

HUDSON VALLEY REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

By-Laws, Policies, and Procedures

Effective January 01, 2014



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HUDSON VALLEY REGIONAL MEDICAL ADVISORY COMMITTEE BY-LAWS

HVREMSCO BYLAWS

ARTICLE I: Name

The name of this organization shall be the Hudson Valley Regional Emergency Medical Advisory Committee (HVREMAC). The Hudson Valley Regional Emergency Medical Advisory Committee is a subcommittee of the Hudson Valley Regional Emergency Medical Services Council (HVREMSCO) established pursuant to Article 30 and Article 30 A of the New York State Public Health Law. It is comprised of representatives of organizations within the Emergency Medical Services (EMS) system of the Hudson Valley Region. It is established to provide medical guidance and advice on pre-hospital care and inter-facility transports to emergency care providers that operate in the Hudson Valley Region consisting of the six counties of Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster.

ARTICLE II: Purpose

The role and purpose of the Hudson Valley Regional Emergency Medical Advisory Committee includes, but is not limited to, the following:

- (i) to enhance and promote the highest quality of prehospital care for all patients in the Hudson Valley Region of New York State;
- (ii) develop policies, procedures, and triage, treatment, and transportation protocols which are consistent with the standards of the state emergency medical advisory committee and which address specific local conditions;
- (iii) develop a credentialing and continuing education process for physicians, physicians assistants, nurse practitioners and EMS personnel as appropriate;
- (iv) review the credentials of, and approve, physicians and those appropriate to provide on line medical control;
- (v) review the credentials of EMS personnel and approve those, as appropriate, to provide pre-hospital care
- (vi) review the credentials of physicians assistants and nurse practitioners and approve those, as appropriate, to provide continuing medical education to EMS personnel;
- (vii) coordinate the development of regional medical control systems;
- (viii) participate in quality improvement activities addressing system-wide concerns;
- (ix) to act as a body for representation regarding emergency medical care at the New York State Department of Health;
- (x) to provide a member of the Hudson Valley Regional Emergency Medical Advisory Committee as representation at the State Emergency Medical Advisory Committee.
- (xi) Develop a Regional Medical Control Plan that incorporates all of the above

ARTICLE III: Membership

The Hudson Valley Regional Emergency Medical Advisory Committee shall consist of Physician Emergency Department Director delegates from each recognized Medical Control facility in the Hudson Valley Region. The Hudson Valley Regional EMS Council shall appoint a Medical Director who shall sit as a voting member of the HVREMAC. The HVREMAC Chair-physician and the standing subcommittee Chair-physicians will be considered voting members if they are appointed and do not represent a Medical Control facility. Additionally, there shall be one (1) non-voting representative from the Westchester Regional Emergency Medical Advisory Committee. (Revised 3-13)

A designated alternate for each member is permissible provided that they are duly nominated by the constituent organization involved. Physician alternates must be physicians or independent licensed practitioners who fulfill the practice requirements set out in the appointment process of this document. The only voting members of the HVREMAC will be the physician representatives to the HVREMAC. Non-physician alternates of these physician members may not vote by proxy for the designated physician of the HVREMAC. (Revised 3-13)

ARTICLE IV: Standing Committees

Section One Standing Subcommittees

There shall be the following Standing Subcommittees – the members of which shall be appointed by the Chair of the HVREMAC:

- Evaluation Sub-committee
- Helicopter Sub-committee
- Protocol Sub-committee

The Chair and members of the Standing Subcommittees shall hold office at the pleasure of the Chair until their successors are appointed. The Chair of each subcommittee shall be a voting representative of the subcommittee, but not all of the members of the subcommittee need be voting representatives of the Regional Emergency Medical Advisory Committee provided, however, that a majority of each subcommittee shall be voting representatives of the Regional Emergency Medical Advisory Committee unless otherwise provided herein. Unless otherwise provided herein, a subcommittee shall consist of at least four (4) or more members; three (3) members thereof shall constitute a quorum for the transaction of business.

HVREMAC BYLAWS

The Chair, with the approval of HVREMAC, shall establish Ad Hoc Committees as needed. The Chair, with the approval of HVREMAC, shall prospectively define the scope of activity and function of service of all Ad Hoc Committees. Representation on HVREMAC Committees shall be inclusive of all pre-hospital care sectors, as appropriate.

Section Two Evaluation Subcommittee

The mission of the Evaluation Subcommittee shall be to monitor and address quality improvement issues regarding prehospital care in the region. This subcommittee has the authority and confidentiality under the auspice of Quality Improvement to gather data necessary to review clinical care issues, and make appropriate determinations, in the region. This subcommittee shall meet at least quarterly at a place determined by the Chair of this subcommittee. The Subcommittee will formulate reports and recommendations on these issues and report back directly to the Hudson Valley Regional Emergency Medical Advisory Committee at the next Regional Emergency Medical Advisory Committee meeting.

Section Three Helicopter Subcommittee

The mission of the Helicopter Subcommittee shall be to address all issues of pertinence regarding the utilization of aeromedical resources throughout the Hudson Valley Region. The subcommittee will assist with the research, development and promulgation of guidelines for helicopter utilization as well. The Subcommittee will meet quarterly, or as often as issues dictate. The subcommittee will formulate reports and recommendations on pertinent issues and report back directly to the Hudson Valley Regional Emergency Medical Advisory Committee at the next Regional Emergency Medical Committee meeting.

Section Four Protocol Subcommittee

The mission of the Protocol Subcommittee will be the development, review and update of the Advanced Life Support protocols that guide the pre-hospital care to be provided by ALS providers in the Hudson Valley Region. This committee will also focus on medical control issues related to the 911 Emergency Response System and Specialty Referral Centers within the 911 Emergency Response System.

HVREMAC BYLAWS

ARTICLE V: Meetings

Meetings of the Hudson Valley Regional Emergency Medical Advisory Committee and its subcommittees shall occur not less than four times annually or as frequently as business may require. A calendar of meetings shall be distributed at the beginning of each year.
(Revised 3-13)

Only physician representatives as defined in Article III Membership (of this document) are eligible to vote. Voting is limited to one vote per recognized Medical Control facility. Designated physician alternates shall be counted as voting members for the purposes of quorum when their principal is not present. However, if the designated physician alternate is not a physician, they may not vote. All issues shall be decided by a simple majority of those present and voting, provided that a quorum is present. (Revised 3-13)

A quorum shall consist of 50% of the physician representatives of the Membership of the REMAC, but shall never be less than six (6). All votes shall be voice votes, unless a written vote is requested by a member of the HVREMAC. The Chair shall be empowered to allow for a written ballot in the event that a quorum cannot be achieved for two (2) successive meetings, when so directed by the membership of HVREMAC.
(Revised 3-13)

For procedural issues that may arise during the regular activity of the HVREMAC that are not covered by these Bylaws, Robert's Rules of Order will be used.

