



DATE: August 22, 2013

TO: The Orange County Emergency Medical Care Committee

FROM: Samuel J. Stratton, MD, MPH
Medical Director, HCA/Emergency Medical Services 

SUBJECT: AUGUST 19, 2013 LETTER FROM ORANGE COUNTY PROFESSIONAL
FIREFIGHTERS ASSOCIATION (OCPFA)

The above referenced letter has been reviewed. To address the assertions made in the letter, the issues and specific reply comments are summarized below with reference to page and paragraph of the letter.

Page 1, Paragraph 1: It is asserted that the program is a decrease in patient care with no oversight and no cost savings to the patient or insurance carriers.

Answer: The program has the same oversight systems as the 911 program with full electronic submission of all IFT-ALS encounters that allow for real-time monitoring and quality improvement. With introduction of the IFT-ALS program, there is a dramatic cost savings for insurance companies with introduction of an intermediate level of transport. There is also less risk of providers billing Medicare and Medical for inappropriate critical care transports when intermediate Advanced Life Support (ALS) level of care is most appropriate.

Page 1, Paragraph 1: It is asserted that the IFT-ALS program will lead to significant adverse impacts to public safety, citizens of Orange County, and how 911 services are delivered in the County of Orange.

Answer: This statement is without factual foundation. Public safety and delivery of 911 will not change with the IFT-ALS program. The citizens of Orange County will benefit from the IFT-ALS program by having available services that allow for timely transport for non-911 conditions when ordered by a physician or health care provider. These same services are currently available in Los Angeles, Riverside, San Bernardino, and almost all other counties in California.

Page 1, Paragraph 2: It is asserted that the "change in policy" was conducted behind closed doors.

Answer: This is patently false, the IFT-ALS policies were developed over 18 months and discussed at multiple open meetings with two rounds of formal public comment.

Page 1, Paragraph 2: Quoted email by Stratton.

Answer: The email is taken out of context and was a response for a request to allow for more aggressive advertising of the pilot; and a desire by the pilot participant to approach Saddleback Paramedic School for support.

Page 1, Paragraph 2: It is asserted that the program (IFT-ALS) was sole sourced to Lynch with no opportunity for other ambulance providers to participate.

Answer: This statement is false and without factual basis, all Orange County ambulance companies and fire departments have been invited to participate in the program.

Page 1, Paragraph 3: A list of those "opposed" to the IFT-ALS program is provided.

Answer: The list is not confirmed and OCEMS has no record that the current IFT-ALS model is opposed by all those listed. Rather, it is assumed that the list is of individuals who may or may not represent the listed organizations who over the past 18 months have submitted public comment regarding the project. With few exceptions, all substantial and specific suggestions and concerns submitted were adopted and applied to the program.

Page 1, Paragraph 3: It is stated a motion for EMCC approval of the IFT-ALS program was requested with no motion made.

Answer: This statement is a contortion of the truth as the request was for a motion to accept the IFT-ALS Pilot Report submitted. The EMCC subsequently recommended deferring decision on the pilot.

Page 2, First Complete Paragraph: The following statement implies the nurse staffed IFT service is being replaced by the IFT-ALS service, "The current inter-facility program is being facilitated by registered nurses employed by the ambulance providers. These nurses have a higher level of education and training than a paramedic within Orange County." "The proposal would change the care currently provided by nurses and replace it with paramedics employed by the private ambulance providers."

Answer: This is false as the CCT Nurse staffed ambulance service continues and will continue in order to provide critical care level care during transports; the IFT-ALS program augments the CCT Nurse staffed service by providing intermediate care transports. The second statement appears to be purposefully unclear as nurse transport services are provided by private ambulance providers. Licensed private providers will be providing both nurse staffed transports and IFT-ALS transports.

Page 2, First Complete Paragraph: There are multiple assertions that IFT-ALS staff are inexperienced and that staffing ambulances with two ALS staff is problematic.

