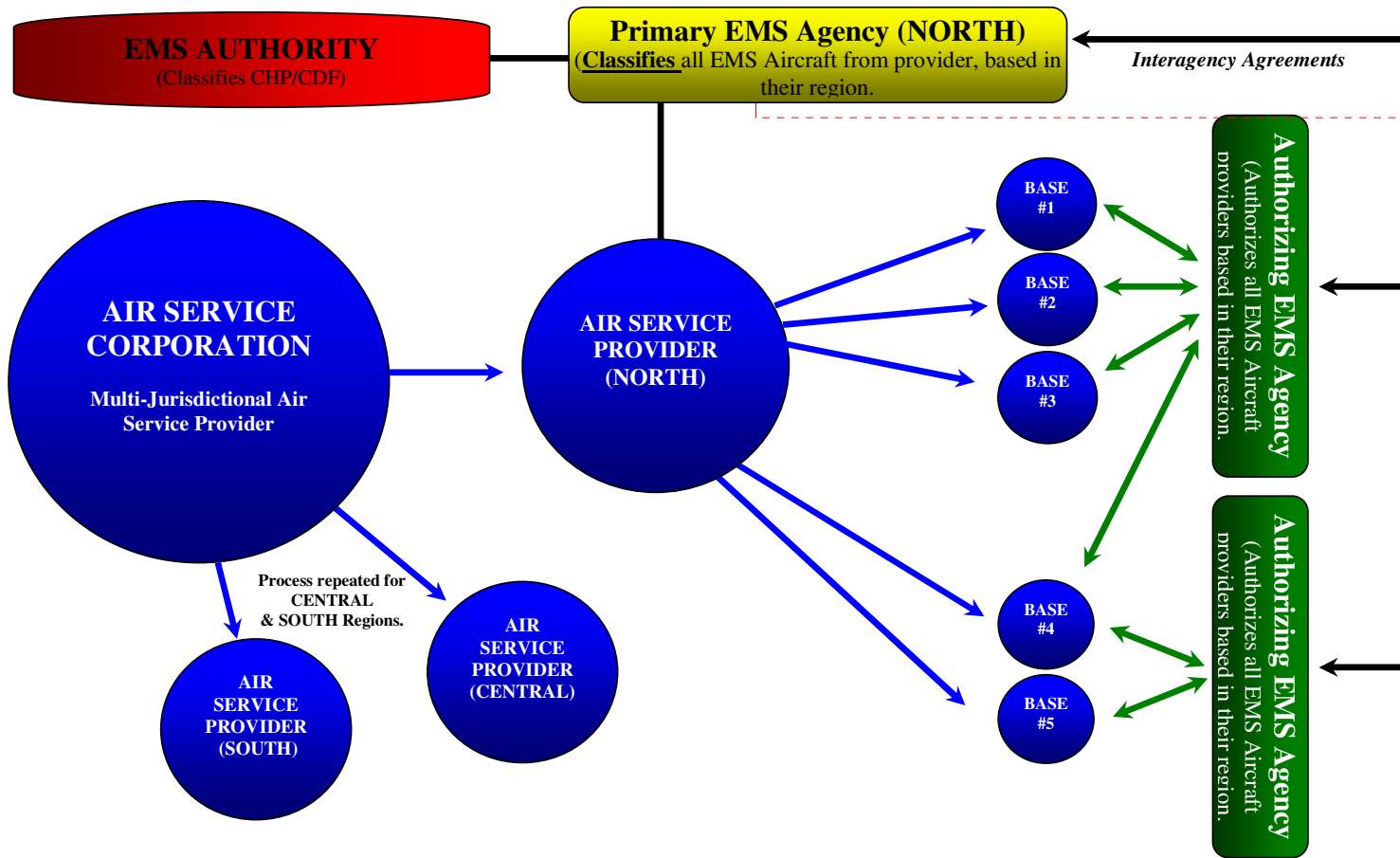
Comment [RHS5]: Is this always true...depends on what we do with the models...does the multi-jurisdictional air service provider need to be based in the Primary EMS Agency's jurisdiction????