Members of the Hudson Valley Regional Emergency Medical Advisory Committee shall receive no compensation for their participation at the meetings.

ARTICLE VI: Code of Ethics

Members of the Hudson Valley Regional Emergency Medical Advisory Committee shall comply with Section 74 (Code of Ethics) of the New York Public Officers Law. No member of the committee should have any interest, financial or otherwise, direct or indirect, or engage in any business or transaction or professional activity or incur any obligation of any nature, which is in substantial conflict with the proper discharge of his or her duties as a Committee member. Members should exercise their duties and responsibilities as Committee members in the public interest of the inhabitants of the State, regardless of their affiliation with, or relationship to, any facility, agency or program, category of provider, or interest group. The principles, which should guide the conduct of Committee members include, but are not limited to, the following:

- A) A Committee member should endeavor to pursue a course of conduct which will not raise suspicion among the public that he or she is likely to be engaged in acts that are in violation of his or her trust as a Committee member.
- B) No Committee member should permit his or her employment to impair his or her independence of judgment in the exercise of his or her duties as a Committee member.
- C) No Committee member should disclose confidential information acquired by him or her in the course of his or her duties as a Committee member or, by reason of his or her position as a Committee member, use such information to further his or her personal interest.
- D) No Council member should use or attempt to use his or her position as a Committee member to secure unwarranted privileges or exemptions for himself or herself or others.
- E) No Committee member should engage in any transaction as a representative or agent of the State with any business entity in which he or she has direct or indirect financial interest that might reasonably tend to conflict with the proper discharge of his or her duties as a Committee member.
- F) A Committee member should refrain from making personal investments in enterprises which he or she has reason to believe may be directly involved in decisions to be made by him or her as a Committee member or which will otherwise create substantial conflict between his or her duty as a Committee member to act in the public interest and his or her private interest.

ARTICLE VII : Conflict of Interest

Pending Regulations and Policy Matters

- A) Disclosure at Committee Meetings:** When a member of the committee or a subcommittee of the committee or his or her family has an interest, financial or otherwise, whether as owner, officer, director, fiduciary employee, consultant or supplier of goods or services to an EMS agency or program, the status of which might reasonably be affected by a regulation or policy matter which is before the committee, or when a member has an interest or association which might reasonably be construed as tending to embarrass the committee or subcommittee or elicit public suspicion that he or she might be engaged in acts in violation of his or her trust, he or she shall, at the time of formal consideration of such regulation or policy matter by the committee, disclose such interest or association to the committee so that the committee is fully aware of such member's interest or association. A committee member who discloses such interest or association may, but shall not be required to, abstain from participation in the discussion of, or vote on, such policy matters at the committee meeting. For the purposes of this Article, "family" shall include a spouse, children under 21 years of age, and any other relative in the member's household.
- B) Disclosure of Committee Actions and Possible Conflicts at Committee Meetings:** When the Chairperson of any committee which considered a regulation or policy matter reports the committee's deliberations and recommendations to the committee, the committee Chair shall indicate in the report all interests or associations disclosed by committee members and state how such members voted with respect to the committee's recommendations. A committee member who discloses such interests or association may, but shall not be required to, abstain from participation in the discussion of, or vote on, such regulations or policy matter at the committee meeting.
- C) Disclosure and Possible Disqualification.** When a matter is before the committee and a member has any interest or association which might reasonably be construed as tending to embarrass the committee or elicit public suspicion that he or she might be engaged in acts in violation of his or her trust as a Committee member, he or she shall, at the time of formal consideration of such matter by the Committee, disclose such interest or association so that the Chairperson and, if necessary, the Committee can then determine whether his or her participation in the discussion of such matter or the vote of the Committee thereon would be proper.

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- D) Procedure:** After a motion is made concerning a matter and prior to discussion or vote, and at the request of the Chairperson, the committee members shall disclose all actual or potential conflicts and, when appropriate, explain the conflicts. In the case of conflicts constituting Possible Disqualification, the Chair shall rule upon such conflicts subject to appeal by motion to the Committee which may override the Chairperson's decision by the affirmation vote of a majority of those present, excluding those members who are the subject of the vote.

ARTICLE VIII: Amendments

These By-Laws may be amended by two thirds of the voting members of the Hudson Valley Regional Emergency Medical Advisory Committee, provided that the amendments have aged at least one meeting of the Hudson Valley Regional Emergency Medical Advisory Committee, and that the members of the Hudson Valley Regional Emergency Medical Advisory Committee have been notified at least ten (10) days in advance of the regularly scheduled meeting of the Hudson Valley Regional Emergency Medical Advisory Committee at which the amendments are to be considered.

ARTICLE IX: Process / Reporting Relation of HVREMAC

Hudson Valley Regional Emergency Medical Services Council. Decisions on medical matters made by REMAC will be sent to the Hudson Valley Regional EMS Council for advisement and information purposes only.

State Emergency Medical Advisory Committee (SEMACE). HVREMAC shall report to the State Emergency Medical Advisory Committee as required by Statute.

ARTICLE X: Attendance

Attendance is imperative for the HVREMAC to meet its statutory obligations. Therefore, HVREMAC members shall endeavor to attend all scheduled HVREMAC meetings. Delegates of the HVREMAC unable to attend a scheduled meeting shall arrange to have their designated alternate attend in their stead. Notification of the delegate's absence and designation of an approved alternate must be made to the Regional Office as soon as possible.

If, for some unforeseen reason either a physician representative or his/her alternate are unable to attend a scheduled HVREMAC meeting, notification must be made to the Regional office prior to the start of said meeting. If two meetings are missed, consecutive or otherwise, by a specific physician representative and/or his/her designee, said representative will be issued notification from the HVREMAC stating that a third absence, consecutive or otherwise, will result in a disqualification of HVREMAC privileges. If three meetings in a calendar year are missed by a specific physician representative and/or his/her designee, a letter will be generated and sent to the physician representative's sponsoring facility requesting designation of a replacement. The HVREMAC quorum will decrease by one person until the sponsoring facility designates a replacement delegate.

