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EMS Medical Director

Chief, Emergency Medical Services

I. INTENT:


- A. To describe medical oversight.
- B. To describe the philosophy of medical oversight utilized by Sacramento County Emergency Medical Services (SCEMS).

II. AUTHORITY:


- A. Health and Safety Code, Division 2.5, Ch. 4, Art. 1, §1797.220; Ch. 5, §1798(a,b) and §1798.2.
- B. California Code of Regulations, Title 22, Division 9, Ch. 4, Art. 7, §100168 and §100169.

III. DEFINITIONS:

- A. EMS Medical Director (EMSMD): “Every local EMS agency shall have a full or part-time licensed physician and surgeon as medical director, who has substantial experience in the practice of emergency medicine, as designated by the county or by the joint powers agreement, to provide medical control and to assure medical accountability throughout the planning, implementation and evaluation of the EMS system.” (HSC §1797.202(a))
- B. Medical Oversight: The medical direction and management of an emergency medical services (EMS) system shall be under the medical oversight of the medical director of the local EMS agency.
- C. Direct Medical Oversight (DMO): Medical oversight that is rendered by direct voice contact between either a base hospital physician or mobile intensive care nurse (MICN) and an Emergency Medical Technician – Paramedic (EMT-P) that has been authorized by the EMSMD. DMO extends the medical license to treat patients from the on-duty base hospital physician to the EMT-P.

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- D. Indirect Medical Oversight (IMO): Medical oversight that is rendered by EMT-Ps utilizing effective program documents. IMO extends the medical license to treat patients from the EMSMD to the EMT-P.
- E. Advanced Life Support (ALS): All services rendered by an EMT-P that are approved expansions to the State of California Scope of Practice for EMT-Ps by SCEMS and the State of California Scope of Practice for EMT-Ps.
- F. Base Hospital Physician (BHP): “Base hospital physician means a physician and surgeon who is currently licensed in California, who is assigned to the emergency department of a base hospital, and who has been trained to issue advice and instructions to prehospital emergency medical care personnel consistent with statewide guidelines established by the authority.” (HSC §1797.59)
- G. Base Hospital Medical Director (BHMD): A designated EMT-P base hospital shall: designate an EMT-P base hospital medical director who shall be a physician on the hospital staff, licensed in the State of California. This physician shall be regularly assigned to the emergency department, have experience in and knowledge of base hospital radio [voice contact] operations and local EMS agency policies and procedures, and shall be responsible for functions of the base hospital including quality improvement as designated by the medical director of the local EMS agency.
- H. Base Hospital (BH): means an acute care hospital that has been designated by SCEMS to provide DMO to EMT-Ps. The base hospital shall have a written contractual agreement to provide DMO per the policies established by SCEMS.
- I. Mobile Intensive Care Nurse (MICN): “Means a registered nurse who is functioning pursuant to Section 2725 of the Business and Professions Code and who has been authorized by the medical director of the local EMS agency as qualified to provide prehospital advanced life support or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by the local EMS agency consistent with statewide guidelines established by the authority.” (HSC §1797.56)
- J. EMS Liaison Nurse (ELN): “Identify a mobile intensive care nurse, if utilized by the local EMS system, with experience in and knowledge of base hospital radio operations and local EMS agency policies and procedures as a prehospital liaison to assist the base hospital medical director in the medical direction and supervision of the paramedics.” (CCR §100168(b)(9))

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- K. Receiving Hospital: Means an acute care hospital, with a permit for basic or comprehensive emergency service, as determined by SCEMS. This hospital is being utilized as part of the emergency medical services system.

- L. Destination Hospital: Means that hospital, base or receiving, to which the EMT-P unit is delivering the patient.

- M. EMS Liaison Officer (ELO): See program document 4003.

- N. EMT-P Scope of Practice (SOP): The State of California scope of practice that is approved for utilization by accredited EMT-Ps by SCEMS. See program document # 2221.