Answer: These assertions are false. Although some IFT-ALS staff are being recruited from California approved Paramedic Education Programs and are licensed California paramedics, many others have extensive inter-facility experience in surrounding counties. The most experienced ALS providers have more than 20 years of experience. The two-paramedic staffing model was used successfully by Santa Ana Fire for decades before the City contracted with OCFA. Additionally, it is not uncommon for 911 providers in Orange County to transport a patient with only one paramedic in the ambulance.

The staffing comparison is irrational as the IFT-ALS staff are transporting patients by physician order who need monitoring to assure continued medical stability, while 911-level patients are potentially in need of stabilization as they are moved from the scene of a medical emergency.

Page 2, First Complete Paragraph: The following is stated, "During the study, there were several occasions when the inexperienced paramedics in the pilot program had to access 911 to provide experienced paramedic level care to patients because they were unable to provide the level of care required. There were other occasions when they did not access 911, administered inadequate care, and transported to emergency rooms. One of these incidents involved a patient's death."

Answer: In the initial two phases of the pilot, IFT-ALS paramedics were required to refer any case meeting base contact criteria to the 911 system. This was done regardless of IFT-ALS staff experience. The patient death referred to in statement was one of these cases. The patient died of a fatal and irreversible condition after arrival of 911 crews. To imply that the death was preventable is un-true and to state that the death was the burden of the IFT-ALS crew is false as there was a 911 crew at scene who was also responsible for the patient.

Page 2, First Complete Paragraph: The following is stated, "We have informed Dr. Stratton and the EMCC that the IFT-P pilot program has created a parallel 911 system solely operated by Lynch ambulance. Dr. Stratton responded back in a letter on March 18, 2013. Dr. Stratton stated "the IFT-ALS program has been designed such that it will not interfere with the 911 system. IFT-ALS providers are required to defer medical aid emergencies to the 911 system."

Answer: The quoted Stratton statement was accurate as stated in March 2013.

Page 2, First Complete Paragraph: The following is stated, "Lynch's IFT- paramedics assigned to their ALS unit informed firefighters at HOAG hospital that Lynch was operating their own 911 system. The Lynch paramedics stated, "*Our marketing department is doing a good job in contacting convalescent homes and care centers and advising them that Lynch has paramedic services and that they don't have to call 911 for transports to the ER. When the care centers call Lynch for a transport, Lynch's dispatch will triage the call over the phone to determine if it is a BLS or ALS transport. If it is determined that it is an ALS call, they will send one of our paramedic units to the scene to perform an ALS assessment. If the call is determined to require paramedics, they will transport. Otherwise, they will send a BLS unit. This practice is great for us and the fire departments, because now you will not be burdened with treating patients at the care centers.*" Currently, Lynch ambulance employees and health care facilities are being told inaccurate information about the IFT-P program. All of these factors lead to a large decrease in patient care.

Answer: OCEMS cannot respond to a conversation that it was not a party to. That said, the statements in the final two sentences do not reflect the quote provided and are fabrication.

Page 2, Bottom Paragraph: The assertion is made, "The IFT-P pilot program has no oversight."

Answer: This is an inexcusably false and fraudulent statement. The IFT-ALS Pilot has had more oversight that the current 911 program as can be witnessed by the data reports provided the community and the detailed discussion of the pilot at multiple meetings. On-going oversight is by two experienced registered nurses who review all transports, review of all dispatch calls, and a robust quality improvement program centered on the electronic data system used for the Pilot.

Page 2, Bottom Paragraph: It is stated, "There have been errors that would have gone unreported without the intervention of emergency medical professionals including Lynch ambulance employees."

Answer: It is uncertain what is being implied by this statement. As with the 911 system, OCEMS seeks reports of errors from the general community, medical community, and those who provide EMS services. In fact, for the IFT-ALS Pilot Program errors are often identified by means of the electronic data system before OCEMS receives notification from the community.

Page 2, Bottom Paragraph: The statement is made that, "The OCPFA has made several public records requests to obtain call information about the IFT-P pilot study. The Health Care Agency (HCA) alleged it had no documents responsive to the record request for several incidents."

