

APPROVAL: 

 BASE HOSPITAL MEDICAL DIRECTOR DATE: 5/16



 RESPONSIBLE ADMINISTRATOR DATE: 5/8/08

Policy Number: EMS.05

Effective Date: 8/2006

Review Date: 12/2007

Revision Date: 1/2008

See Also Policy Number: _____

SUBJECT: BASE HOSPITAL PHYSICIAN REQUIREMENTS AND RESPONSIBILITIES

POLICY:

University Physicians Healthcare Hospital at Kino Campus shall comply with the requirements, rules and regulations of the Arizona Department of Health Services Bureau of Emergency Medical Services.

PURPOSE:

That all individuals functioning as medical direction authorities shall:

- a. Meet the requirements of the ADHS rules and regulations
- b. Be knowledgeable of:
 - a. State, Regional and Local treatment and triage protocols
 - b. Regional and Local communication protocols
 - c. Base Hospital policies and procedures for prehospital personnel

APPLICABLE TO:

All Emergency Department Physicians
 Prehospital Coordinator
 Base Hospital Medical Director

IMPLEMENTATION PLAN:

The hospital is committed to the appropriate in-service education of all those affected by a new policy so that implementation will occur in a consistent and informed manner. The administrator (or designee) in charge of the relevant department will be responsible for the in-service education of those employees affected by the policy. There will be an employee sign-in sheet or other similar documentation to establish the employees who have received education on the policy. The appropriate administrator (or designee) will maintain such documentation.

PROCEDURE:**1.0 Requirements:**

- 1.1 The individual functioning as a medical direction authority shall:
 - 1.1.1 Be currently licensed in good standing as a physician in this state
 - 1.1.1.1 Be board certified, or board eligible, in Emergency Medicine by the American Board of Emergency Medicine or the American College of Osteopathic Emergency Physicians –OR–
 - 1.1.1.2 Maintain provider status in:
 - 1.1.1.2.1 ACLS
 - 1.1.1.2.2 ATLS
 - 1.1.1.2.3 PALS/PEPP
 - 1.1.2 Have completed the Base Hospital orientation program including an initial 8 hour ride along with an ALS transport ambulance and a 4 hour observation shift at MEDS Control.
 - 1.1.3 Maintain yearly written verification confirming review and understanding of:
 - 1.1.3.1 Base Hospital EMS policies and procedures
 - 1.1.3.2 State, Regional and Local triage, treatment, and communications protocols
 - 1.1.3.3 Position requirements and responsibilities
 - 1.1.3.4 Base Hospital Medical Direction Plan
 - 1.1.4 Maintain 12 hours of prehospital continuing education every two years

2.0 Responsibilities:

- 2.1 The Emergency Physician on duty in the Emergency Department at the time an EMS provider communication is established will be responsible for providing necessary medical direction to the EMS provider.
 - 2.1.1 A call may be answered by an Emergency Physician or a delegated Intermediary however the Physician is responsible for ALS direction/orders. The Intermediary may convey verbal orders to the EMS provider. The Emergency Department Physician on duty is responsible and accountable for on-line directions/orders given to an EMS provider.
 - 2.1.1.1 Conduct communication and interaction with EMS personnel in a timely, professional, and organized manner to foster positive relationships between EMS personnel and the Emergency Department.
 - 2.1.1.2 An Intermediary in contact with an EMS provider will give his/her name, time of call, and when relaying verbal directions/orders shall identify the Emergency Department Physician providing the orders.
 - 2.1.1.3 Documentation will be as outlined in the Telemetry Form policy.
 - 2.1.2 Participate in quality assurance through:
 - 2.1.2.1 Recognition of excellence of care, treatment and communications and document on the yellow NCR copy of the Intermediary form.
 - 2.1.2.2 Recognition problems or concerns with communications, care, treatment, adherence or lack of adherence to standard protocols and document on the yellow NCR copy of the Intermediary form.

- 2.1.2.3 Documentation on the yellow NCR copy of the Intermediary form will be reviewed by the Prehospital Coordinator. Additional review and follow-up will be done as needed. Any serious concerns should be communicated to the Prehospital Coordinator as soon as possible.

- 2.1.3 Participation in continuing education through:
 - 2.1.3.1 One to one impromptu discussions as opportunities or situations arise.
 - 2.1.3.2 Teaching skills stations or lecturing for EMS providers will be counted on a four to one hour (4:1) basis, which will include preparation time.
 - 2.1.3.3 Professional conferences/classes will be counted hour for hour.