- O. EMT-P Expanded Scope of Practice (Optional): The State of California undefined scope of practice that is approved by the EMS Authority and SCEMS for utilization by accredited EMT-Ps. See program document 2221 for list of procedures and drugs. "Perform or monitor other procedure(s) or administer any other medication(s) determined to be appropriate for paramedic use, in the professional judgment of the medical director of the local EMS agency, that have been approved by the Director of the Emergency Medical Services Authority when the paramedic has been trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications." (CCR §100147(A))

- P. Base Physician Order (BPO): An order given by a BHP who is in voice contact with an EMT-P. This order may be given directly by the physician or through an MICN.

- Q. Base Hospital Order (BHO): An order given by an MICN [per effective SCEMS program documents] who is in voice contact with an EMT-P.

- R. Standing Order (SO): The medical director of the local EMS agency may approve policies and procedures allowing the EMT-P to initiate any EMT-P activity without voice contact for [direct] medical direction from a physician or mobile intensive care nurse, provided that quality assurance measures are in place.

- S. Medical Consultation Report: A report by the EMT-P to establish direct medical oversight with a designated base hospital.


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T. Notification Report: A report by the EMT-I or EMT-P informing a receiving hospital of the patient's pending arrival, complaint and prehospital treatment. The Notification report shall not constitute establishing direct medical oversight unless the MICN or base hospital physician extends medical oversight to the EMT-P.

IV. POLICY:

A. Direct Medical Oversight.

1. Shall be extended to any SCEMS accredited EMT-P that is functioning in the 9-1-1 aspect of the EMS system by SCEMS designated base hospitals.
2. Shall be extended to any EMT-P student of an approved EMT-P training program that is functioning in the 9-1-1 aspect of the EMS system by SCEMS designated base hospitals.
3. Shall be extended to any SCEMS accredited EMT-P that is functioning in a stand-by capacity at a special event as part of the 9-1-1 aspect of the EMS system by SCEMS designated base hospitals.
4. Shall be extended, on a humanitarian basis, to any State certified EMT-P, not accredited by SCEMS, while at the scene of a medical emergency or during transport, or during interfacility transfer contacts a SCEMS designated base hospital. The orders given shall not exceed the EMT-Ps accredited scope of practice from the local EMS agency of origin.
5. This policy shall not limit or make null and void any contractual arrangements made between a SCEMS designated base hospital and other local EMS agencies in the offering of DMO.
6. EMT-P provider agencies are not assigned to any individual base hospital for DMO. EMT-P provider agencies derive their DMO from the EMS system.
7. Shall be utilized in the following situations:
 - a. whenever the EMT-P wishes to utilize a base hospital;
 - b. when the protocol indicates base hospital or base physician orders only;
 - c. when the patient's complaint does not match a protocol;
 - d. when the EMT-P wishes to deviate from a protocol, this is a base hospital / physician order only.

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8. Once direct medical oversight has been established, further treatments shall be approved by the base hospital.

A. Standing Orders.

1. SOs shall be utilized only after an assessment has been performed and clinical indications are present to initiate an ALS level of service as directed by an effective program document or ALS Criteria.
2. SOs are both approved and authorized orders by the EMSMD and require no base hospital contact or DMO to implement. When SOs are utilized, the EMT-P shall contact the receiving hospital with a notification report prior to arrival.

B. Base Hospital Orders.

1. BHOs can only be given by currently (SCEMS) certified MICNs or BHPs.
2. MICNs shall only give BHOs that have been authorized and contained in effective program documents by SCEMS.
3. No BHOs shall be given on a precautionary basis.
4. All BHOs shall be given only when clinical indications are present [outside of effective program documents].
5. Once a BHO is given, it is applicable to all EMT-Ps involved in the care of the patient(s).
6. Once direct medical oversight has been established, further treatments and medication administration(s) shall be approved by the base hospital and a base hospital order is required to continue on standing orders (base contact should not delay treating life threatening circumstances).

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C. Base Physician Orders.

1. BPOs shall only be given by Base Hospital Physicians.
2. This order shall not exceed the SCEMS SOP (including USOP) or the State of California SOP; whichever has the broadest scope.
3. Once a BPO is given, it is applicable to all EMT-Ps involved in the care of the patient(s).

CROSS REFERENCE: Hospital Services Program Document, PD #2060.