Answer: The author of the letter fails to state that the OCPFA was referred to Lynch Ambulance for the call information (dispatch tapes, etc.) which are not maintained by the HCA. Public record request have been honored and are managed by the Orange County Custodian of Records who has no interest in this matter. To date, approximately 1,000 pages of records have been provided as a result of public record requests by the OCPFA attorneys.

Page 2, Bottom Paragraph: The following is said, "As of April 2013, this study had captured 172 calls with no explanation as to why the initial 100 were exceeded. Were the best 100 calls going to be selected from the 172 calls to ensure the success of the program? This study has far exceeded the initial call volume needed to evaluate the program, without EMCC approval, but yet is still being continued by

Lynch ambulance. They have now exceeded 200 calls with no end in sight.”

Answer: The reports made to the EMCC and subcommittees are consecutive and without selection, the assertion made is without foundation and a baseless fabrication. In addition, at the June 2013 EMCC meeting a motion was made and carried to advise the Medical Director to continue the pilot to address new issues raised by the OCPFA.

Page 2, Bottom Paragraph: Continuing, “In addition, response times are inaccurate. The response times are being measured in averages, which make compliance easier to achieve.

Answer: The initial pilot was designed, as stated, to achieve an average response time of 30 minutes with assessment of standard deviations to develop statistical distribution curves. At the suggestion of a Care Ambulance representative, fractional times were reported for the Phase II analysis of response data.

Page 2, Bottom Paragraph: The statement is made, “The response times received from the Public Records Act Request show that over 40% of the response times ended in 00:00, which is highly unlikely to occur and inaccurate.”

Answer: This statement is false, only 3% of response times ended in 00.00. The 40% number reported in the letter is dishonest and unprofessional. The pilot database used to calculate response times was provided the OCPFA attorneys per public record request. If one simply scanned this data they would know that the number reported in the OCPFA letter is fraudulent and intended to mislead the public. Interestingly, a response time of 00.00 is likely to occur with IFT transports when a unit is on stand-by at a site, such as an external MRI Scan, waiting for a patient to complete the test before transport. This lack of understanding of IFT-ALS practice by the 911-based OCPFA illustrates the difference between 911 practice and IFT-ALS.

Page 2, Bottom Paragraph: It is asserted that Public Records Requests have not been honored.

Answer: This is false as is obvious from the emails and response time data quoted in the letter. Furthermore, the same requests have often repeatedly been made for documents that do not exist.

Page 3, Top: The statement is made, “It is extremely inappropriate for Lynch ambulance to have an opportunity to make any changes in the data because it is not a true representation of the pilot program results.”

Answer: The emails for which this statement refers were taken out of context. The three cases discussed in the emails were the 00:00 response time cases discussed above. The data provided to the EMCC and EMCC subcommittees was valid and has never been challenged. Original pilot study databases have been provided to the OCPFA through public records requests.

Page 3, First Complete Paragraph: The assertion is made, “This program is an attempt to reduce private provider employer’s cost and capture more revenue, which increases their profit. The health insurance reimbursement rate is the same, regardless if the company uses paramedics or a nurse. These are cost savings that are not passed along to the patient, insurance carriers, Medi-Cal, or Medicare.”

Answer: This statement is purposefully misleading. Currently costs of service to provide nurse staffing for routine ALS level transports has limited the availability of the nurse service with time delays for response of up to four hours. Often, in desperation, hospitals and health care facilities are forced to finally call the 911 for service after patients deteriorate while waiting for nurse-staffed transports. Paramedic members of OCPFA are well aware of this situation. Despite this awareness, there is persistent objection to the IFT-ALS proposal which has been shown to benefit patients and the community.



Page 3, First Complete Paragraph: A quotation from the Interim Report presented to the EMCC on April 26 is presented. With the final statement, "This is a new tax!"

Answer: The "tax" statement is absurd and without foundation. Participation as a provider in the IFT-ALS program is voluntary and not required of any EMS provider in Orange County. Those who chose to participate should reimburse taxpayers for those specific services provided by County government. The fees discussed in the quoted statement are not required of anyone who does not wish to participate in the program and are far from a tax as over-dramatically stated.

