

Draft July, 2002

MDAC PLAN

2002

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Birmingham Regional Emergency Medical Services System Medical Direction and Accountability Plan

Section I: REGIONAL BOUNDARIES

The Birmingham Regional Emergency Medical Services System (BREMSS) office is located in Birmingham, Alabama. The address is 1114 South 16th Street, Birmingham, Alabama 35205.

The region encompasses six counties in North Central Alabama including Blount, Chilton, Jefferson, St. Clair, Shelby and Walker counties.

Section II: REGIONAL MEDICAL DIRECTOR

The Regional Medical Director (Off-Line Medical Director) is recommended by the BREMSS Executive Committee. He is knowledgeable in the planning and implementation of an EMS system. He is experienced in emergency medicine and in the provision of medical direction to pre-hospital emergency medical service providers. Board Certification in emergency medicine is present and current, Advanced Trauma Life Support (ATLS) Instructor and Advanced Cardiac Life Support (ACLS) Instructor, and Medical Directors Course.

Section III: MEDICAL DIRECTION FACILITIES

A. Resource Hospital Responsibilities

The Resource Hospital must accept the responsibility for medical direction and accountability in the entire BREMSS region when an Associate Hospital is not available.

1. The Resource Hospital Must:

(a) Have full-time licensed emergency physician coverage with all physicians possessing a current medical control number in the emergency department, 24 hours per day, 7 days per week.

(b) Designate a full time emergency physician to serve as On-Line Medical Director. Designation of this individual shall be with the advice and consent of the Medical Direction and Accountability Committee, BREMSS.

- (c) Have a coordinated communications network with all hospitals in the BREMSS region to include both the HEAR system and the 800 Southern LINC system.
- 2. The Resource Hospital will also have a group of pre-hospital BLS and/or ALS services assigned to it. It will provide the same support for these services as specified in the Associate Hospital Responsibilities, (B Number 3, (a)-(c)).
- 3. At any time when the hospital is unable to conform to the standards for a Resource Hospital, they must transfer their operation to the designated Alternate Hospital through notification of the Trauma Communication Center and declare themselves **OFF-LINE** (i.e. radio failure; inappropriate physician coverage, etc.). Each **OFF-LINE** period must be reported in writing by the on-line medical director to the Regional Medical Director with appropriate explanations.

Each **OFF-LINE** declaration will be reviewed by the Medical Direction and Accountability Committee with a report to the Executive Committee and may become the basis for removing the Resource Hospital designation if it occurs with too great a frequency.

Resource Hospital - University Hospital (UAB)
Resource Hospital - Carraway Methodist Medical Center (CMMC)

B. Associate Hospital Responsibilities

- 1. The Associate Hospital must have licensed emergency physician coverage with current medical control number in the emergency department, 24 hours per day, 7 days per week. A licensed full-time Emergency Physician must be on duty at least twelve (12) hours of each twenty-four (24) hours. Licensed part-time emergency physicians may be used for no more than twelve (12) of each twenty-four (24) hours.
- 2. The Associate Hospital must designate an emergency physician to serve as associate on-line medical director. The physician must be one who works full-time in the emergency department of the hospital. Designation of this individual shall be with the advice and consent of the Medical Director and the MDAC, BREMSS.
- 3. The hospital will have a group of pre-hospital BLS and/or ALS services assigned to it. The hospital must do the following for these assigned services:
 - (a) Provide on-line medical direction for provision of prehospital

emergency care rendered by the assigned BLS or ALS services.

- (b) Provide properly licensed and credentialed emergency physicians with current medical control number to offer on-line medical direction to EMTs for pre-hospital care on a 24 hour per day, 7 day per week basis in accordance with approved protocols.
- (c) Supply and resupply I.V. fluids and drugs, where feasible, for ALS services assigned to the hospital in accordance with Alabama EMS rules.

- 4. At any time when a hospital is unable to conform to the minimum standards established for an Associate Hospital, they are obligated to declare themselves **OFF-LINE** and must cease functioning as an Associate Hospital (i.e. radio failure; non-approved physician coverage; etc.). The Associate hospital must immediately advise the Trauma Communications Center (TCC) each time they go **OFF-LINE**. Each **OFF-LINE** period must be reported in writing by the on-line medical director to the Medical Direction and Accountability Committee with appropriate explanations.

