PURPOSE
To describe the Riverside County EMS Agency’s (REMSA) policy review process.

AUTHORITY
California Health and Safety Code - Division 2.5: Emergency Medical Services [1797. - 1799.207.]
2013 Strategic Continuous Quality Improvement Plan (SCQIP)

Policy Categories
Administrative
These policies inform the EMS system of REMSA-specific rules and procedures that cover a wide array of internal tasks and functions.
- Their intent is to serve as a guide for REMSA operations.
- They are rarely revised, with modifications occurring to ensure alignment with changes to federal, state, or local law.
- System input is not required, and is usually not obtained, when these policies are modified.

Operational
These policies describe the rules and expectations that REMSA has for all EMS system participants, which cover a wide array of day-to-day tasks and functions.
- Their intent is to provide direction and guidance to agencies and individual personnel to ensure compliance with federal, state, and local laws.
- They are revised infrequently, sometimes only once (1x) per calendar year, sometimes not at all.

Provisional
These policies are created as a result of an immediately identified system need when sufficient time to obtain public comment and stakeholder input does not exist.
- Their intent is to provide immediate direction and guidance to agencies and individual personnel that addresses the identified system need.
- Unlike other policies, their effective periods usually last only a few weeks to a few months before they either expire or are renewed for another specific, finite period of time.

Treatment Protocols
These policies constitute medical control by the REMSA Medical Director, as specified in Section 1798 of the California Health and Safety Code, and describe the REMSA approved scope of practice for public safety personnel, EMTs, and paramedics in Riverside County.
- Their intent is to detail the approved treatments and procedures that may be utilized based on a thorough assessment of the patient’s complaint as well as their clinical presentation.
- They are revised infrequently, sometimes only once (1x) per calendar year, sometimes not at all.

REMSA has a responsibility to the public, as well as the EMS system as a whole, to improve the delivery of prehospital care services through the monitoring, review, and evaluation of system performance and activities. Occasionally, immediately identified system needs may necessitate policy and/or protocol modification(s) that do not allow sufficient time to obtain EMS system stakeholder input. These needs may include but are not limited to the recognition of untoward events and/or poor patient outcomes due to specific policy / protocol content, realignment of treatment algorithms resulting from external updates to scientific and industry accepted patient care standards, REMSA-approved
first response, transport provider and/or hospital operational needs, etc. In these events, REMSA will provide notification of the change(s) as soon as possible through the use of a System Advisory.

**Annual Policy Review Schedule**

REMSA’s policy review process is facilitated through the Continuous Quality Improvement Leadership Team (CQILT) and the Prehospital Medical Advisory Committee (PMAC), with additional advisory group input from the Trauma Audit Committee (TAC), the STEMI system committee, the Stroke system committee and/or others, as needed and as appropriate. All input received through these committees will be utilized in an advisory capacity only; the final authority to adopt additions, modifications and/or deletions to policy and/or protocol content, in whole or in part, rests with the REMSA Medical Director.

In order to streamline the policy creation and review process so that it promotes efficient and effectual advisement to the REMSA Medical Director, while also ensuring meaningful conversation that is respectful of each participant's time, loose but formal procedures will be used. Beginning January 1, 2023, REMSA will initiate and maintain the policy and protocol review process as follows:

- **January CQILT**: In addition to all new business and standing agenda items, individual CQILT participants, on behalf of the agency, department, or organization that they represent, may propose modifications to any policy or protocol that they believe would benefit from modification. In order to effectively articulate the positive impact the change(s) will have on the EMS system, REMSA recommends that the proposing agency, department, or organization make a brief presentation that consists of objective, empirical data that validates their proposal.
  
  **Motion to Discuss**: after the proposal has been made, a Motion to Discuss may be brought up.
  - Should a qualifying* Motion to Discuss be made, discussion will occur.
    - *(NOTE: a Motion to Discuss is not necessarily an endorsement; it is simply the mechanism used to invite group discussion about the pros and cons of, as well as consider possible changes to, the proposal in question)*
  - Should no qualifying* Motion to Discuss be made, a qualifying* Motion to Proceed must be made to initiate a consensus vote of attendees to determine if the proposal should be addressed during the public comment period.
    - × Should no qualifying* Motion to Proceed be made, the proposal will be considered moot and no further time will be spent addressing it.