MULTI-JURISDICTIONAL AIR SERVICE PROVIDER” – MODEL 1 “INDIVIDUAL BASE OF OPERATIONS”

Comment [RHS6]: Do we want to LIMIT the number of models? ...or do we want flexibility in how they are interpreted? Do we want “assigned” regions or “cooperative” regions? These are some of the questions that need to be thought through prior to sending this out to the world, so that we all remain on the same page.

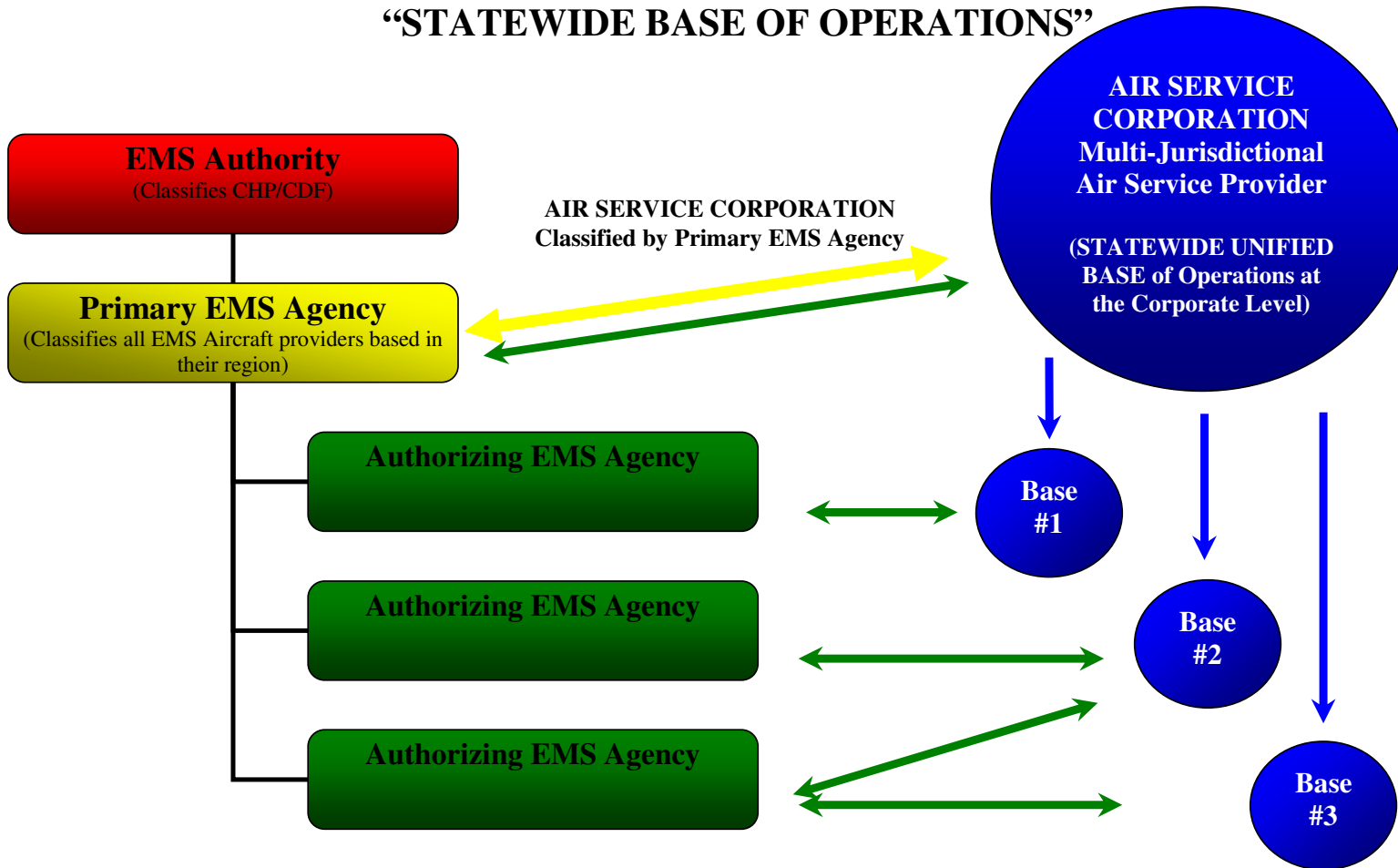


“MULTI-JURISDICTIONAL AIR SERVICE PROVIDER” – MODEL 2 “REGIONAL BASE OF OPERATIONS” (e.g., NORTH, CENTRAL, SOUTH)



Comment [RHS7]: Question... would this mean that there could be MULTIPLE “Primary EMS Agencies” in an air region, ONE for each air provider corporation. If our intent is to have just ONE PRIMARY EMS Agency for ALL air providers in that region...I think we need some more work here and possibly a change in language.

**“MULTI-JURISDICTIONAL AIR SERVICE PROVIDER” – MODEL 3
“STATEWIDE BASE OF OPERATIONS”**



REGULATION CHANGES BRINGING STANDARDIZATION OF AIRCRAFT in order to create the models below:

1. STATEWIDE Trauma Triage Criteria
2. STATEWIDE Scope for Paramedics (may include expanded scope)
3. STATEWIDE Scope for flight nurses

	MODEL 1 (INDIVIDUAL BASE of Operations)		MODEL 2 (REGIONAL BASE of Operations)		MODEL 3 (STATEWIDE Base of Operations)	
	Pros	Cons	Pros	Cons	Pros	Cons
EMS Authority	Able to create this model under current regulations.	Clarification language might be helpful to establish multi-jurisdictional providers.	Implements statewide regs necessary to support standardization region-wide throughout state.	Regs opened.	Implements statewide regs necessary areas to support standardization to the air service provider, statewide.	Regs opened.
			Implements statewide regs necessary to support standardization on a regional basis for the air service provider.			Air ops plan may be needed. (Would ALL EMS agencies coordinate well together in future after initial development?)