Each **OFF-LINE** declaration will be reviewed by the Medical Director and MDAC with a report to the Executive Committee.

Associate Hospitals:

Baptist Medical Center-Montclair
Baptist Medical Center-Princeton
UAB Medical Center West
Medical Center Blount
Brookwood Medical Center
Health South Metro West
Medical Center East
St. Clair Regional Hospital
Shelby Baptist Medical Center
Walker Baptist Regional Medical Center
HealthSouth Hospital
Chilton Medical Center
The Children's Hospital of Alabama

C. Affiliate Hospital

- 1. A hospital which does not wish to serve as a Resource or Associate Hospital.
- 2. This hospital continues to receives EMS patients.
- 3. Orders for BLS or ALS pre-hospital services taking patients to Affiliate Hospitals will be given by the emergency physician in an Associate or the

Resource Hospital.

D. Medical Direction Assignments

1. All ALS agencies will assigned to a control hospital (section X and attachment E)
2. All BLS/ALS agencies are assigned a unit designation for medical direction and EMSS identification purposes. Unit designations are assigned such as to reduce confusion and mistakes.
3. Off-line medical direction will be reviewed approved per current EMS Rules.
4. Changes to attachment E may be made by BREMSS staff between MDAC meetings but must be concurred with at the next MDAC meeting.
5. Hospital Medical Direction assignment changes must be concurred with by both hospitals involved in the changes.
6. An ALS organization may have units assigned to more than one hospital.
7. All Medical Direction hospitals will maintain a current contract with BREMSS and meet all components of the contract. In the event a hospital is non-compliant MDAC will consider the circumstances and make recommendations to the Executive Committee for final actions.

Section IV: MEDICAL DIRECTION AND ACCOUNTABILITY COMMITTEE (MDAC)

- A. This is a Committee of the BREMSS Board.
- B. The Medical Direction and Accountability Committee (MDAC) will be chaired by the Regional Medical Director. Membership is appointed by the Chairperson of the BREMSS Executive Committee and will be composed of: the Regional Medical Director for BREMSS; the on-line Medical Directors at each resource and associate hospital designated by BREMSS; Four (4) non-physician members; one (1) AlaHA representative; two (2) EMT-Paramedics, (one (1) from Jefferson County and

one (1) from counties other than Jefferson County with at least one of the two EMT-P's from a transporting agency), and one (1) Emergency Nurse Association representative.

- (1) Hold bimonthly meetings or more often if set by the chairperson.
- (2) Monitor performance of the system for medical direction and accountability. Recommend corrective action to Executive Committee; of BREMSS, when appropriate.
- (3) Mediate problems involving ALS Services, BLS Services, Affiliate, Associate or Resource Hospitals, only as recognized in current EMS rules.
- (4) Develop and present bimonthly reports to the Executive Committee, BREMSS, through the Regional Medical Director.
- (5) Make recommendations to the Executive Committee of BREMSS concerning the appointment of the Regional Medical Director.

Section V: PROTOCOLS AND TREATMENT GUIDELINES

The protocols as (attachment A) and approved by the Alabama Committee of Public Health are the general operations, triage, and treatment standards for BREMSS. All ALS agencies are responsible for assuring all of the EMT-I, P on their Fluid / Drug Roster are familiar with BREMSS operations through one of the following options:

- A. The person was on a Fluid / Drug roster of a BREMSS ALS provider on July 01, 2002.
- B. The ALS agency provides a BREMSS recognized orientation program within 30 days of hire or volunteer.
- C. The ALS Agency sends the EMT-I, P, to a BREMSS provided systems orientation class which will not exceed two hours in length as is offered free of charge.

Section VI: PROTOCOL IMPLEMENTATION

Each ALS agency shall begin the use of the protocols and any revision of the protocols in the following manner:

- A) Credentialing and education completed.
- B) All EMT-Intermediates / EMT-Paramedics on current Fluid/Drug Roster credentialed.

- C) Off-Line Medical Director confirms the agency to new / revised use protocols.
- D) Notice sent to ADPH/EMS by BREMSS.

Section VII: TRAUMA PLAN

All patients who meet entry criteria of the Trauma System as set forth in the protocols are to be cared for under the auspices of the Trauma Plan (attachment B).