  **Motion to Proceed**: After discussion has concluded, or if no qualifying* Motion to Discuss was made, a qualifying* Motion to Proceed must be made to advance the proposal to a consensus vote of attendees.
  - If the consensus vote to allow the proposal to proceed to public comment is greater than 50% + 1 of the attendees, the proposal will be made available for public comment.
  - If the consensus vote to allow the proposal to proceed to public comment is less than 50% of the attendees, the proposal will be considered moot and no further time will be spent addressing it.

*NOTE*: Qualifying motions to discuss and proceed must be made by individuals outside of the agency, department, or organization that made the proposal. The purpose of this is to ensure that there is a shared interest in furthering discussion of, and giving attention to, the proposal.

**Public Comment Period**: The public comment acceptance period will remain open for fourteen (14) days, beginning the day after the CQILT. Electronic form submission will be used to collect all comments. Upon completion of the public comment period, REMSA will close the electronic form then aggregate all comments. Comments will be reviewed publicly, as they were received, at the February PMAC; comments sent to REMSA staff using anything other than the identified electronic form will not be addressed directly, or at the PMAC.

*Due to this review schedule, items that are not carried into the public comment period will not have the opportunity to be addressed again until the next January CQILT meeting.*
February PMAC: In addition to all new business and standing agenda items, all public comment submissions that were received during the public comment period will be addressed openly with the committee.

Motion to Discuss Further: after all public comments have been addressed, a motion to discuss further may be brought up.
- Should a motion to discuss further be made, discussion will occur.
- Should no motion to discuss further be made, the proposal will be brought to a consensus vote of attendees to determine if a recommendation to adopt will be made to the REMSA Medical Director.

Motion For a Consensus Vote:
- If the consensus vote to recommend adoption of the proposal is greater than 50% + 1 of the attendees, pending REMSA Medical Director approval, REMSA will begin producing the necessary educational content for the EMS system the day after the PMAC.
- If the consensus vote to recommend adoption of the proposal is less than 50% of the attendees, it will be considered moot and no further time will be spent addressing it.

Proposals that are being addressed at this PMAC have already received qualifying motions through the previous CQILT. Anyone participating at this PMAC may make a Motion to Discuss Further after public comments have been reviewed or they may make a motion to move directly to a consensus vote of attendees should no Motion to Discuss Further be made.

Due to this review schedule, items that do not reach majority support at this PMAC, as evidenced by a consensus vote of attendees to formally adopt, will need to be re-addressed at the next January CQILT meeting if the agency, department, or organization that brought the issue to attention believes that it still remains.

March: Train the Trainer Meetings – present, conduct, and publish educational content no later than April 1. Agency, department, and organization trainers are required to participate in these meetings order to receive all PUC-related training materials.

April CQILT: In addition to all new business and standing agenda items, REMSA will provide additional time to answer any outstanding questions that trainers may have regarding all PUC-related training materials.

April through June: Agency, department, and organization-level training occurs.

July 1: All applicable policies and protocols become effective.

All other required education, as identified through the CQILT and PMAC outside of the schedule noted above, will be delivered using REMSA’s online Learning Management Platform.

Policy and Protocol Effective and Expiration Dates
Beginning July 1, 2023, all REMSA policies and protocols will go into effect, and remain in effect, unless and until agencies, departments and/or organizations utilize the steps outlined above (Annual Policy Review Schedule), an immediate system need is identified (REMSA initiated review and change), or the triennial review period begins (below).

Triennial Policy Review Schedule
Beginning January 1, 2026, and continuing on a triennial basis (every three (3) years thereafter), REMSA will review all policies and protocols contained in the REMSA Policy and Procedure manual to ensure that their content remains accurate.

REMSA requests that all agencies, departments, and organizations take time to review each policy and provide public comments after the January CQILT occurring during the triennial review period in order to provide meaningful feedback to the REMSA Medical Director at that February PMAC.