ARTICLE XI: Construction and Severability

If any part of these Bylaws is in conflict with Statute, the Statute shall prevail. If any part of these By-Laws is found to be in conflict with statute by a court of competent jurisdiction, the remainder shall stand.



HUDSON VALLEY REGIONAL MEDICAL ADVISORY COMMITTEE

MEDICAL CONTROL PLAN

SECTION 1: Introduction/ Overview

The Hudson Valley Regional Emergency Medical Advisory Committee (HVREMAC) serves as a standing committee of, and under the authority of, the Hudson Valley Regional EMS Council (HVREMSCO) in accordance with Article 30 of the New York State Public Health Law.

It functions in the geographical area encompassed by that regional council, and includes the counties of Dutchess, Orange, Putnam, Rockland, Sullivan, and Ulster.

This Medical Control Plan has been formulated in order to ensure the continuity of high-quality prehospital emergency medical care in this six-county area.

SECTION 2: Definition of Medical Control and Statement of Purpose

Medical Control is (a) the advice and direction provided by a physician or under the direction of a physician, as defined by NYS Policy statement 11-05 Medical Control and Oversight or its successors, to certified first responders, emergency medical technicians or advanced emergency medical technicians who are providing medical care at the scene of an emergency or en route to a health care facility and (b) indirect medical control including the written policies, procedures, and protocols for pre-hospital emergency medical care and transportation developed by the state emergency medical advisory committee, approved by the state council and the commissioner and implemented by the regional medical advisory committees.¹

All aspects of the organization and provision of basic (including first responder) and advanced life support emergency medical services (EMS), require the active involvement and participation of physicians. Furthermore, every pre-hospital service that provides any level of life support must have an identifiable EMS Service Medical Director as per NYS Policy to ensure quality patient care.

- Refer to NYS Policies
 - 11-03; Providing Medical Direction
 - 11-05; Medical Control and Oversight

¹ NY State Department of Health-Policy Statement 95-1, "Providing Medical Control", May 1995.

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Additional responsibilities include involvement with design, operation, evaluation and ongoing revision of the system including initial patient access, dispatch, pre-hospital care, and delivery to the emergency department.²

Every EMS service that provides emergency medical services in the area(s) served by the Hudson Valley Regional EMS Council must select and identify a service medical director, as per NYS Policy, who has been approved by the HVREMAC as having met the appropriate qualifications as per the policies and procedures. The service medical director is directly responsible for the medical care provided by the certified EMS personnel of that EMS service, and provides and participates in the EMS service's quality improvement program. This is in accordance with Part 800 of the New York State Department of Health (DOH) Rules and Regulations and Article 30 of the New York State Public Health Law.

For all inter-facility transfer of patients, patient care is the direct responsibility of the referring hospital and transferring physician.

SECTION 3: Classification of Levels of Pre-Hospital Emergency Medical Care

The Hudson Valley Regional EMS Council recognizes the following classifications;

1. Certified First Responder / Emergency Medical Responder
2. Emergency Medical Technician – Basic
3. Emergency Medical Technician Critical Care – AEMT
4. Emergency Medical Technician – Paramedic

² American College of Emergency Physicians, "Medical Direction of Emergency Medical Services", September 1997.

SECTION 4: Requirements and Recommendations for Hudson Valley Regional Emergency Medical Care Providers

- 1. Certified First Responder / Emergency Medical Responder:**
 - A. Required to meet and maintain all qualifications and competency areas as required by the New York State DOH policy statement 00-09 and part 800 of the EMS code

- 2. Emergency Medical Technician Basic:**
 - A. Required to meet and maintain all qualifications and competency areas as required by the New York State DOH policy statement 00-10 and part 800 of the EMS code
 - B. Required to maintain appropriate HVREMAC credentials for ancillary skills

- 3. Emergency Medical Technician Critical Care / AEMT:**
 - A. Required to meet and maintain all qualifications and competency areas as required by the new York State DOH policy statement 00-10 and part 800 of the EMS code
 - B. Required to maintain current HVREMAC credentials;
 - C. The AEMT/CC level is mandated to utilize a two tiered (AEMT-P) response system with simultaneous dispatch

- 4. Emergency Medical Technician Paramedic:**
 - A. Required to meet and maintain all qualifications and competency areas as required by the New York State DOH policy statement 00-10 and part 800 of the EMS code
 - B. Required to maintain current HVREMAC credentials

SECTION 5: Procedure: HVREMSCO Authorization to Provide Advanced Life Support (ALS) Services

1. Any and all EMS agencies that are interested in providing Advanced Life Support (ALS) services must submit a written request for an application, including contact information for the service's executive officer and medical director, to the HVREMSCO office;

HVREMAC MEDICAL CONTROL PLAN

2. Upon receipt of the written request at the HVREMSCO office, the EMS Agencies' Executive Officer and Medical Director will each be contacted by the HVREMSCO office to attend a meeting with the HVREMSCO Executive Director at which time they will be provided with the appropriate instructions and application packet (see addendum);
3. After receiving the application packet, the service's Medical Director will be required to contact the Executive Director within 60 days to acknowledge the service's intent to proceed with the process;
4. Completed applications must be sent by certified mail to the Hudson Valley Regional EMS office, along with all supporting documentation (including point I, J, and K of section 6), and must contain a written explanation of how the service will meet all of the requirements for an ambulance service to provide ALS services (points A-K of Section 6);
5. Upon receipt of the application the Hudson Valley Regional EMS office staff shall review the application for completeness.
 - Incomplete applications shall be returned by certified mail to the applicant within 15 days, along with an explanation of any incomplete findings. The applicant will have 60 days from the date of the certified return receipt to amend/correct the application. Failure to complete the necessary corrections, and resubmit it to the HVREMSCO, in 60 days will automatically void the application, and the applicant must initiate a new application as previously identified.
 - When applications are deemed complete, the HVREMSCO executive director shall ensure that the following steps are initiated immediately;
6. The HVREMAC Chairperson in conjunction with the HVREMSCO Medical Director and Executive Director will appoint an unbiased Technical Advisory Group (TAG) to evaluate and verify all submitted information. After the TAG has had the opportunity to meet and verify all information submitted by the applicant, the TAG shall notify the HVREMSCO as follows:
 - That the application and all submitted information and documentation has been verified for accuracy and may move forward for a public hearing; or
 - That the application, or parts thereof, have inaccurate or insufficient information that does not allow it to be moved forward to the hearing phase, and needs to be addressed further by the applicant.

