Bureau of EMS & Trauma System

Emergency Medical Services
Medical Director Recognition
Program Manual

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Approved: 1/19/17
EMS Council & Medical Direction Commission
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INTRODUCTION

The Emergency Medical Services (EMS) Medical Director is an essential component of an EMS and trauma system. The Bureau of Emergency Medical Services and Trauma System (Bureau) Medical Director Program has been developed to recognize physicians who demonstrate the necessary commitment to their unique and essential role as EMS Medical Directors within Arizona’s EMS and Trauma System. That commitment extends to:

- EMS system measurement,
- EMS system development at the state, regional and local levels,
- Continuing education, training and maintenance of core competencies,
- Knowledge of and compliance with regulatory requirements,
- Bureau verification of medical director commitment to meet or exceed program criteria.

Role and Duties of the EMS Medical Director

The roles of EMS medical directors can best be defined by the degree of engagement and consistency of actions they take for the systems they oversee. EMS system successes can be commensurate with the level of intensive EMS medical director involvement.¹ Physicians who serve EMS agencies or base hospitals in this capacity provide essential clinical guidance, leadership, and oversight for all aspects of prehospital care. From a patient care perspective, an emergency medical care technician (EMCT) serves as an extension of the EMS medical director. Fundamentally, the most important duties of an EMS medical director are to formulate system performance specifications, monitor compliance with those specifications, and initiate action for compliance as needed. The EMS medical director MUST be engaged with the design and execution of retrospective, concurrent, and prospective quality improvement (QI) initiatives for an EMS agency or base hospital to optimize clinical outcomes. These QI initiatives should have clearly defined processes and outcomes, along with assignment of roles for the individuals involved (e.g., QI/QA team, educator, supervisor). It is specifically recognized that concurrent quality improvement can be a very efficient and cost-effective way to create and maintain culture, change behavior, and identify important information about patient care activities. This relies on direct oversight of EMS personnel at the time of service delivery. The Bureau strongly recommended that EMS medical directors actively participate in prehospital care by providing on-site medical direction through “ride along” and scene response activities. This should be considered fundamental to the job of EMS medical direction.¹ The EMS agency or base hospital should provide the necessary resources, time and personnel to achieve desired results from all QI initiatives.

The above recommendations are based on evolving national standards and core competencies of EMS medicine. See Attachment-1 for two publications providing specifics to these recommendations.

PROGRAM BACKGROUND

The EMS physician is a vital, but not yet fully integrated or supported component of the Arizona EMS and Trauma System. The Bureau established standards for EMS medical directors in rule under Arizona Administrative Code (A.A.C.) §§ R9-25-201 and R9-256-202, facilitating qualification benchmarks. In May 2016, the Bureau solicited volunteers from the medical direction community to develop initial training standards, continuing medical education (CME) standards and performance expectations for an EMS Medical Director Program. This EMS Medical Director Program Manual and Application is the result of the Medical Director Workgroup’s collective efforts. Precedence for this program includes the Premier EMS Agency Program, the Treat and Refer Recognition Program, Excellence in Prehospital Injury Care (EPIC), and SHARE.

PROGRAM BENEFITS

The EMS Medical Director Program is intended to be a natural extension of the American Board of Emergency Medicine’s 2010 approval of EMS medicine as a unique subspecialty discipline as well as the subsequent creation of the Fellow of the Academy of Emergency Medical Services (FAEMS) designation by the National Association of EMS Physicians. The Medical Director Program will facilitate the following benefits:

- Increase individual and collective awareness of the EMS medical director’s contribution to high quality prehospital care, improved patient safety and outcomes, and integration of prehospital care into the overall healthcare continuum,
• Promote consistency in training, qualifications, activities, and performance of physicians serving as EMS medical directors across the state,
• Establish a mechanism for the Bureau to identify EMS medical directors through a single database in order to enhance communication and collaboration, and
• Encourage EMS medical directors to become personally involved in EMS Regional Council meetings, and Bureau statutory and standing committees (i.e., EMS Council, STAB, MDC, Education, TEPI, and PMD).

