



Module Three

Part One:

Medical Oversight

Wisconsin EMS Medical Director's Course

Objectives – Part One

- Outline medical oversight for state, regional and local EMS systems
- Identify minimum medical director qualifications
- Describe the process of protocol, policy, and procedure development, implementation and review
- Identify special issues related to clinical care protocols in the prehospital setting
- Define prospective, concurrent and retrospective as they relate to quality management programs
- Recognize key personnel management issues

Objectives – Part Two

Part Two of Medical Oversight will present three additional objectives:

- Recognize high risk in special situations
- Recognize legal considerations related to EMS systems and EMS medical oversight
- Identify inter-facility transportation issues

Medical
Oversight
Structure

Medical Oversight Structure

- Varies from state to state
- Wisconsin Medical Oversight Structure includes the following:
 - o State Medical Director for EMS
 - o Regional Medical Director
 - o Hospital EMS Medical Director
 - o System / Service EMS Medical Director

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911

Statutory Authority

- Authority is defined by regulations or legislative actions
- In Wisconsin, the following administrative rules apply:
 - o HSS Chap. 110 – EMT Basic
 - o HSS Chap. 111 – Intermediate Technician and Intermediate
 - o HSS Chap. 112 – Paramedic
 - o HSS Chap. 113 – Emergency Medical Responder
 - o Trans 309 – required equipment list

Qualifications

- Specific regulations and legislative actions to review include:
 - o National Level
 - Position papers and reference material by:
 - National Association of EMS Physicians
 - American College of Emergency Physicians
 - o State Level
 - Medical Director qualifications listed in State Statute 256.15 (8m)

Qualifications (cont.)

- Licensed to practice medicine or osteopathy in Wisconsin
- Familiarity with local/regional EMS activity
- Board Certification
 - Emergency Medicine (ABEM / ABEOM) is preferred
 - A clinical specialty (Internal Medicine, Family Practice, Surgery) is acceptable

Qualifications (cont.)

- Training or experience in:
 - o EMS system design and management
 - o Principles in Emergency Medical Dispatch (EMD)
 - o Principles of on-line and off-line medical control
 - o Federal, State and local statutes which apply to EMS
 - o Mass casualty and disaster planning

Sources of Authority

- State
 - Contained in various statutes and administrative rules
- Regional
 - Regional organization
 - May or may not apply
- Local
 - Determined by the hospital and/or EMS service

State Authority

- HFS 113.04 (3) – Emergency Medical Responder
- HFS 110.045 (4) – EMT-Basic
- HFS 111.07 (7) –Intermediate Technician and Intermediate
- HFS 112.07 (7) –Paramedic

Regional Authority

- Regional – may or may not apply
 - Some areas have a Regional Medical Control Council to help mediate discrepancies between:
 - EMS service and a hospital
 - Hospitals within a region
- Regional council may help to establish consistent protocols which help to provide a consistent level of care within their region.

Local Authority

- Local – determined by the hospital and/or EMS service
- Hospital may provide influence and input to an EMS service related to medications used, procedures followed, even the types of patients they will treat.

Local Authority (cont.)

- EMS service may, under the direction of the medical director elect to do or not do certain procedures that are within a regional protocol.
 - o e.g. – An EMS service may not perform Central Line access, even though regional approved and practiced.
 - o e.g. – An EMS service may opt to utilize valium over ativan if both are approved for use within a region.

Levels of Medical Oversight

- A medical oversight physician may be involved in:
 - o Off-line medical direction
 - Indirect medical oversight
 - o On-line medical direction
 - Through the radio
 - o On-scene medical direction

Off-line Medical Direction

- Who provides this direction?
 - o Physician with full medical oversight authority and responsibility for EMS system operations
 - o Regional medical director, hospital EMS director or service medical director
- This individual takes total responsibility of all medical care provided by the service.

Off-line Medical Direction (cont.)