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7. The HVREMSCO office will send appropriate notification of a public meeting regarding the possible ALS upgrade to all identified EMS services authorized by the New York State Department of Health to operate within the territory that the upgrading service is applying for. The TAG will accept testimony from anyone present, and written supporting documentation from all parties for a period of 30 days from the date of the meeting.

It is the intent of the application process and public meeting to obtain information from an EMS system perspective from those who are directly involved with the provision of pre-hospital emergency care in the specific geographical location that is involved, and to evaluate the potential impact of the application either positively or negatively to the present EMS system. Statements of want, desire, feeling or other unsubstantiated sentiment are not acceptable, and will not determine the outcome of the application.

- After the conclusion of the 30 day period the EMS Agency's Executive Officer and Medical Director will be required to meet with the HVREMAC TAG to address any identified areas of interest;
- Upon completion of the evaluation process, the HVREMAC TAG will report their findings and make a formal recommendation to the HVREMAC at the next appropriate HVREMAC meeting;
- The HVREMAC will then conduct an official vote to approve or deny the application; the results of the HVREMAC vote, whether to approve or deny the application, will then be forwarded as a seconded motion to the HVREMSCO for consideration.
- All approvals to upgrade to an ALS level service will be granted for a one year provisional period and are subject to a mandatory HVREMAC review that will be conducted in six (6) months and again at one (1) year after the date of approval. Based upon the results of both of the mandatory reviews previously mentioned, the HVREMAC will then determine if the service's ALS approval will be granted permanent status, and will forward their recommendation to the HVREMSCO for their permanent consideration.

SECTION 6: Requirements for Hudson Valley Regional Advanced Life Support Services

- A. Must meet all of the requirements of New York State Emergency Medical Services Code Part 800.5;
- B. Must offer ALS service seven days a week, twenty-four hours a day appropriate to the highest level of ALS service authorized to provide. Services entering into agreements with secondary ALS Services to cover their operating area when temporarily unavailable (e.g., all ALS units operating on calls, multiple ALS patients, mechanical failure) must submit a copy of the agreement to the HVREMAC for review. All instances of an inability to provide continuous ALS coverage must be documented by the ALS Service and reported to the HVREMAC immediately following the lapse of coverage;
- C. Services with a level of pre-hospital emergency medical care classification below Paramedic must utilize a Paramedic two-tiered priority response system with a simultaneous dispatch system;
- D. Must utilize and adhere to current HVREMAC and New York State Department of Health approved triage, treatment, and transportation protocols, procedures, and standards of care;
- E. Must coordinate direct medical control with an authorized Hudson Valley Regional Medical Control Hospital;
- F. Must identify an authorized HVREMAC approved Medical Director to oversee service operations;
- G. Must participate in the HVREMSCO Quality Improvement Program and Continuing Medical Education Program;
- H. Must maintain appropriate and current State and Regional certifications and requirements for all personnel, services, and equipment;
- I. Must submit documentation of a valid New York State Department of Health Ambulance Certification;
- J. Must submit documentation of, and maintain, an approved New York State EMS Code Part 80 Plan (EMT-CC and EMT-P Services Only);

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- K. Must include a copy of the service's registrations with the NYS DOH CLEP program for Blood Glucometry, which must be signed by the same physician that signs the service's New York State Emergency Services Code Part 80 agreement.

NOTE: If at any time an ALS service cannot meet any of the above listed requirements, the ALS service must immediately notify the HVREMAC in writing. Upon review of the matter, the HVREMAC will determine if a temporary re-classification of ALS service status is necessary.

GUIDELINES TO OBTAIN HVREMSCO AUTHORIZATION TO PROVIDE ADVANCED LIFE SUPPORT SERVICES

In accordance with the HVREMAC Medical Control Plan, agencies interested in providing ALS services within the Hudson Valley Region must submit each of the following:

1. Completed application that contains all pertinent agency information (Attached).
2. Completed Advanced Life Support Services Agreement (Attached).
3. Completed Medical Director Participation Agreement (Attached).
4. Completed Affirmation of Fitness and Competency (DOH 3778) (Attached)
 - a. The application shall attest to the competency and fitness of the applicant(s) and/or officers of the corporation. An affirmation of Competency and Fitness (DOH-3778) shall be provided.
 - b. For the purposes of fitness and competency review, the applicant must include personal information to include, but not be limited to current resume/curriculum vitae, home address, and date of birth and social security number. ***This information will not be maintained in any files or be discoverable and will be destroyed once the determination has been made.***
5. Completed Emergency Medical Services System Analysis for ALS Upgrades, including all supporting documentation (Attached).

HVREMAC MEDICAL CONTROL PLAN

6. Written explanation indicating how the service will satisfy all of the requirements of Points A-H as outlined in Section 6 of the HVREMAC Medical Control Plan (Attached).
7. The REMSCO has established a Uniform and Non-Waivable fee to be received with each application. This fee reflects the direct and real costs of the application review, the process of public notice, and the hearing. The initial fee of \$4,000.00 must accompany the initial application when submitted to the REMSCO.
 - a. Any unused funds will be returned to the applicant with the detail of the expenditures.
8. The applicant shall demonstrate sufficient knowledge of the EMS system in the area to be able to describe the **positive and negative** impact the proposed agency shall have on the area and providers. The applicant shall submit a detailed narrative with assumptions, rationale and justifications to be appended to the application detailing overall impact on the following:
 - a. All existing ambulance and or emergency medical services within the proposed area in terms of but not limited to:
 - response time (time the call was received to time on the scene);
 - staffing;
 - level of service;
 - call volume for the past 12 months and the anticipated call volume for first 12 months of operation;
 - mutual aid;
 - quality assurance;
 - medical direction;
 - protocols;
 - ability and quality of existing services;
 - financial impact and any adverse impact the proposed service will have on existing services.
 - b. A description of the EMS system in the area of potential impact:
 - Provide a full description of the EMS system;
 - All existing EMS agencies, hospitals and other institutions that generate an EMS response;
 - Include participation agreements, mutual aid, and actual and projected response times for the proposed ALS agency and the existing ALS agencies for the past and next 12 months;