Page 3, Bottom Paragraph: There is discussion of Brown Act violations with a focus on EMCC member, Patrick Powers. Included in the discussion, again, are email communications obtained by public record requests.

Answer: Brown Act violation determination is a legal matter. But, it would seem that the reasons given for this assertion actually support the assumption that the Brown Act was not violated. As with any pilot project, including those ongoing with OCFA at this time, it would seem that anyone would realize that there must be communication between participants to conduct the pilot.

Page 4, Top: It is stated, "While reviewing the IFT-P proposal, there were numerous concerns raised with the program by both the public and private sector providers. These concerns are based on patient care, improper funding of county programs, potential Brown Act issues and potential conflict of interest concerns. These concerns have not been addressed; we were left with no other alternative but to involve our legal counsel."

Answer: The statement that the numerous concerns listed have not been addressed is patently false. Letters to OCPFA and their attorneys have addressed each concern with detail. In addition, OCPFA members attend EMCC and EMCC subcommittee meetings where there have been detailed discussions and exploration of the IFT-ALS program.

Page 4, Top: There is discussion of whether the original letter from the OCPFA attorneys was in fact "real".

Answer: What is stated is correct. The letter was confirmed as genuine. This confirmation only occurred after OCEMS placed numerous calls to the attorney signing the letter and there was a refusal to answer. Rather, the letter was only confirmed after the attorney was contacted by the County Custodian of Records. The assumption that the original letter was not from an attorney was based on the poor quality in which the letter was printed and the poor grammar used. Further, it took more than a week for the attorney's office to confirm the letter after first refusing to do such.

Page 4, Middle Paragraph: "There is not a problem with the current system to provide well trained, experienced nurses and/or firefighter/paramedics to provide critical care transport. If oversight is the concern, it can be addressed with the current staffing of these units."

Answer: The IFT-ALS Pilot has been successful in addressing the long delays in transport that have been the failure of the Critical Care Transport program. To state that there was not a problem is untrue, interviews of nearly half of Orange County acute care hospitals have substantiated the problems in delayed critical care transport response and subsequent detrimental delay in care for patients.



Page 4, Middle Paragraph: The following is stated, “This program has been objected to by both the current private and public providers. It is important to note that these same private providers would be providing this service if the program was to be implemented. They are opposed because it is not good for the patient and is simply profit driven by one handpicked company and unnecessary. It has been developed behind closed doors driven by a political agenda and financial interests of an ambulance provider with limited service in the county.”

Answer: Not all private providers have objected to the program, rather primarily one with contracts to provide ambulances for the 911 system has opposed the program. Well-designed scientific evidence has been presented to the EMCC and EMCC subcommittees showing the IFT-ALS program is excellent in provision of care. The pilot project was first proposed at the June 2012 EMCC meeting in which representatives of OCPFA were present and was developed with formal public comments. The IFT-ALS program has been openly for discussed and reviewed in committees – far from being developed behind closed doors.

Page 4, Last Paragraph: “We briefly addressed above our review of the limited Public Record documents produced which has raised our concerns; there are many more documents to review.”

Answer: The issue of response to public records requests has been previously addressed; the liberal quoting of emails and data by OCPFA is proof that these requests were honored. The majority (estimate of 80%) of public record requests were for documents that do not exist and are specific to EMCC member Patrick Powers.

Page 4, Last Paragraph: “Because of the lack of response from Dr. Stratton, as promised, and his involvement with Lynch Ambulance, we are requesting that there be a thorough investigation conducted by an appropriate independent investigative agency to review this program and its implications. These serious concerns about a public safety matter should be answered prior to recommending or implementing any program that affects medical care of the citizens.”

Answer: Dr. Stratton has been responsive to all items and concerns regarding the IFT-ALS Pilot Project and the statements by OCPFA are fraudulent. Data and information gathered during the pilot study is scientifically sound and provides strong support for the public safety of the IFT-ALS Program.

