

**Agency Medical Director Expectations
Division of Prehospital Medicine
University of Rochester**

The physicians of the University of Rochester, Division of Prehospital Medicine (DPM) appreciate the opportunity to serve agencies in the MLREMS region as an Agency Medical Director (AMD). Some agencies contract with the DPM for AMD services including a consistent level of physician involvement in agency affairs such as quality assurance and improvement, education, and guidance based on contracted deliverables. While a contracted AMD is ideal, the DPM also volunteers limited services as AMD's to ensure that each agency in our region is provided quality medical direction.

This document summarizes *minimum* expectations for each agency for whom the DPM provides AMD, whether contracted or volunteer. They may be modified based on agency needs or regional system changes. This document does not represent a contract between the agency and medical director; it is intended to clarify expectations and facilitate communication.

Some portions of this list may not be applicable to all agencies, and it is recognized that it will take some time to achieve all of these expectations. All sections, including the timeline for achieving, should be reviewed by the agency and discussed with the AMD.

Regulatory

- Each agency must comply with Regional Policies and Procedures and New York State Laws, specifically, Title 10, Part 10, 18, 80 and 800 and Article 30.

Scope of Practice

- EMT-I / CC / P / CCEMT-P
-Intubations must be always confirmed with waveform capnography.

Equipment

- Consult agency medical director if considering introducing new medical devices or changing existing ones (e.g. AEDs, monitors)
- Require a bougie and alternative airway devices (prefer the King Airway)
- Require alternative IV access device for all age groups (prefer EZ-IO)
- Require capnography for all ALS/ILS units
- CPAP (any device) strongly encouraged for all ALS units

Clearance of Providers

- Must have an internal clearance process policy in writing (ALS and BLS)
- Must document completion of the internship before providers are allowed to assume primary responsibility for patient care
- Must follow REMAC procedures for ALS internship and clearance
- Must notify AMD of all advanced providers (EMT-I, EMT-CC, EMT-P, CCEMT-P) as they are cleared

Quality Assurance

- Must have a QA system process in place with an emphasis on peer review and educational solutions.
- Must have QA policies and procedures established in writing
- Must maintain a QA Committee to oversee the QA program, as per NYS requirements, or participate in a multi-agency/regional group that meets the requirements
- Must make the AMD aware of any significant concerns regarding patient care immediately. Examples are circumstances where the QA Director, BLS/ALS Chief, Director of Operations, or other agency leader feels that there is:
 - A significant protocol violation
 - Harm to the patient (inadvertently or knowingly)
 - A concern regarding the provider's ability to provide competent EMS care
 - An outside agency or hospital brings forth a clinical care concern
 - A need for a QA Referral to the REMAC QA Committee or the Regional Medical Director
 - A provider is suspended or terminated from the agency for medical care issues (Requires immediate notification)
- QA committee should meet and communicate regularly with AMD

CME Based Recertification Program

- Must obtain AMD support of the CME Based Recertification Program for the agency prior to offering such a program to the agency membership
- AMD must approve providers participating in the program every 6 months and at the start of affiliation with the agency
- AMD must approve agency-taught classes, as well as the instructor, or approve an individual who will oversee the education and instructors
- AMD must oversee the skills verification, or approve a skills verification designee

Required Immediate Agency Medical Director Notification

- A patient dies, is injured, or otherwise possibly harmed due to actions of commission or omission by a member of the ambulance service
- An EMS response vehicle operated by the service is involved in a motor vehicle crash in which a patient, member of the crew, or other person is killed or injured to the extent requiring hospitalization or care by a physician
- Any member of the ambulance service, while on duty, is killed or injured to the extent requiring hospitalization or care by a physician
- Patient care equipment fails while in use, potentially causing patient harm
- It is alleged that any member of the ambulance service has responded to an incident or treated a patient while under the influence of alcohol or drugs

- Any alleged inappropriate actions associated with medications (controlled substances or otherwise) by any member of the service or involving service medications
- Significant complaints against members alleging improper medical care
- A provider is suspended or terminated for any medical care reasons
- A Regional Disaster Plan is activated
- Anything that a reasonable person should expect the AMD should be immediately aware

Agency Reporting Provided on a Semi-Annual Basis

- The agency must provide the AMD with the following semi-annually (January 1 and July 1)
 - Controlled substance usage report
 - Agency policy and procedure document updates (must be reviewed annually)
 - Complete list of agency members and providers
 - List of providers enrolled in CME recertification

Annual Meetings

The agency leadership must meet with the AMD at least annually. It is the responsibility of the agency to arrange these meetings. The agenda of these meetings should include the following, as applicable:

- Agency Statistics (Call volume, response times, staffing issues/concerns)
- QA Reviews, Concerns and Trends
- Controlled Substance Review
- Training (Needs, Upcoming classes)