



HUDSON VALLEY REGIONAL MEDICAL ADVISORY COMMITTEE POLICIES

SECTION 1: Clinical Judgment Policy

The Hudson Valley Regional EMS ALS Protocols are guidelines which should be used in conjunction with good clinical judgment. Since patients do not always fit into a rigid formula approach, situations may occur which are not included in these protocols. In situations where there is no existing protocol and a clear need for ALS exists, the ALS provider shall contact Medical Control who shall order the most appropriate treatment within the provider's scope of practice as defined by level of training, certification, and protocols.

SECTION 2: Protocol Exceptions Policy

Should a situation arise which fails to conform to the Regional ALS Protocols, the ALS Provider and on-line Medical Control Practitioner may agree upon an altered course of action. Should either the Medical Control Practitioner or the ALS Provider not agree upon carrying out the altered course of action, either has a right to refuse the action.

All implemented Medical Control Orders must be documented on the PCR and/or addendum.

In any instance where consensus about orders cannot be reached, then all standing orders as well as medical control orders, for which there is consensus, will be completed and documented.

Any issues for which consensus is not reached will be referred to quality assurance mechanisms via appropriate agency and HVREMAC policies.

While acting in a setting which falls beyond the scope of the ALS Protocols, no ALS Provider shall be faulted or suffer punitive action for:

- Following on-line Medical Control orders, provided the orders are within the ALS Provider's standard of care, scope of practice and qualifications.
- Refusing to follow an order which the ALS Provider believes to increase risk to the patient;
- Refusing to perform a procedure which is beyond the ALS Provider's standard of care, scope of training and qualifications.

Whenever an action occurs outside the ALS Protocols, the Medical Control Practitioner and the ALS Provider shall each generate and forward a report of the action to the HVREMAC within 3 days of the occurrence.

SECTION 3: Communications Policy

- 1) ALS Providers may contact Medical Control at any time.
- 2) The ALS Provider must contact Medical Control;
 - a) Any time a medical control physician option is necessary for patient care
 - b) Whenever there is a patient who requires ALS services or already has ALS services initiated, but refuses treatment or transport
 - c) When an ALS Provider operates on the scene of an ALS call in excess of 20 minutes beyond patient access
- 3) When establishing communications with the hospital, the ALS provider should state the purpose of the contact:
 - a) “medical control orders requested” (restricted to a medical control facility)
 - b) “notification only”
- 4) ALS Providers must identify themselves by agency, level of certification, MAC number

SECTION 4: Communications Failure Policy

- 1) In the situation where voice contact with medical control cannot be established by radio/telephone/cellular apparatus/telemetry, the ALS Provider will complete appropriate standing orders. At this point if the patient is unstable, e.g. (chest pain, AMS, severe respiratory distress, signs of hypoperfusion or hypotension with SBP <90), initiate any medical control options appropriate to the pertinent protocol[s]; however, **controlled substances may only be utilized as they appear in standing orders**. The ALS provider may only apply those for which the provider and agency have been approved.
- 2) Continuing attempts to establish voice contact should be made with any available Regional Medical Control Facility.
- 3) Upon completion of a call in which there has been a communication failure, medical control must be contacted and advised of the situation.
- 4) PCR documentation must include all attempts to contact medical control and reasons for communication failure.
- 5) Whenever an ALS provider is unable to establish communications with Medical Control, as defined above the ALS Provider will document the incident in detail and notify the Chief Operations Officer of the agency, or designee in writing. The case must be reviewed by the agency Medical Director and that review forwarded to HVREMS office (to the attention of QA/QI coordinator).

SECTION 5: Transfer of Care Policy

1. ALS Providers may transfer care of a patient to another provider within the following provisions:
 - a. To an equal or higher level of care provider:
 - i. When transport is by helicopter critical care team.
 - ii. When transport is by another provider/service with the same level of qualifications.
 - iii. When patient is turned over to an appropriate receiving facility.
 - iv. When ALS capabilities are exceeded (ex. MCI) and patient is triaged to other ALS or BLS services.
 - b. To a lower level of care provider:
 - i. When the ALS Provider at the scene recognizes that there is no indication for ALS intervention. The ALS provider may release patients not having received, or not requiring ALS care, to Basic Life Support personnel for care and transportation to an appropriate receiving facility provided the presumptive diagnosis does not anticipate the need for ALS care. This can only be accomplished when the lower level provider accepts care.
 - ii. When ALS capacity is exceeded (ex. MCI) and patients are triaged to other ALS or BLS services.
 - iii. After providing ALS level care, in consultation with online medical control, and with the acceptance of the BLS medical provider. All documentation must include the number of the medical control practitioner.
 - iv. When a coroner or other appropriate agency takes custody.

In each situation, the ALS Provider will document the type of incident on the PCR or appropriate supplemental document.