The EMS Medical Director Program will be reviewed annually by the Bureau to ensure that it continues to facilitate and promote EMS-related physician commitments and the roles of EMS medical directors. The program will be continuously evaluated to maintain high levels of integrity, relevance, and quality.

APPLYING STANDARDS

I. The application includes the following requirements from Arizona Revised Statutes (A.R.S.) and Arizona Administrative Code (A.C.C.) – See Attachment-2

• The physician must be licensed pursuant to A.R.S. Title 32, Chapter 13 or 17 and provide direction within the Arizona EMS and Trauma System.
• The physician must meet the Administrative Medical Director (AMD) requirements of A.A.C. § R9-25-201.
• The AMD must ensure online medical direction is consistent with A.A.C. § R9-25-202.

II. Criteria

• Meet the physician requirements delineated in A.A.C. § R9-25-201,
• EMS Board Certification or completion of an EMS Medicine Fellowship (optional),
• Complete at least five hours of EMS continuing medical education (CME) each year, with a total of 20 EMS CME hours during the four-year EMS Medical Director Period,
• Maintain core competencies during the four-year EMS Medical Director Period,
• Demonstrate ongoing commitment to evidence-based medicine,
• Engage in direct oversight of EMS providers through scene response or ride-along time.
• Personal involvement in regional EMS councils or Bureau of EMS statutory or standing committees,
• Completion of an EMS Medical Director’s Course, e.g., NAEMSP, ACEP (course offered during annual meeting),

See Attachment-3 for the Performance Improvement Plan.

III. Criteria for Renewal

The EMS Medical Director card is valid for four years from the initial application completion date. EMS medical directors must re-apply and meet all criteria, including A.A.C. § R9-25-201 requirements, on or before the current expiration date.

IV. Medical Direction Agreement Template (Optional)

Example medical direction agreement templates: FEMA USFA Medical Directors Handbook

V. Continuous Quality Improvement Forms

• Data & Quality Assurance Section
• Burns
• Cardiac Arrest
• Major Trauma
• ST-Segment Elevation Myocardial Infarction
• Stroke

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VI. Useful Website Links

- Arizona Prehospital Information & EMS Registry System (AZ-PIERS)
- Statutory and Regulatory Resources
- Time Sensitive Emergencies Resources
- Bureau of EMS & Trauma System Online Services
- Statutory and Standing Committees
- Drug Profiles (Bureau Website)
- EMS Regional Councils
- Community Paramedicine
- Arizona Treat & Refer Program
- National Association of EMS Physicians (NAEMSP)
- National Association of State EMS Officials (NASEMSO)
- National EMS Information System (NEMSIS) Technical Assistance Center
- EMS Compass Initiative

VII. Citations

See Attachment-2 Arizona Revised Statutes and Arizona Administrative Code Citation Language.

VIII. Application Form (See Attachment-4)
SAMPLE QUALIFICATIONS AND JOB DESCRIPTION FOR EMS MEDICAL DIRECTOR


§ 36-2201. Definitions

1. “Administrative medical direction” means supervision of emergency medical care technicians by a base hospital medical director, administrative medical director or basic life support medical director. For the purposes of this paragraph, “administrative medical director” means a physician who is licensed pursuant to title 32, chapter 13 or 17 and who provides direction within the emergency medical services and trauma system.

§ 36-2204. Medical Control

5. Medical standards for certification and recertification of certified emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any classification of emergency medical care technicians who are required to be under medical control or medical direction.

6. Standards and mechanisms for monitoring and ongoing evaluation of performance levels of all classifications of emergency medical care technicians, emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any classification of emergency medical care technicians who are required to be under medical control or medical direction.

7. Objective criteria and mechanisms for decertification of all classifications of emergency medical care technicians, emergency receiving facilities and advanced life support base hospitals and for disapproval of physicians providing medical control or medical direction for any classification of emergency care technicians who are required to be under medical control or medical direction.