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- The description must also include:
 - Communications system interface;
 - Medical direction and control;
 - Proposed services impact, positive & negative on the community;
 - Impact on patient care and recruitment & retention of EMS personnel and;
 - Any possible economic benefit and improvements in service to be anticipated from the applicants operation.
9. Documentation of a valid New York State Department of Health Ambulance Certification.
10. The applicant shall include the Certificates of Incorporation, 'Doing Business As' (DBA), and ownership from the issuing government.
- The application must include a complete listing of all shareholders, principal owners and operators of the EMS service.
 - The application must include the detailed experience of the individuals who are or will be operating the Advance Life Support Service.
11. Complete Financial Information
- The application shall describe the initial source of funds, the adequacy of sources of future revenue and shall provide a first year budget for the proposed service in enough detail to allow a reasonable assessment of the financial stability of the applicant to provide the proposed service and the financial feasibility of the proposal.
 - The applicant shall provide taxpayer federal identification number issued to the organization.
12. Documentation of an approved New York State EMS Code, Part 80 Plan (EMT-CC and EMT-P services only).

Note: Upon receipt of this application the Service's Medical Director must contact the HVREMSCO Medical Director and/or Executive Director within 60 days to acknowledge the Service's intent to proceed with the upgrade process.

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APPLICATION FOR AN AMBULANCE SERVICE TO UPGRADE TO AN ADVANCED LIFE SUPPORT (ALS) SERVICE

Application must include a written explanation indicating how the service will satisfy all of the requirements as outlined in Section 6 of the HVREMAC Medical Control Plan (Attached) and must be submitted to the HVREMSCO Office.

NAME OF AMBULANCE SERVICE:

NAME OF CHIEF OPERATIONS OFFICER(S):

ADDRESS:

COUNTY:

Street / PO Box

City / State / Postal Zip Code

TELEPHONE NUMBER:

FAX NUMBER:

PROPOSED AREA OF OPERATION:

PROJECTED DATE OF ALS OPERATION:

PROPOSED LEVEL OF ALS SERVICE (CHECK ALL THAT APPLY):

() EMT-Intermediate () EMT-Critical Care () EMT-Paramedic

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The undersigned acknowledges that he/she has received and read the HVREMAC Medical Control Plan and certifies to the accuracy of the information contained on this agreement and within the attachments.

Service's Executive Officer:

Printed Name

Signature Date

Service's Medical Director:

Printed Name

Signature Date

ADVANCED LIFE SUPPORT SERVICES AGREEMENT

This Agreement, dated _____ (*Insert Date*) by and between The Hudson Valley Regional Emergency Medical Services Council, Inc. (Hereinafter HVREMSCO) and _____ (*Insert Name of Applying Ambulance Service*) (Hereinafter the Agency). Whereas, the Agency desires to participate in and associate with the HVREMSCO as an Advanced Life Support Service and the HVREMSCO desires participation and association with said Agency, it is hereby agreed, in consideration for participation and association with said system as follows: Said Agency shall, as an Advanced Life Support Service, associated and participating in and/or with the HVREMSCO agrees to the following:

1. To maintain a valid New York State Department of Health Ambulance Certification;
2. To maintain an approved New York State EMS Code Part 80 Plan (EMT-CC and EMT-P Services Only);
3. To meet all requirements of the New York State EMS Code Part - 800.5;
4. To offer ALS service seven days a week, twenty four hours a day appropriate to the highest level of ALS service authorized to provide;
5. To utilize an AEMT-P (Paramedic) two-tiered priority response system with a simultaneous dispatch system if authorized to provide a level of pre-hospital emergency medical care classification below an AEMT-P (Paramedic) as indicated on page 5, section 6 of the HVREMSCO Medical Control Plan;
6. To utilize and adhere to current HVREMAC and New York State Department of Health approved triage, treatment, and transportation protocols, procedures, and standards of care;
7. To coordinate direct medical control with an authorized Hudson Valley Regional Medical Control Hospital;
8. To identify an authorized HVREMAC approved Medical Director to oversee service operations;
9. To participate in the HVREMSCO Quality Improvement Program and Continuing Medical Education Program;

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- 10. To maintain appropriate and current State and Regional certification and requirements for all personnel, services, and equipment;
- 11. Understand that an individual or agency's privilege to provide Advanced Life Support Services may be revoked or suspended at any time by the HVREMAC.
- 12. To immediately notify the HVREMAC in writing any significant management change.
- 13. To immediately notify the HVREMAC in writing and request a temporary re-classification of ALS services, if at any time the ALS service cannot meet any of the above listed requirements.

Service's Executive Officer:

Printed Name

Signature

Date

Service's Medical Director:

Printed Name

Signature

Date

HVREMSCO Medical Director:

Printed Name

Signature

Date

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MEDICAL DIRECTOR PARTICIPATION AGREEMENT

As a Physician licensed by New York State, I

(Physician's Name)

Agree to serve as the Medical Director in charge of the oversight and coordination of all pre-hospital medical care provided by the New York State certified and Hudson Valley Regional Medical Advisory Committee (HVREMAC) credentialed Emergency Services personnel who are affiliated with the:

(Ambulance Service Name)

I assure that the above listed agency's provision of pre-hospital care will conform to New York State and HVREMAC approved triage, treatment, and transportation protocols. I will not be responsible for actions that may result in death or injury from gross negligence or deviation from current accepted protocols or standards by the provider.

I acknowledge my familiarity with New York State and HVREMAC approved triage, treatment and transportation protocols, medical control plan, training procedures and quality improvement policies and procedures and will expect the above agency's personnel to adhere to these guidelines for pre-hospital emergency care as required by the HVREMAC.

In conjunction with the HVREMAC, I will serve as the medical resource for continuing medical education (CME) and quality control of all pre-hospital emergency medical care. If I am unable to continue to serve as the Medical Director for the above listed agency, I will notify the HVREMAC in writing within 30 days.

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I have read the above information and will follow these guidelines as written.

Printed Name

Signature

Date

Address

City / State / Postal Zip Code

Telephone:

(Home): _____

(Work): _____

(Mobile): _____

(Fax): _____

E-mail:

SECTION 7: Classification of Hospitals

The HVREMSCO has divided participation of area emergency departments/services in pre-hospital medical control activities into two categories, Receiving Hospital, and Medical Control Hospital.