- Active role in function and management of EMS service as it relates to patient care activities
 - o Evaluation and review of protocols
 - o Provider skills review and evaluation
 - o Quality Assurance program participation

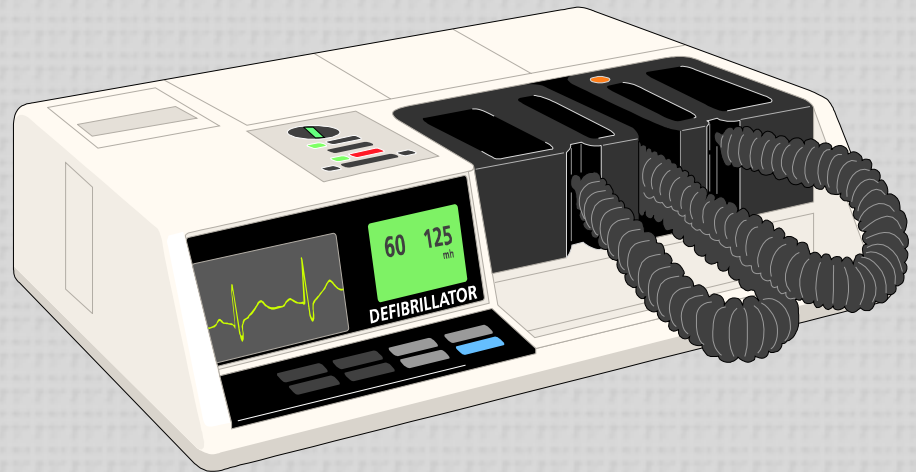


On-line medical direction

- Remote – via radio, telephone, etc.
- Any physician that provides medical direction with radio and base station communications
- May or may not be regional, hospital or service EMS medical director
- Should be familiar with and adhere to EMS protocols when applicable

On-line medical direction (cont.)

- Specific courses have been developed
- May be a specially trained “Mobile Intensive Care Nurse”
 - Collaborates with the attending physician



On-line medical direction (cont.)

- May supersede off-line medical authority
 - It is expected that on-line medical control will follow approved EMS medical protocols
- If deviating from protocols, on-line medical director assumes greater liability

On-Scene/Ride-a-Long

- Ride-a-Long provides chance to:
 - Evaluate providers
 - Evaluate protocols
 - Learn how different hospitals handle EMS situations
- Ride-a-Long experience can lead to:
 - Performance improvement
 - Education of providers
 - Evaluation and improvement of patient care



On-Scene/Ride-a-Long (cont.)

- Performance improvement
 - Direct assessment of crew performance
 - How did the crew respond?
 - Did the crew take body fluid precautions?
 - What was the crews interaction with the patient and family?

On-Scene/Ride-a-Long (cont.)

- Performance improvement
 - o Immediate evaluation of protocol adherence
 - Did the crew adhere to established protocols?
 - o What areas can the crew improve upon?
 - o Did the crew show concern for pain and patient discomfort?

On-Scene/Ride-a-Long (cont.)

- Technical Skills of Crew
 - o How are the crew's skills?
 - o How does the crew work together?
 - o Does the crew make good decisions in a timely fashion?
 - o What advice do you have for the crew?
 - o How can they do it better?

On-Scene/Ride-a-Long (cont.)

- Opportunity to review and educate
 - o Review skills
 - Endotracheal intubation and airway skills
 - Cardiac dysrhythmia identification
 - Splint and other equipment application
 - o Review disease and pathology

On-Scene/Ride-a-Long (cont.)