SECTION 6: Patients Who Refuse Care Policy

All adults with capacity have the right to refuse medical treatment and/or transport. It is the responsibility of the pre-hospital care provider to be sure that the patient is fully informed about their situation and the possible implications of refusing treatment or transport.⁵

When a patient or legal guardian/proxy refuses treatment or transport:

1. Refer to New York State Department of Health, Bureau of EMS Basic Life Support Protocol SC-5 “Refusing Medical Aid (RMA)”;
2. If an ALS provider has initiated any ALS procedures and/or administered any medications, the provider must consult Medical Control prior to allowing a patient to RMA or before sending the patient BLS.
 - a. The Medical Control practitioner and Medical Control hospital must be noted in the PCR documentation.

SECTION 7: Supply and Inventory Procedures Policy

1. Agencies will be required to stock each ALS unit and maintain stock levels according to the minimum guidelines as set forth in the medication / supply list in the appendix.
2. Each ALS Unit is responsible for a daily inventory of all stock levels and medications and must keep a record of said inventory.

⁵ New York State Department of Health, Bureau of EMS Statewide Basic Life Support Adult and Pediatric Treatment Protocols, 2003.

SECTION 8: Destination Decisions Policy

Patients shall be transported to the nearest appropriate hospital, as defined by state/regional protocols, medical condition, and patient choice. ALS providers must make every effort to educate and inform patients of the need to go to the most appropriate facility.

Medical Control must approve any anticipated deviation from this standard.

When transportation is not to the nearest appropriate hospital, the ALS Provider shall contact Medical Control at the intended receiving hospital to see if they are willing to accept that patient. All communications will be documented in accordance with the Communications Policy. If the intended receiving hospital is not a Medical Control hospital, the provider must contact medical control at any Medical Control Hospital.

When patients are transported to a hospital not providing the Medical Control for the transport, the Medical Control Practitioner will notify the clinical practitioner (Physician, Physician's Assistant, or Nurse Practitioner as appropriate) designated as in charge of the Receiving Hospital emergency department of the transport and the patient treatment/status.

SECTION 9: Ambulance Diversion Policy

See NYS DOH BEMS Policy Statement 06-01, Emergency Patient Destinations and Hospital Diversion.

Ambulance diversion is a hospital based decision and is not binding upon the ALS service. Diversion may not be appropriate if the hospital "on diversion" is the nearest appropriate hospital and the patient's well being may be compromised by a longer transport time.

SECTION 10: Inter Facility Transfers Policy

Patient care is the direct responsibility of the transferring hospital and physician for all inter-facility transfer of patients. It is the responsibility of the transferring hospital to determine and to ensure proper level of care during inter-facility transports.

SECTION 11: Record Keeping Policy

The documentation included on the Patient Care Report (PCR) provides vital information, which may be necessary for continued care at the hospital.

1. ALS providers must document all ALS procedures performed on an appropriate PCR or addendum (ex. PCR Continuation Form or other form approved by the HVREMSCO to be used in place of a PCR Continuation Form).
2. In all such cases, the ALS provider will document on a Patient Care Report (PCR):
 - a. The Medical Control Practitioner MAC Number
 - b. The name of the Medical Control Facility
 - c. the time of communication
 - d. all Medical Control orders implemented
 - e. The ALS Provider will have the PCR signed by the authorized medical control practitioner or designee
3. ALS Providers must complete a PCR (and when appropriate, a PCR addendum) immediately following a call, and an authorized Medical Control practitioner (Physician, Physician's Assistant, or Nurse Practitioner as appropriate) from the Receiving Hospital Emergency Department (ED) must also sign the ALS PCR or PCR addendum. Providers must follow DOH BEMS policy 12-02 or 12-03, or their successors, as appropriate.
4. In cases where patients are transported to a hospital not providing the Medical Control for the transport, the ALS provider will document on a PCR addendum the name of the Medical Control Practitioner and Medical Control Facility as well as the time of communication and all Medical Control orders received or denied. The ALS Provider will have the PCR addendum signed by the clinical practitioner designated as in charge of the Receiving Hospital ED.

SECTION 12: Mandatory Reporting

The NYS DOH, Bureau of EMS mandates specific incident reporting responsibilities and requirements for all EMS services. Mandatory reporting of incidents must be performed as indicated in NY State EMS Code, Part 800, Section 21(q) 1-5 and Section 21(r), Part 80, 80.136 (k), NYS DOH, Bureau of EMS Policy Statement 98-11, NYS DOH, Bureau of EMS Policy Statement 09-08, and any other NYS DOH Policies and Procedures.

SECTION 13: Medically Facilitated Intubation (Replaces RSI)

MFI may only be performed by:

1. HVREMAC credentialed MFI Paramedics, **and**
2. on-duty at an HVREMAC MFI approved ALS agency, **and**
3. who are trained by the ALS agency to perform MFI **and**
4. approved by the agency Medical Director **and**
5. with the assistance of a second MFI trained Paramedic at the scene.

Consult the HVREMAC MFI Program (Appendix 5). Any agency wishing to participate in MFI must comply with the requirements in Appendix 5.

SECTION 14: Complaints or Concerns Policy and Procedures

Complaints or concerns can be made by a patient, the public, participating organizations or individual participants, including HVREMSCO staff members. All such complaints or concerns should be brought to the attention of the HVREMSCO Executive Director.