It is expected, however, that all hospitals with emergency departments/services receiving patients by ambulance will assume the responsibility of assuring familiarity of their medical and nursing staff with pre-hospital capabilities and levels of care, and cooperation with regional systems planning and development, Quality Improvement activities, etc.

Medical Control Hospitals within the HVREMSCO Region:

Dutchess County		Orange County	
Northern Dutchess Hospital		Bon Secours Community Hospital	
St. Francis Hospital and Healthcare Center		Orange Regional Medical Center	
Vassar Brothers Medical Center		St. Anthony Community Hospital	
		St. Luke’s Cornwall Hospital-Newburgh Campus	
Putnam County		Rockland County	
Putnam Hospital Center		Good Samaritan Hospital	
		Nyack Hospital	
Sullivan County		Ulster County	
Catskill Regional Medical Center		Health Alliance of the Hudson Valley	

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Medical Control Hospitals Outside of the HVREMSCO Region:

Western Connecticut	Westchester County
Sharon Hospital	Hudson Valley Hospital Westchester Medical Center

NOTE: The listed hospitals that are outside of the HVREMSCO region have been authorized by the HVREMAC to provide direct / online medical control due to geographical variables and transportation concerns in each hospitals respective location.

Receiving Hospitals (Non-Medical Control) within the HVREMSCO Region:

Orange County	Ulster County
St. Luke's Cornwall Hospital (Cornwall)	Ellenville Regional Hospital

SECTION 8: Receiving Hospital – Definition, Recommended Roles and Responsibilities

A Receiving Hospital is an emergency department/service as defined under section 405 of the NYS hospital code that works in cooperation with Medical Control Hospitals to carry out systems implementation. It accepts and treats patients via EMS services that have been treated by EMS personnel under indirect/offline medical control and or from direct/online medical control from a designated Medical Control Hospital. Although Receiving Hospitals do not provide ALS on-line direction, exceptions may have to be made under rare circumstances such as multiple casualty incidents, communications failures, etc. Receiving Hospitals do cooperate in providing on-line medical direction to BLS providers, as needed within the established guidelines of Regional and State BLS protocols.

Functions of a Receiving Hospital:

1. Emergency department receiving and stabilization of ill or injured patients;
2. Participation in EMS training where appropriate;
3. Data collection and quality improvement activities as designated by part 405.19 item (f) of the NYS-Hospital Minimum Standards Code (NYS Hospital Code);
4. Participation in EMS system review and planning.

A Receiving Hospital will meet the following criteria:

1. Have an emergency department meeting all standards for emergency department/service as defined in Section 405 of the NYS Hospital Code;
2. Accept patients requiring BLS and or ALS services who may have received EMS care under physician direction originating from a medical control hospital;
3. Maintain, at a minimum, VHF/EMS Radio Base station and compatible telephones connected to regional communications systems to communicate with BLS and ALS units and medical control hospitals;
4. Assume the responsibility for the care and maintenance of necessary communications equipment within the institution;
5. Transfer patients when indicated according to established triage and transfer guidelines;
6. Familiarize staff members with approved Regional and State protocols;
7. Replace, on a one-for-one basis, non-pharmaceutical medical supplies used by field units for those patients brought to that facility;

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8. Provide training opportunities to enhance EMS training and continuing medical education programs;
9. Coordinate quality improvement activities as defined in Part 405.19 item (f) of the NYS Hospital Code with the HVREMAC and the HVREMAC Quality Improvement Committee;
10. Provide on-line medical direction for BLS agencies that transport patients to their facility and to area BLS First Responder units as appropriate;
11. Participate in local and or regional EMS planning activities as appropriate.

A Receiving Hospital must designate an emergency department staff physician (preferably the emergency department medical director) who will be responsible for coordinating the pre-hospital EMS aspects of the emergency department/service. This physician shall have a strong commitment and dedication to the support and improvement of the pre-hospital EMS environment.

This physician and or physician designee will assume overall responsibility for carrying out the duties of the Receiving Hospital. In addition, he/she will also assume the following responsibilities:

1. Participate as a member of the appropriate county medical advisory committee;
2. Participate in educational programs and provide clinical internship for EMS providers as appropriate;
3. Direct quality improvement activities in the emergency department as they relate to pre-hospital EMS;
4. Coordinate the provision of medical direction for BLS providers that transport patients to their facility.

NOTE: Receiving Hospitals may request a designation as a Medical Control Hospital by satisfying the criteria for a Medical Control Hospital and submitting a written proposal for designation as a Medical Control Hospital to the HVREMAC. This proposal must include a description of the hospital's service area, population, and emergency department volume. This proposal will also address all of the components required of a Medical Control Hospital and explain how the hospital intends to meet these requirements. The HVREMAC will appoint a subcommittee to review the proposal and make recommendations to the HVREMAC, which will make its recommendation to the HVREMSCO for approval of medical control designation.

SECTION 9: Medical Control Hospital – Definition, Roles and Responsibilities

A Medical Control Hospital is an emergency department/service as defined under Section 405 of the NYS Hospital Code, which provides on-line ALS and BLS physician direction for patients that require transportation to that facility or to a Receiving Hospital.

A Medical Control Hospital must meet the following criteria:

1. All of the components of the Receiving Hospital;
2. Designate a HVREMAC credentialed physician medical director to be in charge of overall coordination of medical control in that facility (See Qualifications and Responsibilities); the physician medical director is responsible for ensuring all medical control orders are delivered by HVREMAC credentialed physicians.
3. Must have a physician staff member, HVREMAC credentialed and authorized by the Medical Control facility to provide medical control, who is on-site and available 24 hours a day; and to utilize their medical control identifier in each instance medical control orders are provided;
4. Provide on-line physician direction for pre-hospital ALS management of patients requiring transport to a Medical Control Hospital or Receiving Hospital;
 - a. Medical Control Hospitals will notify Receiving Hospitals of medical control orders provided for patients being transported to their facilities.
5. Maintain VHF, UHF (if indicated by local EMS communication center) communication capabilities and telemetry receiving capabilities;
6. It is strongly recommended that all communications related to ALS calls be recorded, including telemetry;
7. Allocate the Medical Control Director and Physicians the time and resources to perform their required Medical Control duties;
8. Offer protocol driven Medical Control Contact Hours to EMS personnel on a quarterly basis, at a minimum. See appendix.
9. In order to maintain HVREMAC status as a Medical Control Facility the hospital must maintain a current HVREMAC credentialed physician medical director. In the absence of a HVREMAC credentialed physician medical director the HVREMAC will re-designate the hospital as a HVREMAC Receiving Facility.
10. Notify the HVREMAC of any HVREMAC credentialed staff member changes.
11. Recommended participation in the HVREMAC Shadow Program.