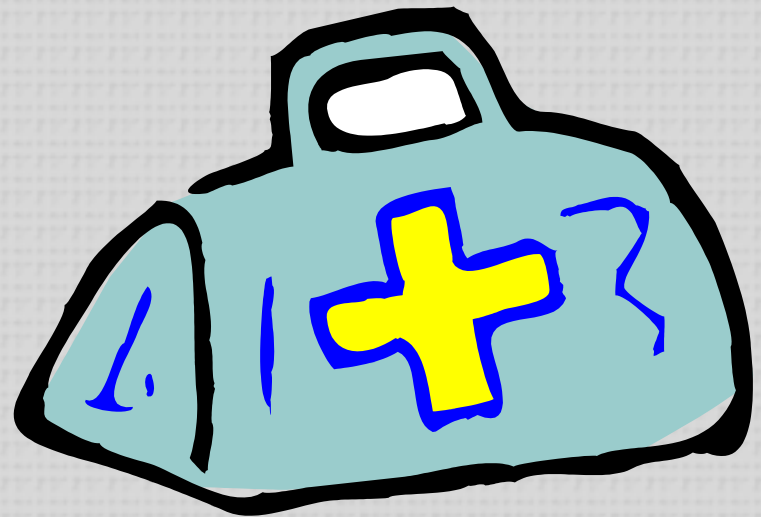
- Update on new treatments and techniques
 - Medical director needs to be involved with state and national EMS organizations which evaluate and recommend new and promising treatments.
- Evaluate Patient Care
 - Observing provider and their interaction with the patient family and bystanders
 - Opportunity to make on the spot recommendations regarding patient treatment

Medical Director Contracts

- Contractual arrangements should exist between medical oversight and the EMS agency.
- A contractual arrangement will help to provide protection to the physician as well as the EMS agency.
- There are several very important items which should be included in every medical director contract.

Contract Items

- Medical oversight authority and structure in system – roles and responsibilities
- Compensation
- Malpractice insurance coverage
- Occupational health responsibilities
- Equipment provision
- Evaluation of performance



Contract Items (cont.)

- Medical oversight authority and structure in system – roles and responsibilities.
 - Medical director's roles and responsibilities? (employee or independent contractor?)
 - Part-time or full time?
- Compensation
 - Hourly or salaried?
 - Cover travel, lodging, conference fees?
 - Cover professional organization membership?

Potential Contract Items

- Malpractice insurance coverage
- Is liability coverage provided by EMS organization or your professional carrier?
- Who covers the cost of liability coverage?
 - Be sure to contact your professional liability carrier to determine limits and need for additional coverage.
- Equipment provision.
- Many items are necessary and the cost can add up rapidly.
 - Who is going to pay for them?
 - Do you need additional compensation to cover such items?

Potential Contract Items (cont.)

- Evaluation of medical director's performance
 - o Who performs the evaluation?
 - o Who has input into the evaluation?
 - o How often is the evaluation done?
 - o How does the outcome of the evaluation effect the contract (does it effect length of contract or pay scale / raises)?

Roles and Responsibilities of EMS Medical Directors

Roles & Responsibilities

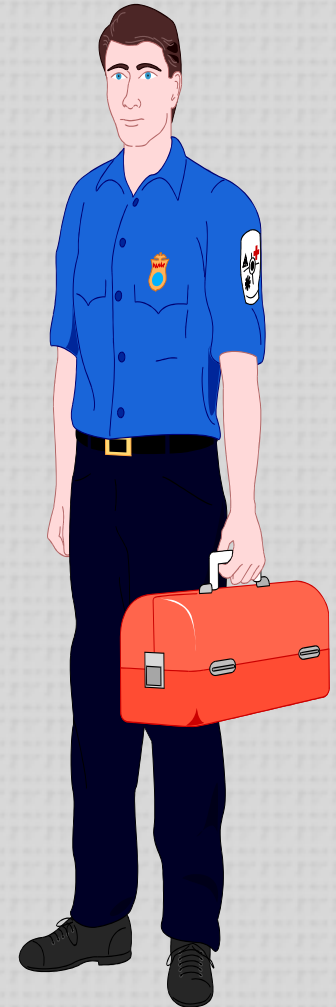
- Responsible for protocol, policy, procedure development and review
- Broad categories of responsibilities:
 - o Communications/dispatch
 - o Response to scene
 - o Scene triage
 - o Clinical care
 - o Transportation – including destination and diversion

Clinical Care Protocols

- Should be developed by the medical director with input from other medical specialists and providers as appropriate
- Protocols should broadly cover every anticipated patient encounter
- Wisconsin encourages the use of its approved set of sample guidelines

