

MEDICAL DIRECTION

Medical Direction is a system of physician-directed quality assurances that provides professional and public accountability for medical care provided in the prehospital setting. In an emergency medical services (EMS) system, medical direction provides the operational framework and authorization for EMTs and others to provide emergency treatment outside the hospital. Ultimate responsibility and authority for patient care remains with the physician, as all EMS Providers work as an extension of the physician's practice. Quality improvement is important and should be developed through clear delegation of authority and responsibility for the specific components of medical direction to appropriate individuals.

Medical direction is an essential component of a prehospital care system. It is a method of ensuring quality and accountability of the care provided and thus provides a method of risk management for the system.

The National Research Council's Subcommittee on medical direction in EMS Systems defines three basic functions of medical direction:

- to ensure that field personnel have immediately available expert direction for emergency care
- to ensure continuing high-quality field performance
- to provide the means for monitoring the quality of field performance and medical direction itself
- to ensure the accountability of all schedule medications and the documentation associated with all medications.

1. Organization of Medical Direction in EMS

The specific structure of an EMS medical direction system will vary depending on the system's size, the level of care being provided, the geographical area, the population served, and state legislation. Certain elements, however, are essential:

- an EMS medical director (off-line)
- on-line (immediate) medical direction
- EMS administrative management
- prehospital care providers

2. Off-line Medical Direction - System/Service Medical Director

Off-line medical direction functions include education of EMTs, Advanced EMT's, Paramedics; protocol development (i.e., treatment and transfer guidelines), development and implementation of disciplinary policies, and quality control and improvement of the care that is provided by an EMS system.

The National Association of EMS Physicians formulated a consensus document on the job description and responsibilities of the Medical Director. Duties listed in the document are presented here to set a framework upon which you should base the development of your EMS system and its' required medical direction. Keep in mind that the job duties may vary between a regional (or system) medical director and a service medical director.

3. DUTIES OF A (SERVICE/SYSTEM) MEDICAL DIRECTOR.

- A. *The medical director is responsible for the development of standard operating procedures for his/her system. He/she should insure that these policies are frequently reviewed and updated as necessary. He/she should also insure that these policies are based on accepted facts, and not just his/her personal biases.*
- B. *The medical director is responsible for reporting the status of his/her system to the administration of the service and to the local medical society.*
- C. *The medical director is responsible for monitoring all aspects of quality control within his/her system. Included in this category are individual EMT and/or paramedic knowledge, skills and performance. Also included are audits of both monthly targeted areas (such as chest pain, psyche emergencies, and trauma) and audits of all deaths, cardiac arrests, intubation, helicopter transports, etc.*
- D. *The medical director is responsible for insuring that EMS dispatching for his/her system is current, accessible, and efficient. The medical director must insure that there is a system to monitor response times, instructions given over the phone, and any priority dispatch method that is used (where applicable).*
- E. *The medical director is responsible for in-service education for his/her system. He or she must insure that the in-service program meets any state requirements, and provides useful material for personnel in his/her system.*
- F. *The medical director should be active in local, state, regional, and national EMS organizations.*
- G. *The medical director should be active in disaster preparedness within his/her region.*
- H. *The medical director is responsible for monitoring the quality of on-line medical control in his/her system. He or she is responsible for insuring that base station physicians are knowledgeable about his/her system. He or she must have a mechanism to remove medical control from institutions that do not meet his/her minimum requirements.*
- I. *The medical director will act as a liaison to the medical community, media and public for his/her system.*
- J. *The medical director is responsible for overseeing the certification and recertification process for EMTs and paramedics in his/her system.*
- K. *The medical director is responsible for developing trauma, medical, psychiatric, pediatric, and other triage protocols depending on community resources.....*

While the referenced position paper does not represent Arkansas State statute or law, it does present the view of several nationally recognized EMS association.

The legal mandate, which requires medical direction of EMS in Arkansas, is found in A.C.A. § 20-13-201.

Administrative Versus Medical Management Issues:

Many of the responsibilities of EMS management are administrative rather than medical. At all levels of the EMS system, administrative personnel will be interacting with physicians. The distinction between medical and administrative issues is often difficult to determine. For example, the specifics of paramedic scheduling should clearly be left to the administrators, while maximum length of a shift or workweek for a paramedic is a legitimate medical direction issue. Similarly, the specific locations of individual response units is an administrative issue, while their ratio to population, critical calls, and response times are clearly issues that need physician input. The EMS administrative personnel are responsible for ensuring that the EMS system is able to provide the quality and level of care deemed necessary by medical direction.