In order to handle complaints or concerns regarding participating organizations, or individual participants such as BLS or ALS Providers, Nurses and Physicians involved in pre-hospital ALS, the following procedure has been established:

Appropriate grounds for all complaints or concerns, include but are not limited to:

1. Practicing without proper NYS or HVREMSCO certification
2. Deviation from HVREMSCO ALS Protocols, including interim updates from Regional MAC. (HVREMSCO protocols, procedures, medications schedule, policies)

HVREMAC POLICIES

3. Unprofessional conduct (Including but not limited to: disrespect towards patients, families, fellow providers, intoxication while on duty, breaking patient confidentiality, etc.)
4. Immoral or indecent behavior
5. Fraud, falsification of records, unauthorized possession or misappropriation of property
6. Insubordination

Procedure for handling complaints or concerns:

1. Complaint or concern is brought to the attention of the HVREMSCO Executive Director, who may request written documentation of the complaint or concern.
2. HVREMSCO Executive Director may confer with the involved agency's chief operating officer and medical director, or hospital medical director, then with the individual involved in the complaint.
3. HVREMSCO Executive Director may confer with the Regional Medical Director, NYS Bureau of EMS representatives, and legal counsel.
4. HVREMSCO Executive Director in conjunction with the Regional Medical Director may choose any of the following options:
 - a. Decide the complaint or concern is unwarranted, and report to the Evaluation Committee.
 - b. Decide the complaint or concern is warranted, refer to the Evaluation Committee
 - c. Decide the complaint or concern is warranted, resolved by discussion amongst, Executive Director, Regional Medical Director, Evaluation Committee Chairperson, party making complaint, and involved individual / agency.
 - d. If there is a serious infraction, the Executive Director will confer immediately with the Medical Director and Evaluation Committee Chairperson, then hold a meeting of same with the named party and one representative of his/her institution.
 - e. The Evaluation Committee will meet within five (5) business days to review the results of the investigation and render a preliminary decision or course

HVREMAC POLICIES

of action. Disciplinary action may include: remediation, probation, probation with supervision, or suspension for a specified time period not to exceed 30 days.

- f. The Evaluation Committee reports all serious infractions to the HVREMAC for a final decision.

5. Communication by the HVREMSCO Executive Director of warranted complaints will be by telephone, email and via written notification by certified mail.
6. The HVREMSCO Executive Director will notify all parties involved in a complaint of the outcome / resolution.
7. In cases where it is the consensus of opinion of the HVREMSCO Evaluation Committee that no follow-up action is warranted, the Chairman of the Evaluation Committee, or the Regional Medical Director, shall communicate that opinion in writing to all involved parties.
8. When the HVREMSCO Evaluation Committee renders a punitive decision or course of action, the HVREMSCO Executive Director will notify all involved parties in writing when the situation is resolved.
9. At their next regularly scheduled meeting, the HVREMSCO Evaluation Committee will review any cases and remediation processed through the above steps.

SECTION 15: EMS Disciplinary Policy and Procedures

The Evaluation Committee is a sub-committee of the Regional Medical Advisory Committee (REMAC). The Evaluation Committee consists of seven (7) members as follows:

Chairman of the Evaluation Committee

Regional Medical Director

Chairman of the HVREMAC

Regional Executive Director

Regional Quality Improvement Coordinator

Two (2) non-voting same-level providers or practitioners, agencies or institutions
(based on the complaint)

A quorum of the committee shall be three voting members of which at least one must be a physician. The chairman of the committee shall appoint alternate physicians / providers should a conflict of interest arise.

All members of the committee must have no conflict of interest regarding the issue brought to the committee.

This Evaluation subcommittee under the auspice of Quality Improvement will gather data necessary to review clinical care issues, and make appropriate determinations, in the region. The Evaluation Committee's report shall become the basis for a consensus recommendation to the HVREMAC.

The decision of the Evaluation Committee shall be considered binding.

Disciplinary options of the Evaluation Committee include, but are not limited to: remediation, probation, probation with supervision, suspension for a specified time period, or recommendation of revocation of privileges to participate in the Hudson Valley Regional EMS System, to the HVREMAC. A record of each complaint or concern and the completion of the appropriate disciplinary steps shall be kept by the HVREMSCO staff.

The HVREMAC may conduct any subsequent investigations and/or hearings deemed warranted and shall issue a decision in the matter within 30 days of receipt of the consensus recommendation of the Evaluation Committee. The decision of the HVREMAC shall be considered final.

HVREMAC POLICIES

Appeals by the complainant or the named party should be directed at the New York State EMS Council Medical Advisory Committee, with notification to be sent to the Hudson Valley REMAC.

SECTION 16: Protocol Changes Policy

Any recommendations or request for changes in the Collaborative ALS Protocols should be referred in writing to the Hudson Valley Regional Medical Advisory Committee for review by the Protocol Committee. The HVREMAC representative will forward proposals through the Collaborative Protocol review process.

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