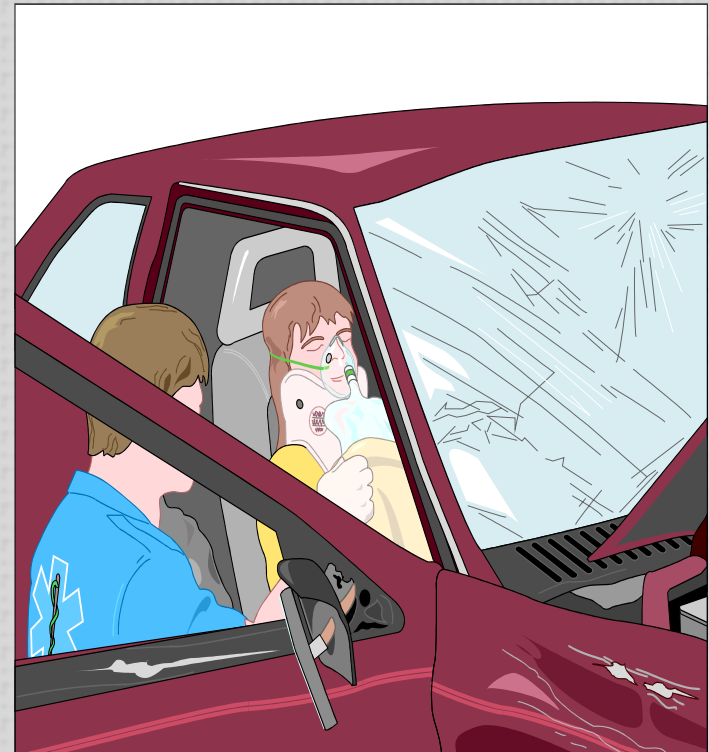
Protocol Considerations

- Clinical care protocols development considerations:
 - o Training or re-training of personnel
 - o Medications
 - Stability in temperature extremes
 - Controlled substances
 - Storage and space issues



Protocol Considerations (cont.)

- Clinical care protocols development considerations:
 - o Administrative issues
 - o Equipment issues
 - o Costs to EMS agency



New Modalities

- New modalities can only be added with State approval. The scientific rationale for new modalities should be closely investigated. Include:
 - o Review of research projects
 - o Read published literature
 - o Talk with other medical directors
 - o Designing one's own research project for evaluation
 - o Monitor and review the modality appropriately
 - o Present new treatment ideas to the Physician Advisory Committee or State EMS Medical Director

Quality Improvement

- Quality improvement concepts should be applied to evaluate pre-hospital treatment.
- Oversight of quality improvement activities is the responsibility of medical oversight.
- Selected aspects and reviews can be delegated to appropriate staff.

Quality Improvement (cont.)

- Physicians should be familiar with general principles and methodology of quality management programs
 - o Run review
 - Timely dispatch
 - Crew interaction with other agencies on the scene
 - o Quality assurance markers and benchmarks
 - o Comprehensive quality assurance programs

Quality Improvement (cont.)

- Run Review
 - o What did they find on scene and what actions did they take?
 - o Was the radio report long, short, accurate?
 - o Was the report well written and defensible?
 - o What problems occurred and how can they be corrected?
 - If possible give patient outcome information in conclusion

Quality Improvement (cont.)

- Quality assurance markers and benchmarks should evaluate:
 - o Cardiac/traumatic arrest and resuscitations
 - o Refusal of care and transport
- Periodic evaluations of areas of care:
 - o Aspirin administration
 - o Pain evaluation on medication administration
 - o Spinal immobilization
 - o Viagra screening with nitroglycerin administration
 - o Pulse-oxygenation/respiratory distress evaluation

Outcome Measures

- Outcome measures of prehospital care include:
 - o Scene times
 - o Procedure completion rates
 - o Mortality reviews