LEMS AGENCY	Maintains current EMS agency jurisdictions, roles and responsibilities.	Does not bring regionalization where individual county EMS agencies exist.	Brings regionalization of air services where individual county EMS agencies currently exist.	State plan needed to create regions, statewide, on a long term basis.		Huge oversight responsibility (statewide) for the Primary EMS Agency.
	Standardization of all aircraft in an existing EMS region.			EMS Agencies may still have EMS Air Providers that are assigned to a portion		LEMS agencies (regions) would have different provider configurations and

	MODEL 1 (INDIVIDUAL BASE of Operations)		MODEL 2 (REGIONAL BASE of Operations)		MODEL 3 (STATEWIDE Base of Operations)	
	Pros	Cons	Pros	Cons	Pros	Cons
						based in different Primary EMS agency jurisdictions.
				Interagency agreements addressing air ops regulation changes are not currently established.	Some EMS agencies may see this as a "pro."	Decreased oversight in current EMS agency jurisdictions, roles and responsibilities.
Provider	Brings regionalization to the individual air base.	Does not create statewide standardization.	Creates region; standardization of all provider aircraft region-wide.	Different Destination policies based on where the pt. was picked up.	Statewide operations for the air service provider under ONE EMS Agency.	
	Individual BASE does not have to re-authorize or re-accredit personnel in every EMS region that it serves.	Different Destination policies based on where the pt. was picked up.	Standardization of scopes of practice region-wide.		Standardization of all aircraft and staff statewide	
	Air Base does not have to reconfigure aircraft for every EMS region that it serves.				Standardized MICN SOPs statewide.	
					Standardization of MICP Scope of practice statewide.	