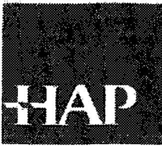

THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

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November 28, 2011

Joseph W. Schmider
Director, Bureau of Emergency Medical Services
Pennsylvania Department of Health
Room 606 Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Emergency Medical Services Proposed Regulations

Dear Mr. Schmider:

The Hospital & Healthsystem Association of Pennsylvania (HAP), on behalf of its members, more than 225 acute and specialty hospitals and health systems, appreciates the opportunity to comment on the Department of Health's Emergency Medical Services (EMS) proposed regulations.

HAP supports the efforts the department has taken to update the EMS regulations with the goal of achieving a higher quality, more flexible, and better-coordinated EMS system in the commonwealth. HAP also commends the department for promulgating regulations that will enable it over time to recognize new types of EMS providers and to expand the scope of practice for EMS personnel as the EMS practice model evolves.

HAP would like to offer the following specific comments to further improve the proposed regulations:

- In the definitions section, HAP believes that hospital should be defined in a manner consistent with the state Health Care Facilities Act, which the first sentence in the definition is. The second sentence, "the term includes a facility for the diagnosis and treatment of disorders with the scope of specific medical specialties, but not a facility caring exclusively for the mentally ill," is unclear and does not appear to be related to statutory or regulatory definitions of a hospital. The definition of facility also is vague. HAP is not aware of federal licensing of health care facilities, unless that includes hospitals within the Veteran's Administration. Health care facilities are licensed by the Commonwealth of Pennsylvania under the Health Care Facilities Act. It also would seem to preclude psychiatric hospitals which may be receiving facilities depending on the nature of illness of an individual.

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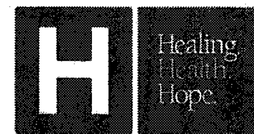

- Under Chapter 1021, subchapter C, section 1021.41, it indicates that a patient care report must be filed no later than 72 hours after the EMS agency concludes patient care, and then it must be submitted within 30 days to the regional EMS council. It does not, however, require that a medication and intervention report be submitted during the transfer of the patient to the care of the receiving facility. HAP feels that this is a patient safety issue and recommends that a medication and intervention report be filed when the patient is transferred. HAP also believes that the regulations should require a public comment period before the notice on patient information essential to patient care is published as final. While the department has an active advisory committee, enabling public comment on this information before publishing as final will offer a broader opportunity for EMS providers, as well as clinicians within hospital emergency departments and trauma centers, to provide clinical input through the public comment process.

- Under Chapter 1021, subchapter D, section 1021.62, the regulation does not specify involvement of facilities, particularly hospitals, in providing input in the statewide EMS quality improvement program. HAP believes that seeking input from EMS agencies and health care facilities, including hospitals that serve as receiving facilities, but not as medical command, is an important part of a statewide EMS quality improvement program, particularly in seeking input regarding facility interaction with regional EMS providers.

- Under Chapter 1021, subchapter E, section 1021.82, it indicates that a dedicated telephone number for communication between the trauma center and a transferring hospital be maintained. HAP questions why this requirement is included in the EMS regulations as the requirement is part of the trauma center regulations.

- Under Chapter 1021, subchapter E, section 1021.83, the regulations indicate that the department will investigate complaints related to the delivery of services by trauma centers. Hospitals, including the trauma center, are regulated by the Division of Acute and Ambulatory Care under the Department of Health, which also has the ability to investigate complaints regarding patient care, and HAP is concerned that there could be duplicative complaint investigations.

- Under Chapter 1021, subchapter F, section 1021.104, it indicates that a regional EMS council must provide input to hospitals in the development and coordination of a comprehensive written EMS plan. This appears as if hospitals are responsible for completing an EMS plan. HAP questions whether the department meant that a regional council must receive input from hospitals regarding the development and coordination

of the EMS plan or whether the regulations are referencing the emergency services plan that licensed hospitals are required to have under the hospital licensure regulations.

- HAP recognizes that section 8128(b) of the EMS System Act relating to receiving facilities includes a provision that empowers the department, through regulations, to authorize special facilities to receive patients transported by ambulance who have special medical needs. However, HAP is concerned with the provisions of Chapter 1029, subchapter B, section 1029.21, which indicates that the department will publish in the *Pennsylvania Bulletin* a list of specialty receiving facilities. There are no criteria specified for the publication of the list, and HAP would urge that there be a public review and comment period before the final publication.

  In addition, it would seem that the regulations could preclude patients being directed to a critical access hospital for stabilization. This would seem to run contrary to designation by the Pennsylvania Trauma Systems Foundation of critical access hospitals as level 4 trauma centers. It also would seemingly give the department great authority, absent clear criteria developed through a public process, to determine where to have EMS providers transport patients with certain conditions. In addition, it is not clear what authority regional councils have for these kinds of decisions, as one area of the state appears to already be making these decisions on directing stroke patients to Joint Commission-accredited centers.

- Under Chapter 1031, section 1031.2, regarding complaints and investigations, it states that persons may file complaints about violations of the act by "an individual or entity regulated by the Department under the act." These terms are not defined and could be broadly construed. The regulations should more appropriately state the department's authority to investigate complaints of EMS providers. All hospitals must be licensed by the state, and as part of that license are subject to complaint investigations by the Department of Health, Division of Acute and Ambulatory Care. It is unclear in a strict reading of section 1031.2 whether licensed hospitals could be subjected to multiple complaint investigations by different bureaus under the Department of Health. The regulations should clarify how complaints about EMS providers are investigated, including specifying the Bureau of EMS oversight over EMS providers, and the Division of Acute and Ambulatory Care oversight role with hospital emergency departments.

HAP appreciates the opportunity to provide comments on these proposed regulations. If you have any questions about HAP's comments, please feel free to contact Mary Marshall, director, workforce and professional services, at (717) 561-5312; or me at (717) 561-5344.

Sincerely,

Paula A. Bussard

PAULA A. BUSSARD
Senior Vice President, Policy & Regulatory Services

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