SECTION 10: Medical Control Hospital Medical Control Director: Definition and Qualifications

Each Medical Control Hospital is to identify one physician as the Medical Control Director whose duty is the overall coordination and medical accountability of the medical control system in his/her facility. The Medical Control Director is responsible to the Regional Medical Director for all functions of the medical control system in that hospital.

Qualifications of a Medical Control Hospital Medical Control Director are as follows:

1. A New York State licensed physician who is currently practicing emergency medicine and has completed residency training³;
2. Must be board certified in Emergency Medicine, or have current ACLS and ATLS certification.
3. HVREMAC credentialed and familiar with EMS system configuration, and communication;
4. Have a thorough knowledge of and strong dedication to the support and improvement of emergency medical services.

SECTION 11: Medical Control Hospital Medical Control Director: Responsibilities

The Medical Control Hospital Medical Control Director will:

1. Maintain HVREMAC Medical Control Credentials;
2. Maintain Knowledge levels appropriate for a Medical Control Hospital Medical Control Director, through continued education, as required by the Hudson Valley REMAC and NYS DOH;
3. Become a member of the HVREMAC and participate regularly at scheduled meetings and on its subcommittees or by a chosen designee;
4. Set and ensure compliance with patient care standards including communication standards as well as dispatch and medical protocols;

³ In any out of State Hospital, that is approved by HVREMAC to provide Medical Control, the physician must be a licensed physician in that State.

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5. Ensure adequate training and familiarity of all emergency department physician and nursing staff with:
 - a. Pre-hospital medical control system and issues;
 - b. Training and responsibilities of all levels of pre hospital EMS providers;
 - c. Quality improvement concerns;
 - d. NYS BLS protocols and HVREMAC protocols;
 - e. Pre-hospital/hospital interface and cooperation;
6. Develop and implement an effective quality improvement program for continuous system and patient care improvement;
7. Direct and facilitate an on-going review of the medical control system and quality improvement program. Mediate pre-hospital issues and problems concerning medical control, as appropriate;
8. Participate and/or designate medical control physicians, physician assistants, or nurse practitioners to participate on local EMS agency quality improvement committees to assist such agencies with fulfilling their requirements as indicated in New York State Public Health Law Article 30, Section 3006;
9. Report any EMS personnel or ALS Agency complaint, protocol violations or lack of cooperation with other aspects of medical control and or quality improvement activities, to the HVREMSCO Executive Director as established in HVREMSCO protocols;
10. Ensure the qualifications of EMS personnel involved in patient care and dispatch are maintained on an ongoing basis through education, testing, and credentialing;
11. Ensure that HVREMSCO / NYS protocols and appropriate policies are made immediately available at the medical control telephone / radio base station.

SECTION 12: Medical Control Physician: Definition and Qualifications

The Medical Control Physician's primary role is to provide medical direction and advice to EMS personnel who are providing medical care at the scene of an emergency or enroute to a health care facility. Additionally, Medical Control Physicians review the quality of patient care that is being performed to identify areas of improvement or excellence.

Qualifications of a Medical Control Physician are as follows:

1. A New York State licensed physician who is currently practicing emergency medicine⁴.
2. Credentialed by the HVREMAC.
3. Affiliated with a HVREMAC Medical Control Facility.
4. Expertise with HVREMSCO/NYS triage, treatment and transportation protocols;
5. Knowledge of the design and operation of the Medical Control System;
6. Must be board certified in Emergency Medicine, or have current ACLS and ATLS certification.
7. Familiar with EMS system configuration and communication;
8. Have a thorough knowledge of and strong dedication to the support and improvement of emergency medical services.
9. Active involvement and knowledge of continuous quality improvement activities;
 - a. Trained in and thoroughly familiar with:
 - i. Communication systems;
 - ii. EMS levels of training and responsibilities;
 - iii. Responsibilities of a Medical Control Physician

⁴ In any out of State Hospital, that is approved by HVREMAC to provide Medical Control, the physician must be a licensed physician in that State.

SECTION 13: Medical Control Physician: Responsibilities

The Medical Control Physician will:

1. Maintain Hudson Valley REMAC Medical Control Credentials;
2. Maintain knowledge levels appropriate for a Medical Control Physician, through continued education, as required by the Hudson Valley REMAC and NYS DOH;
3. Determine the patient's choice of medical facility and determine if patient's status permits transport to the facility of choice, or if the patient should be directed to a different, more appropriate facility. See appendix (A) for a list of current capabilities of hospitals within the HVREMAC system.
4. When a patient treated under Medical Control direction by the facility is being transported to any other hospital facility, the Medical Control Physician must notify the receiving hospital of the following:
 - a. Patient's presenting problem and work-up;
 - b. Medical control orders given to the ALS provider;
 - c. All BLS and ALS treatment done for the patient under standing orders or on-line medical control;
 - d. Patient's response to therapy;
5. Assist the Medical Control Hospital Medical Control Director with the coordination and implementation of the Medical Control system in his/her facility;
6. Offer continuing education to pre-hospital personnel as directed by the Medical Control Hospital Medical Control Director;
7. Collect and review data regarding the quality of pre-hospital patient care that is being provided by EMS personnel transporting patients to his/her facility and report to the Medical Control Hospital Medical Control Director; Coordinate local EMS agency quality improvement committees as directed by the Medical Control Hospital Medical Control Director.

SECTION 14: Medical Control Physician Assistants and Nurse Practitioners: Definition and Qualifications

New York State certified or licensed Physician Assistants and Nurse Practitioners may provide medical control under the supervision of an on-site Hudson Valley REMAC Medical Control Credentialed Physician.

