

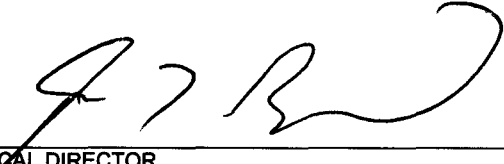
APPROVAL:

Policy Number: EMS-05



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: UPHH EMERGENCY DEPARTMENT PHYSICIAN(S) 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 the physician's providing medical direction to the Base Hospital personnel. The physicians:

- a. Meet all 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; and
- c. Base Hospital policies and procedures for prehospital personnel

APPLICABLE TO:

All Emergency Department Physicians; 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: Emergency Department Physician(s)
 - 1.1 The individual functioning as a medical direction authority:
 - 1.1.1 Be a physician currently licensed in good standing in the state of Arizona. Currently be licensed in good standing as a physician in this state
 - 1.1.2 Be board certified or board eligible by the American Board of Emergency Medicine or the American College of Osteopathic Emergency Physicians –OR–
 - 1.1.3 Maintain current certification in ACLS, ATLS, and PALS/PEPP
 - 1.1.4 Have completed the Base Hospital orientation program including an 8 hour shift ride along with an ALS transport ambulance and a 4 hour observation shift at MEDS Control.
 - 1.1.5 Annually confirm in writing, review and understanding of:
 - 1.1.5.1 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);

1.1.5.2 State, Regional and Local triage, treatment, and communications protocols;

1.1.5.3 Position requirements and responsibilities; and

1.1.5.4 Base Hospital Medical Direction Plan.

1.1.6 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 is responsible for providing necessary medical direction to the EMS provider.

2.2 Calls are 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.

2.3 The Emergency Physician must: 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.

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

2.5 Documentation is completed as outlined in the Emergency Department Intermediary Form policy.

2.6 The Emergency Physician on duty participates in quality assurance through:

2.6.1 Documentation on the EMS Call and Transfer QA form of excellence of care, treatment and communications. Or

2.6.2 Problems or concerns with communications, care, treatment, adherence or lack of adherence to standard protocols.

2.7 Documentation on the yellow copy of the Emergency Department Intermediary form is reviewed by the Prehospital Coordinator. Additional review and follow-up are completed as necessary. Any serious concerns are communicated to the Prehospital Coordinator as soon as possible.

- 2.8 The Emergency Physician on duty participates in continuing education through:
 - 2.8.1 Teaching skills stations or lecturing for EMS providers are counted on a four CE to one teaching hour (4:1) basis, excluding preparation time (ie 2 hour CE presentation equals 8 hours of CE).
 - 2.8.2 Professional conferences/classes counted hour for hour.