



Draft Policy Public Comments Received

| S-6XX LEMSA POLICY AND PROTOCOL APPROVAL PROCESS | | |
|--|--------------|---|
| DATE | NAME | PUBLIC COMMENT |
| 2/24/2023 | Jodie Pierce | <p>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.</p> |
| | | <p>This new 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 as required by CEMIS under</p> |

2/25/2023

Nate Pearson

statute. Statutory requirements to meet CEMISIS 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 reflect CEMISIS 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 obtain 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, epidemiological and administrative working group for future data dictionary revisions ensure useful and usable data collection standards.