

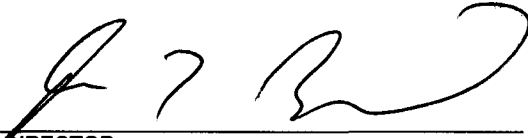
APPROVAL:

Policy Number: EMS-04



CHIEF EXECUTIVE OFFICER

Effective Date: 8/2006



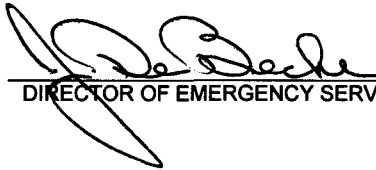
EMS MEDICAL DIRECTOR

Review Date: 12/07



CHIEF NURSING OFFICER

Revision Date: 1/08, 08/10



DIRECTOR OF EMERGENCY SERVICES

See Also Policy Number: _____

SUBJECT: INTERMEDIARY REQUIREMENTS AND RESPONSIBILITIES

POLICY:

University Physicians Healthcare Hospital complies with the requirements, rules and regulations of the Arizona Department of Health Services Bureau of Emergency Medical Services.

PURPOSE:

The purpose of this policy is to outline the responsibilities of on-line medical direction representatives. They:

- a. Meet the requirements of the ADHS rules and regulations; and
- b. Be knowledgeable of:
 - a. State, Regional and Local treatment and triage protocols;
 - b. Regional and Local communication protocols; and

c. Base Hospital policies and procedures for prehospital personnel

APPLICABLE TO:

All Emergency Department staff functioning as an Intermediary, Prehospital Coordinator, and 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 occurs in a consistent and informed manner. The administrator (or designee) in charge of the relevant department is responsible for the in-service education of those employees affected by the policy. There is 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) maintains such documentation.

PROCEDURE:

1.0 Requirements:

1.1 The individual functioning as an Intermediary in the Emergency Department

- 1.1.1 Be currently licensed (RN)/certified (Paramedic) in good standing in this state
- 1.1.2 Maintain Base Hospital certification requirements, ie BLS, ACLS, and PALS,
- 1.1.3 Complete the Base Hospital orientation program. Nurse Intermediaries may partake in an out-of-hospital 8 hour ride along with an ALS transport ambulance and a 4 hour observation shift at MEDS Control. The out-of-hospital experience requirement is based upon Intermediary's previous Intermediary experience.
- 1.1.4 Annually confirm in writing review and understanding of:
 - 1.1.4.1 Base Hospital EMS policies, procedures and including annual review of A.R.S Title 36, Chapter 21.1 & A.A.C Title 9, Chapter 25 as required in R9-25-204(E)(2);
 - 1.1.4.2 State, Regional and Local triage, treatment, and communications protocols;

1.1.4.3 Position requirements and responsibilities; and

1.1.4.4 Base Hospital Medical Direction Plan

1.1.5 Maintain 12 hours of prehospital continuing education every two years. This education may take the form of Prehospital CE's, self learning packets (SLP's), prehospital meetings, teaching skill stations and professional conferences.

2.0 Responsibilities:

2.1 The individuals functioning as an Intermediary in the Emergency Department:

2.1.1 Attend at least 50% of quarterly Intermediary reviews/meetings. Review of meeting minutes may count for 25% of requirement.

2.1.2 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

2.1.3 Participate in daily communications by:

2.1.3.1 Receiving information from the EMS provider and relaying on-line medical direction to the EMS provider.

2.1.3.2 An Intermediary in contact with an EMS provider shall give his/her name, time of call, and when relaying verbal directions/orders shall identify the Emergency Department Physician providing the orders.

2.1.3.3 Documenting as outlined in the Emergency Department Intermediary Forms policy.

2.1.4 Participate in quality assurance by evaluating in-coming EMS calls received.

2.1.4.1 Be alert to excellence of care, treatment and communications and document receiving information onto the Emergency Department Intermediary form.

2.1.4.2 Recognize problems or concerns with communications, care, treatment, adherence or lack of adherence to standard protocols and document all care issues on the EMS Call & Transfer QA Form.

- 2.1.4.3 Documentation on the EMS Call & Transfer QA Form is reviewed by the Prehospital Coordinator. Additional review and follow-up is done as needed. Any serious concerns should be communicated to the Prehospital Coordinator as soon as possible.
- 2.1.5 Check communication equipment each shift
 - 2.1.5.1 Verify that the radio/phones are ready for use and that there are adequate Emergency Department Intermediary forms, Refusal Forms, and EMS Call & Transfer QA Forms for the shift.
- 2.1.6 Prehospital continuing education includes:
 - 2.1.6.1 Attendance at continuing education provided by UPH Base Hospital to EMS providers will be counted hour for hour.
 - 2.1.6.2 Teaching skills stations or lecturing for EMS providers are counted on a two to one hour (2:1) basis, excluding preparation time.
 - 2.1.6.3 Professional conferences/classes are counted hour for hour.
- 2.1.7 A designated Intermediary may respond and convey verbal medical directions given by the Emergency Department Physician to the EMS provider.
- 2.1.8 The Emergency Physician on duty is responsible and accountable for the on-line medical directions given to EMS personnel.
 - 2.1.8.1 The Physician's name and signature are documented on the Emergency Department Intermediary form when on-line ALS orders or directions are given, the patient is refusing care, or for documentation of a Code 900 patient.
 - 2.1.8.2 In accordance with R9-25-503 the Physician's signature is required on the Emergency Department Intermediary form for replacement of controlled substance(s) used in patient care.