Disciplinary Action:

An essential component of the off-line medical director's position is the well-defined authority to carry out disciplinary action in the event of a breach of the standard of care.

Under Arkansas Rules and Regulations the Department of Health may deny, refuse to renew, suspend or revoke an ambulance service provider or EMT Basic, Intermediate, or Paramedic license or permit holder. **Disciplinary action on a license can only be taken by the Department of Health Services upon a violation of any provisions of A.C.A. § 20-13-201 including EMS Rules and Regulations.**

Although the medical director does not have the authority to take action on an EMT's license, the medical director may take internal personnel actions to reprimand, revoke, or suspend medical control to an ambulance service or individual EMT(s) based upon a violation of rules, policies, or procedures of the medical director or medical control hospital. When a medical director takes any of the actions above, the EMS Section should receive a copy of the reports, personnel actions, etc. for review to determine if a violation(s) of State statutes or codes may have occurred and if further action is necessary.

Medical directors should also consider due process rights before taking any disciplinary action. Due process is the legal right of the person affected to be present when a decision is made that affects life, liberty, or property. The person also has the right to be heard and must be given the opportunity to discuss facts that have a bearing on the decision. Since any action that affects employment may have a "property" or financial impact, medical directors should check with the provider before initiating disciplinary action. The exception to this guideline is when documentation exists that the person represents an "imminent threat to public health and safety"

On-line: Immediate Medical Direction (Medical Control)

Immediate (on-line) medical direction/control refers to direction given to the prehospital care provider using direct voice communication (radio or telephone) and, in some areas, electro-cardiograph telemetry. The application of immediate medical direction/control may vary, from systems that require on-line medical direction/control in every patient contact, to others that require limited or no hospital contact. The emphasis on immediate medical direction/control will also vary because of specific legislation and the development of a particular EMS system.

On-line medical direction/control has been defined as "physician direction via radio or telephone of field personnel at the scene of an emergency and en route" to an emergency department. Each patient interaction involving advanced skills requires supervision by physicians. The responsibility is primarily delegated to physicians at designated hospitals (base hospitals).

Recommended qualifications for a physician providing on-line medical direction include:

- a current Arkansas medical license and experience in the emergent management of the acutely ill or injured patient
- knowledge of the local EMS design, goals, and operation including protocols and regional triage criteria
- knowledge of prehospital care techniques and capabilities of prehospital care providers

The additional requirements of immediate availability and immediate access to radio equipment favor in-house emergency physicians for this task. In contrast, some systems utilize physicians on mobile radios outside the hospital for immediate medical direction. It is important that on-line control be delegated to a limited number of physicians to ensure that those participating are qualified and knowledgeable of the local EMS system. In Wisconsin any EMS system which provides services beyond the basic life support level must have a state approved plan which contains clear guidelines by which on-line medical direction/control will be established.

Legal Aspects of Medical Direction

Legislation enabling the development of prehospital systems relies heavily on physician responsibility for prehospital care. At the same time, fear of litigation has often discouraged the physician from participating in EMS systems. The medico-legal risk of off-line and on-line medical directors is not well known due to the scarcity of legal precedence. However, experience demonstrates that the risk of not controlling the prehospital environment outweighs the risk of controlling it from both a medical and legal standpoint. Some sources stress that "strong and effective" medical direction is the best possible assurance against a legal incident and the best assurance against an adverse legal result if a suit should be initiated.

The best defense against legal action is to design an EMS system that ensures medical accountability through competent off-line and on-line medical direction. It is important that the EMS system function within the scope of state legislation and that the medical director acts only as authorized by that system

Current Trends in Medical Direction

Awareness is growing that medical direction at all EMT levels is essential. With recent trends toward developing new levels of training and skills for emergency medical technicians (i.e., epinephrine administration, Inhaled (nebulized) medications, Assisting a patient in administering his/her own prescribed medications, Blood glucose monitoring and administration of oral glucose), there is a greater need for medical direction of the individuals utilizing these new skills. It is crucial that all basic skills are evaluated and deemed acceptable by the medical director before advanced skills are added.