Section VIII: STROKE PLAN

All patients who meet entry criteria of the Stroke System as set forth in the protocols and the Stroke Plan (attachment C) are to be cared for in accordance with the Stroke Plan (attachment C).

Section IX: MASS CASUALTY INCIDENT PLAN

Any incident which occurs which meets the definition of a Mass Casualty Incident (attachment D) will be responded to by all EMS Providers / Agencies and hospitals within BREMSS.

Section X: MEDICAL DIRECTION ASSIGNMENTS

All ALS agencies are assigned medical Direction, Pharmacy, and unit designations (attachment E) is a listing of those assignments.

Section XI: PEDIATRIC ON-LINE MEDICAL DIRECTION

All pediatric patients (15 & Under) will be provided Medical Direction (on-line) by The Children's Hospital of Alabama

Definitions

Regional Medical Director - The physician appointed by BREMSS and the State Committee of Public Health to be responsible for the medical elements of overall EMS system design, including implementation, evaluation, of medical accountability.

Advanced Life Support Services (ALS) – Pre-hospital invasive and non-invasive emergency patient care designed to optimize the patient's chance for surviving an emergency situation. Full ALS services are provided by EMT-Paramedics and limited services by EMT-Intermediates under

voice order of a licensed emergency physician or by the approved protocols (attached). These services involve on-site and pre-hospital intensive care. Services are provided in accordance with Alabama Act 1590, Rules, Regulations and Standards, latest revision.

Basic Life Support Services (BLS) – Pre-hospital emergency patient care designed to optimize the patient's chance for surviving an emergency situation. These services are most often provided by Basic Emergency Medical Technicians, although they are also provided by EMT-Intermediates and EMT-Paramedics. Services are provided in accordance with Alabama Act 1590, Rules, Regulations and Standards, latest revision.

Birmingham Regional Emergency Medical Services System (BREMSS) - The organization in central Alabama with responsibility to plan, implement and evaluate an EMS system for Blount, Chilton, Jefferson, Shelby, St. Clair and Walker Counties. This organization has the responsibility for developing medical control and accountability for this area to insure quality pre-hospital emergency medical care to all citizens in the area.

Full-time Emergency Physician - A licensed physician engaged in the full-time practice of emergency medicine. This physician must: (1) have two years of experience in the practice of emergency or critical care medicine, (2) must have satisfactorily completed an Advanced Trauma Life Support (ATLS) and Advanced Cardiac Life Support (ACLS) course or be current in Emergency Medicine Boards, and (3) complete and remain current as a Medical Directors as prescribed by the State Committee of Public Health, before functioning as a part of medical control and accountability in an Associate or Resource Hospital.

Protocols - Operational, treatment, and triage standards utilized to insure statewide uniformity of care. These protocols are approved by the Alabama Committee of Public Health.

Medical Direction and Accountability Committee (MDAC) - A sub-system of the EMS system which provides the operational framework and mechanism for concurrent and retrospective review of emergency medical care rendered in the pre-hospital setting by EMT-Basics, Intermediates and Paramedics to insure standardized, high quality, emergency and critical care treatment. Emergency medical care by these EMTs must have the same professional accountability (i.e., quality control by physicians) as does medical care provided within the traditional hospital setting. The medical control and accountability sub-system must provide immediate and direct communication from a licensed emergency physician in the Resource or Associate Hospital to EMTs rendering pre-hospital care.

On-Line Medical Director - An emergency physician appointed by the designated Resource and Associate Hospitals to insure implementation of medical control and accountability for all patients for which the hospital has responsibility. The on-line medical director may have responsibility for only one Associate or Resource Hospital. It is recommended this physician be board certified in emergency medicine, (equivalent qualification in training and experience is acceptable), and meet all of the qualifications of an On-Line Medical Director physician.

Part-Time Emergency Physician - A physician licensed to practice medicine in the State of Alabama. Each physician must: (1) practice emergency medicine a minimum of thirty hours per month, (2) must have satisfactorily completed an Advanced Trauma Life Support (ATLS) and

Advanced Cardiac Life Support (ACLS) course or be currently boarded in emergency medicine, and
(3) remain current as a Medical Director as prescribed by the State Committee of Public Health.