



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

October 18, 2018

Esam El-Morshedy

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10901 Gold Center Drive, Ste. 400

Rancho Cordova, CA 95670

RE: Comments on Proposed Emergency Medical Services for Children Regulations, Chapter 14, Division 9, Title 22, of the California Code of Regulations, 30-day public comment period from September 21, 2018, through October 21, 2018.

Dear Mr. Morshedy:

On behalf of more than 400 member hospitals and health systems, the California Hospital Association (CHA) respectfully offers the following comments on the California Emergency Medical Services Authority's (EMSA's) proposed regulatory text for California Health and Safety Code, Sections, 1797.107 and 1799.204. Health and Safety Code Reference sections 1797.76, 1797.222, 1797.250, 1797.254, 1799.204, and 1799.205.

CHA appreciates EMSA's pursuit of high-quality pediatric emergency care standards. CHA submitted extensive comments on Emergency Medical Services for Children (EMS-C) regulations in 2012, and again on April 30, 2018. The present modified text represents thoughtful consideration of stakeholders to improve emergency care of pediatric patients across the state.

CHA has few additional comments on the regulations: align the age limits with Title 22, reconsider pediatric services for an Advanced Pediatric Receiving Centers, include Pediatric Receiving Centers in the authorization process for data collection, and, strengthen the disclosure language for hospitals with data sharing.

Specific recommendations are listed below and on the attached public comment grid.

Article 1. Definitions

1. § 100450.259/line 96/ Pediatric Patient – "Pediatric patient" means a person who is less than or equal to 14 years of age. **Please change the age to less than or equal to 13 years of age.** Title 22, section 70537(d) states that "Patients beyond the age of 13 shall not be admitted to or cared for in spaces approved for pediatric beds unless approved by the pediatrician in unusual circumstances and the reason documented in the patient's medical record." Because this discrepancy will cause undue burden on hospitals with patients who are 14 years of age, but are in pediatric spaces, CHA recommends changing the age **from 14 to 13** to mirror Title 22 regulations.

Article 3. Pediatric Receiving Centers

1. § 100450.221p.11/line 478/ Advanced PedRC Requirements – Due to improved technology and increased outpatient services, pediatric inpatient units are closing, infrequently used and decreasing bed capacity. Many hospitals are combining pediatrics in mixed medical surgical units. The presence of inpatient pediatric service is not significant to ensuring the requirements of an Advanced Pediatric Receiving Center delivering emergency care, particularly if transfer agreements are established with Comprehensive Pediatric Receiving Centers. A hospital who meets all other requirements for an Advanced Pediatric Receiving Center should be designated advanced. **Therefore, CHA suggests removal of line 478.**

Article 4. Data Management, Quality Improvement and Evaluations

1. §100450.223 Data Management Requirements(1) - “The EMSC program shall include the collection of both prehospital and hospital patient care data, as determined by the local EMS agency **and the EMS-C Pediatric Receiving Center Hospitals. CHA recommends language that includes the affected Pediatric Receiving Center Hospitals.**
2. §100450.223 (2) - **CHA recommends broadening hospital protection by including additional language.** “All PedRCs shall participate in the local EMS agency data collection process in accordance with local EMS agency policies and procedures, and, **consistent and compliant with all federal and state laws protecting and governing patient safety, quality, and confidentiality.”**

CHA appreciates the opportunity to comment on this document that will assure statewide consistency in policy elements to improve and sustain excellence in emergency pediatric care. Children have unique needs, and it is therefore vital that EMS providers and hospital emergency departments provide high-quality care in a coordinated collaborative approach. If you have any questions please contact me at bjbartleson@calhospital.org or 916-552-7537.

Sincerely,



BJ Bartleson, RN, MS, NEA-BC
Vice President, Nursing and Clinical Services
California Hospital Association

Attachment: Comments on Proposed Emergency Medical Services for Children (EMSC) Regulations, Chapter 14, Division 9, Title 22, California Code of Regulations

Comments on Proposed Emergency Medical Services for Children (EMSC) Regulations
 Chapter 14, Division 9, Title 22, California Code of Regulations
30-Day Public Comment Period
 September 21, 2018 through October 21, 2018

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
<p>Article 1. Definitions</p> <p><u>§100450.259/line96/Pediatric Patient</u></p>	<p>California Hospital Association</p>	<p>Pediatric Patient means a person who is less than or equal to 14 years of age. Change to 13 years of age. Title 22, section 70537(d) states that patients beyond the age of 13 shall not be admitted to or cared for in spaces approved for pediatric beds unless approved by the pediatrician in unusual circumstances and the reason documented in the patient's medical record" This discrepancy will cause undue burden on hospitals whose patients are 14 or older and placed in pediatric units.</p>	
<p>Article 3. Pediatric Receiving Centers</p> <p><u>§100450.221p.11/line 478/Advanced PedRC Requirement</u></p>	<p>California Hospital Association</p>	<p>Due to improved outpatient technology and increased outpatient services, pediatric inpatient units are closing, infrequently used or decreasing bed capacity, Many hospitals are combining pediatrics in mixed medical surgical units. The presence of inpatient pediatric services is not significant to ensuring the requirements of an Advanced PedRC delivering emergency care, particularly if transfer agreements are established with Comprehensive PedRC. A hospital who meets all other requirements for an Advanced</p>	

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		PedRC should be designated advanced. Therefore CHA suggests removal of line 478.	
Article 4. Data Management Requirements §100450.223 Data Management Requirements(1)	California Hospital Association	“The EMSC program shall include the collection of both prehospital and hospital patient care data, as determined by the local EMS agency, and the EMS-C Pediatric RCs. CHA recommends language that includes the PedRC hospitals.	
Data Management Requirements §100450.223(2)	California Hospital Association	CHA recommends broadening hospital disclosure protection by including additional language. All PedRCs shall participate in the local EMS agency data collection process in accordance with local EMS agency policies and procedures, and consistent and compliant with all federal and state laws protecting and governing patient safety, quality and confidentiality.	