A.A.C., Article 2. Medical Direction; ALS Base Hospital Certification

§ R9-25-201. Administrative Medical Direction

A. An emergency medical services provider or ambulance service shall:

1. Except as specified in subsection (B) or (C), designate a physician as administrative medical director who meets one of the following:

   a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;

   b. Has emergency medical services certification issued by the American Board of Emergency Medicine;

   c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or

   d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification in:

      i. Advanced emergency cardiac life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association, in:

         (1) Airway management during respiratory arrest;

         (2) Recognition of tachycardia, bradycardia, pulseless ventricular tachycardia, ventricular fibrillation, pulseless electrical activity, and asystole;

         (3) Pharmacologic, mechanical, and electrical arrhythmia interventions; and

         (4) Immediate post-cardiac arrest care;

      ii. Advanced trauma life support recognized by the American College of Surgeons; and
iii. Pediatric advanced life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association, in:

(1) Pediatric rhythm interpretation;
(2) Oral, tracheal, and nasal airway management;
(3) Peripheral and central intravenous lines;
(4) Intraosseous infusion;
(5) Needle thoracostomy; and
(6) Pharmacologic, mechanical, and electrical arrhythmia interventions;

§ R9-25-202. On-line Medical Direction

A. An emergency medical services provider or ambulance service shall:

1. Ensure that a physician provides on-line medical direction to EMCTs on behalf of the emergency medical services provider or ambulance service only if the physician meets one of the following:
   a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
   b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
   c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
   d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in R9-25-201(A)(1)(d)(i) through (iii)

A.R.S. Provisions Related to Liability Immunity & Good Samaritan Status

Title 36, Chapter 6 Public Health Control, Article 4 Communicable Disease Information

§ 36-661. Definitions

In this article, unless the context otherwise requires:

10. "Good Samaritan" means a person who renders emergency care or assistance in good faith and without compensation at the scene of any accident, fire or other life-threatening emergency and who believes that a significant exposure risk occurred while the person rendered care or assistance.

Title 36, Chapter 21.1 Emergency Medical Services, Article 1 General Provisions

§ 36-2206. Immunity; Emergency Instructions

A. Any health care provider licensed or certified to practice in this state who in good faith gives emergency instructions to emergency medical care technicians at the scene of an emergency is not liable for any civil damages as a result of issuing those instructions.

B. Any emergency medical services or health care provider who in good faith provides prearrival instructions following the minimum standards established by the state pursuant to section 36-2204, paragraph 9 is not liable for any civil damages as a result of issuing these instructions.

Title 36, Chapter 21.1 Emergency Medical Services, Article 3 Automated External Defibrillators

§ 36-2263. Civil liability; Limited immunity; Good Samaritan

A. The following persons and entities are not subject to civil liability for any personal injury that results from any act or omission that does not amount to wilful misconduct or gross negligence:

1. A physician who provides oversight.
PERFORMANCE IMPROVEMENT PLAN

Personal involvement in and documentation of a performance improvement plan (PIP), including data collection and evidence of implementation, for the following disease processes:

Acute Stroke:
- Patient’s last well known time
- Stroke assessment and results
- Contact date/time hospital was contacted
- Blood glucose
- Transport to a Stroke Center (if available)

STEMI:
- ECG acquisition
- Notification of the receiving hospital on the ECG (results/transmit)
- Aspirin administration (unless contraindicated)
- Transport to a Cardiac Center (if available)

Out-of-Hospital Cardiac Arrest:
- Bystander CPR documentation
- Whether cardiac arrest was witnessed
- Initial cardiac rhythm
- Whether return of spontaneous circulation
- Termination of resuscitation time
- CPR quality measures
- Time to defibrillation
- Transport to a Cardiac Center (if available)

Major Trauma:
- Minimize on scene time
- Trauma triage criteria met
- Vital Sign measurement
- Document any transfers of patients
- Intubations attempts and successes
- TBI treatment guidelines followed
- Transport to a designated Trauma Center (if available)

Rapid Sequence Intubation (RSI)
- EMS agencies performance rapid sequence intubation (RSI) requires 100% CQI of RSI patients’ ePCRs.