Evaluation Methods

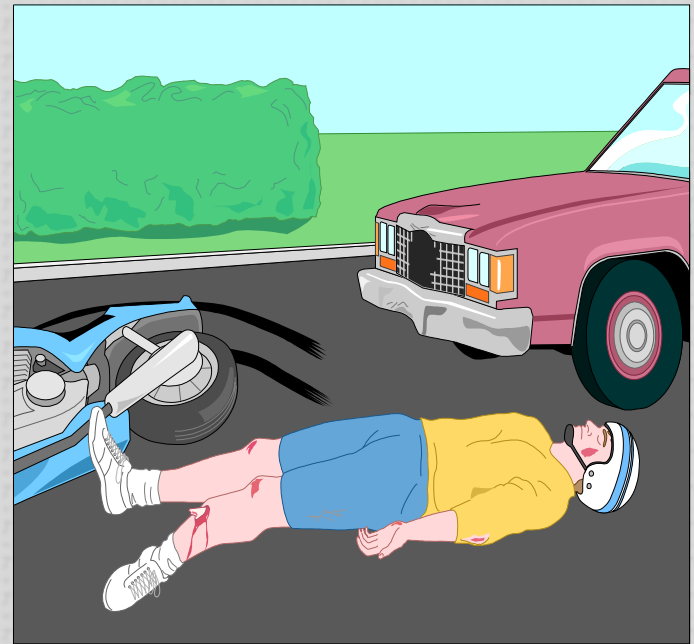
- Concurrent reviews
 - o Review of care while treatment is ongoing
 - o This can be accomplished by riding with EMS personnel in an observer capacity or real-time critique of EMS radio communications

Evaluation Measures (cont.)

- Retrospective reviews
 - o Review of written EMS patient care paperwork. This can focus on specifically selected areas:
 - Personnel
 - Procedures
 - Selected patient calls - i.e. all trauma calls
 - High risk situations

Evaluation Methods (cont.)

- Tape audits
 - o Review of random or selected radio communication tapes



Personnel Management

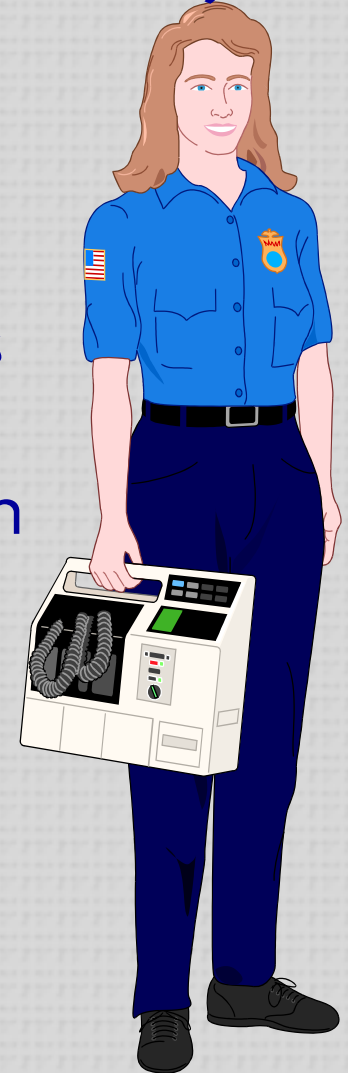
- Issues require familiarity with applicable personnel policies, procedures and labor laws
- Use caution when counseling individuals
 - Have at least one other individual in attendance
- Follow a clear, distinct or outlined process of counseling and discipline each and every time

Personnel Management (cont.)

- Areas where medical directors frequently handle personnel issues include:
 - o Disciplinary actions
 - o Remedial training
 - o Skills check-off
 - o Targeted chart audits
 - o Due process
 - o Withdrawal of medical direction privileges
 - o Selection and training of personnel

Personnel Management (cont.)

- Credentialing of new employees
- Probationary period of newly hired
- Re-credentialing of existing employees
- Issues in dealing with unions
- The medical director must interact with and educate a variety of hospital staff to assure smooth operations and interface with the EMS system
- Includes medical, nursing, and ancillary staff



Please continue with the
module entitled Medical
Oversight – Part Two