Draft Policy Public Comments Received: 08/07 - 08/21/2025

S-070 Special Program Authorization		
DATE	**NAME**	**PUBLIC COMMENT**
8/22/2025	Christopher Kahn	IV.A.6.g. What is a “patient care report rate”? There is a discrepancy between the Section III definition of “Community Partner Proposal” (which includes research) and the separation of “Community Partner Proposals” (IV.A) and “EMS Research and Academic Data Requests” (IV.B). As currently written, this policy would appropriately not require CoSD EMS to review and authorize a retrospective research project that does not require CoSD EMS support. However, the Section III inclusion of “research” in the Community Partner Proposal definition makes this less clear. Please consider modifying the definition to clearly exclude research proposals that do not require CoSD EMS support and do not otherwise implicate IV.A.

Draft Policy Public Comments Received: 03/14 - 04/14/2025

S-070 Special Program Authorization		
DATE	**NAME**	**PUBLIC COMMENT**
4/11/2025	Nate Pearson	Generally, I think this policy should be carefully evaluated by legal counsel to ensure that all provisions and sections fall within the medical directors purview. As agencies venture into other ways to serve their community they may interface with community members to provide assistance in ways that do not result in "patient contact" or fall within the "Emergency Medical" system. I. Purpose: second paragraph consider reordering to state "patient safety, efficacy and equity" to focus first priority to be safe for the patient before evaluating other factors. III. Definitions: -Special Program Guiding Principles: there are eleven principles listed, not 6. Many of these should be removed because a special and/or pilot program may not meet them due to the inherent nature of a special program serving a more narrow need and therefore may not be "efficient". It may be novel or niche and therefore cannot be "seamless". May be a program that has already been created elsewhere and is not intended to "innovate", but instead "recreate". These principles seem like word salad. Decouple them and eliminate the ones that may not apply to special programs. IV. Policy: unnecessary language "Staff consultation and plan refinement with the pilot program requestor are likely. Program proposals may require additional comments from CoSD EMS advisory bodies for a well-rounded review." It can be assumed that if an application is submitted for approval that refinement may occur. Consider to rephrasing to only "Program applications may be referred to CoSD EMS advisory bodies for comment and consultation as part of the approval process." IV.A. (new) - This policy refers to "pilot" program and "special" programs. Include a submission requirement that defines a proposed "pilot" period for new special programs. After completion of the "pilot" period and special program will be considered a "special" program with approved status

		and may adjust it's reporting and QA/QI process accordingly. IV.A.1(f) - remove "staffing patterns". Operational staffing is not within CoSD EMS purview. Consider to reword to state "CoSD EMS must be notified in writing within 10 days if staff qualifications, level of care or other changes occur." IV.A.5(b)(2) - This is two provisions,consider splitting "(2) The QA/QI plan must comply with all CoSD EMS Quality Improvement Plan provisions. (3) The QA/QI plan should include provisions for 100% review of all patient care reports in which the special program was attempted or utilized." IV. A. 5 and 6 - Consider creating a QA/QI and Data reporting requirement differentiation between the "pilot" period and "approved" status. As an example, once a special program has obtained approved status 100% review of all utilizations should not be required. Additionally, does CoSD EMS really want monthly reports from ALL special programs into perpetuity? This seems overwhelming. Thank you.

Draft Policy Public Comments Received: 12/31/2024 - 01/31/2025

S-070 Special Program Authorization		
DATE	**NAME**	**PUBLIC COMMENT**
1/31/2025	Christopher Kahn	There is likely to be significant disagreement as to the regulatory reach of this policy, specifically on which projects and which agencies are or are not subject to it. Working with the regional stakeholders to clarify this as much as possible is likely to improve the acceptance and workability of this policy. III (definitions). The definition of special program includes “research project to evaluate for improvements”, but the rest of the policy refers to programs actually being implemented rather than merely studied. Please consider removing or rephrasing this portion of the definition. As stated, a dispatch center would not be allowed to perform quality improvement reviews of their dispatch determinants and associated patient outcomes without specific application to and permission from the LEMSA, which does not seem to be the intent of this policy. IV.B. It is often not feasible to consider, preliminarily define, and propose a special project without the specific endorsement of local government bodies, particularly for agencies that are governmental in nature such as fire departments. While it is of course reasonable to involve the LEMSA early in the process of developing a special program, it would be wasteful of the LEMSA’s time to ask it to consult on a program which has not received any kind of signal (which, of course, could be interpreted as an endorsement) from the relevant local government body/bodies suggesting it would be considered for implementation within that jurisdiction. Please consider removing the second half of that first sentence starting with the comma before the word “prior”.