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## EMS Medical Director Program Application

**Section I. Applicant Physician Information**

1. Physician Name (Last, First, MI)
2. Medical License Number
3. Primary Business Address
4. Office Phone Number
5. Email Address
6. Photo of Applicant

**Please attach a close up photo in a JPEG format for the issued card.**

**Section II. Practice Locations**

<table>
<thead>
<tr>
<th>Agency/Entity Name</th>
<th>Role/Title</th>
<th>Entity/Agency Type</th>
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**Section III. Committees & Councils Involvement**

Which EMS Regional Councils and Statutory/Standing Committees you are personally involved with and your capacity?

<table>
<thead>
<tr>
<th>EMS Regional Councils</th>
<th>ADHS Statutory Committees</th>
<th>ADHS Standing Committees</th>
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<tbody>
<tr>
<td>Name</td>
<td>Name</td>
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<tr>
<td>Capacity</td>
<td>Capacity</td>
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**Section IV. Board Certifications**

Please indicate your board certification or eligibility for the two boards

<table>
<thead>
<tr>
<th>American Board of Emergency Medicine</th>
<th>American Osteopathic Board of Emergency Medicine</th>
<th>EMS Board Certification</th>
<th>Other/Hospital ED Medical Director</th>
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<tbody>
<tr>
<td>Certified ☐</td>
<td>Certified ☐</td>
<td>Certified ☐</td>
<td>Eligible ☐</td>
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Please list other qualifications-related activities and responsibilities
### SECTION V. ATTESTATIONS

Your initials for each statement signifies your attestation

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<tbody>
<tr>
<td>1</td>
<td>Personal involvement in regional councils, ADHS statutory and/or standing committees listed in Section IV.</td>
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<td>2</td>
<td>Board certification or eligibility in the American Board of Emergency Medicine and the American Osteopathic Board of Emergency Medicine</td>
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<td>3</td>
<td>Complete at least 5 hours of EMS continuing medical education (CME) each year, totaling 20 EMS CME hours during the 4-year Period.</td>
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<td>4</td>
<td>Commitment to evidence-based medicine.</td>
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<td>5</td>
<td>Maintain core competencies during 4-year period</td>
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<td>6</td>
<td>Personal involvement in and documentation of a performance improvement plan, with data collection and evidence of implementation for Acute Stroke, STEMI, OHCA, Major Trauma, and RSI (please confirm compliance for each criterion listed below).</td>
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### SECTION VI. RESERVED FOR RENEWAL ONLY

Please Attach in Section VI.A. Below Documentation Consistent with Section IV Attestation Statements

ATTACHMENTS FOR SECTION VII.B. RENEWAL

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By signing below, I attest that I am committed to supporting the tenets and requirements of the EMS Medical Director Program, and will notify the Bureau of EMS and Trauma System if information in this application changes.

<table>
<thead>
<tr>
<th>Physician Printed Name</th>
<th>Date:</th>
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<th>Physician Signature</th>
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Please Email Completed Applications To: Dr. David Harden, JD, NREMT hardend@azdhs.gov
REFERENCES


ACKNOWLEDGEMENTS

The Department of Health Services is grateful to the members of the EMS Medical Director Program Workgroup:

- Gail Bradley, MD, (Workgroup Co-Chair) Goodyear, Peoria, Sun City Fire Departments EMS Medical Director
- Franco Castro-Marín, MD, (Workgroup Co-Chair) Scottsdale Fire Department Medical Director
- Jonathon Maitem. DO, Honor Health Deer Valley Hospital Medical Director
- Garth Gemar, MD, Glendale Fire Department Medical Director
- Jason Johnson, MD, Summit Regional Medical Center Medical Director
- Joshua B. Gaither, MD, Associate EMS Medical Director, Banner University Medical Center – Tucson
- Toni Gross, MD, Emergency Department Physician, Phoenix Children’s Hospital

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- David Harden, JD, Strategic Planning & Communications Section Chief

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