Qualifications of a Medical Control Physician Assistant and/or Nurse Practitioner are as follows:

1. Expertise with HVREMSCO/NYS triage, treatment and transportation protocols;
2. Knowledge of the design and operation of the Medical Control System;
3. Experience in emergency department management of the acutely ill or injured patient;
4. Active involvement in the continuing education of pre-hospital medical personnel;
5. Active involvement and knowledge of continuous quality improvement activities;
6. It is recommended that each medical control physician assistant and nurse practitioner be trained in and thoroughly familiar with EMS levels of training and responsibilities as well as the responsibilities of a medical control physician.
7. Maintain Hudson Valley REMAC Medical Control Credentials

SECTION 15: Medical Control Physician Assistant and / or Nurse Practitioners: Responsibilities

The Medical Control Physician Assistant and/or Nurse Practitioner will:

1. Maintain knowledge levels appropriate for a Medical Control Physician Assistant and/or Nurse Practitioner, through continued education, as required by the Hudson Valley REMAC and NYS DOH;
2. Determine the patient's choice of medical facility and determine if patient's status permits transport to the facility of choice, or if the patient should be directed to a different, more appropriate facility;
3. When a patient treated under Medical Control direction by the facility is being transported to any other hospital facility, the Medical Control Physician Assistant or Nurse Practitioner providing medical direction must notify the receiving hospital of the following:
 - a. Patient's presenting problem and work-up;
 - b. Medical control orders given to the ALS provider;
 - c. All BLS and ALS treatment done for the patient under standing orders or on-line medical control;
 - d. Patient's response to therapy;
4. Assist the Medical Control Hospital Medical Director with the coordination and implementation of the Medical Control system in his/her facility;
5. Offer continuing education to pre-hospital personnel as directed by the Medical Control Hospital Medical Director;
6. Collect and review data regarding the quality of pre-hospital patient care that is being provided by EMS personnel transporting patients to his/her facility and report to the Medical Control Hospital Medical Director;
7. Coordinate local EMS agency quality improvement committees as directed by the Medical Control Hospital Medical Director;

SECTION 16: Service Medical Director: Definition and Qualifications

A New York State licensed physician, appointed by the system or the service, whose role is to provide medical expertise to the ambulance service's quality improvement and educational programs.

The Hudson Valley REMSCO requires that any agency providing pre-hospital care must have a Service Medical Director, as per NYS Policy, based upon the following list:

The Service Medical Director must meet all criteria of NYS DOH Policy 11-03 and its successor.

It is highly recommended that every First Responder Service also have a medical director.

HVREMSCO Qualifications of an ALS Service Medical Director are as follows:

1. Knowledge of the design and operation of pre-hospital EMS services, and commitment to the support and development of quality pre-hospital care;
2. Experience or training with medical control of pre-hospital EMS providers;
3. Experience in emergency department management of the acutely ill or injured patient;
4. Active involvement in the training of basic and advanced life support pre-hospital personnel;
5. Active involvement and knowledge of continuous quality improvement activities;
6. The service medical director must be approved by the HVREMAC to perform that role;
7. The service medical director of an ALS service authorized to practice in the Hudson Valley Region MUST be a HVREMAC credentialed physician.

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8. The Service Medical Director may obtain HVREMAC credentials given the following:

a. Is a current Medical Control Physician practicing as an ER physician, and submits proof of employment, within the Hudson Valley Region.

OR

b. Is a New York State licensed physician

i. Submit proof of affiliation with a hospital within the Hudson Valley Region or within a hospital domiciled in a county bordering the Hudson Valley Region.

ii. Takes the HVREMAC Credentialing Exam

iii. Submit a signed copy of the HVREMAC and NYS DOH Physician Verification Form

OR

c. Is a member of the Hudson Valley Regional Medical Advisory Committee

SECTION 17: Service Medical Director: Responsibilities

The Service Medical Director:

1. Is directly responsible for the medical care provided by the certified EMS personnel for that EMS service;
2. Lends medical expertise to and coordinates the service's quality improvement process, including the medical review of specific EMS calls, the evaluation of patient care, etc., and insures that the service is compliant with HVREMSCO and NYS quality improvement requirements;
3. Assists in the design and implementation of continuing medical education and other service based educational programs;
4. Serves as a resource for any medical aspects of service related activities, policies, procedures, etc.
5. Maintain Hudson Valley REMAC Medical Control Credentials;

No physician may act as service medical director for more than 10 EMS services.

A ratio of physician to certified EMS personnel supervision must be provided as follows:

- a) 500:1 for certified EMS personnel who provide Automated External Defibrillation (AED),
- b) 100:1 for certified EMS personnel who provide advanced life support; provided that the maximum number of personnel to be supervised by an individual physician does not exceed 500 AED or 100 ALS personnel.

SECTION 18: Regional EMS Medical Advisory Committee (REMAC) – Organizational Structure and Responsibilities

The Hudson Valley REMAC shall consist of appointed Physician Emergency Department Director delegates from each of the Medical Control Hospitals in the Region. The Hudson Valley Regional EMS Council (HVREMSCO) shall appoint a Medical Director who is responsible for the overall coordination and operation of the HVREMAC. The HVREMAC shall nominate, on an annual basis, to the HVREMSCO, for the Council's consideration and approval, a physician to serve as HVREMAC Chairperson.

The HVREMAC shall:

1. Develop policies, procedures, and triage, treatment and transportation protocols which are consistent with the standards of the State Emergency Medical Advisory Committee (SEMAC) and which address specific local conditions;
2. Develop a medical control credentialing and continuing education process for physicians, physicians assistants, nurse practitioners, and EMS personnel as appropriate;
3. Review the credentials of physicians and approve those, as appropriate, to provide on-line medical control;
4. Review the credentials of EMS personnel and approve those, as appropriate, to provide pre-hospital care;
5. Review the credentials of physician assistants and nurse practitioners and approve those, as appropriate, to provide continuing medical education to EMS personnel;
6. Develop a fair process to remove the applicable medical control practice privileges of pre-hospital and hospital personnel as necessary;
7. Coordinate the development of the Regional Medical Control System;
8. Collect and review patient outcome information for the purpose of assessing pre-hospital care concerns and participate in quality improvement activities addressing system-wide concerns;
9. Make recommendations to the HVREMSCO on proposed new pre-hospital or hospital ALS providers;

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10. Nominate a physician with demonstrated knowledge and experience in Emergency Medical Services to the New York State Commissioner of Health to serve as a member of SEMAC;
11. Develop and implement a Regional Medical Control Plan that incorporates all of the above.

SECTION 19: County Medical Advisory Committee: Roles and Responsibilities

Individual counties in the Hudson Valley Regional EMS Council Region may wish to establish individual County Medical Advisory Committees. These committees are recognized as advisory in nature and their participation is encouraged at the Hudson Valley Regional Medical Advisory Committee.