**Medical Direction & Accountability Plan**

**for**

**Alabama EMS Region Two**



**East Alabama Emergency Medical Services, Inc.**

**Medical Direction and Accountability Plan**

Approved By

**Region 2 Medical Direction and Accountability Committee**

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# I. INTRODUCTION

Under the authority of the State Committee of Public Health and the Alabama Department of Public Health, the Office of Emergency Medical Services (ADPH/OEMS) has defined six Emergency Medical Services (EMS) Regions to assure excellence and efficiency in the delivery of emergency care throughout the state. Each Region is contracted to coordinate EMS activities and support state EMS and Acute Health System (AHS) initiatives. The EMS Region serves as facilitator, communicator, data collector, and coordinator for and between the ADPH/OEMS and to all EMS System components. The EMS System components include, but are not limited to EMS agencies, EMS personnel, Hospitals, Emergency Management Agencies (EMA), 9-1-1, and Public Safety Answering Point agencies (PSAP). Each EMS Region has the responsibility to provide a Medical Direction and Accountability Plan (MDAP) for each component of the EMS System. The regional EMS organization for the ten counties of East Alabama is Alabama EMS Region 2, East Alabama EMS, Inc. (EAEMS).

# II. PURPOSE & SCOPE

The purpose of the MDAP is to provide a single document that can be used as a resource identification tool. The scope of the MDAP is deliberately broad and is intended to identify all health care organizations, government agencies, and businesses that may have a role in anticipating or responding to emergency care events, major threats to health and safety (natural or man-made), or any other significant hazards which may present themselves in the region.

The mission of the Regional Agency and the MDAP is to ensure that the highest level of emergency medical care is provided to the citizens of East Alabama through an enhanced EMS system. The system components include, but are not limited to Trauma, Stroke, and Cardiac (STEMI) through the utilization of a statewide-centralized communications center.

 Key goals of the MDAP include:

* Identifying the approved medical direction hospitals within the region.
* Establish mechanisms for reporting and validating the quality of care issues between EMS Agencies, EMS System components, and the ADPH/OEMS.
* Facilitating the signing of Memorandums Of Understanding (MOUs) between the ADPH/OEMS and the Medical Direction Hospitals (MDH) within each region.
	+ Establishing a Medical Direction and Accountability Committee (MDAC) to provide a forum to share ideas, express concerns, and provide guidance to the Regional Agency.
	+ Providing guidelines for mediating issues involving EMS system and its components.
	+ Creating and maintaining a Regional Resource Guide (RRG) to provide information about EMS Resources within Region 2.
	+ Providing MDAP revisions and MDAC reports to the ADPH/OEMS.

The MDAP and MDAC are not regulatory in nature, nor do they create a regulatory authority. Elements of the MDAP should not be considered rules or regulations.

# III. REGION TWO OPERATIONAL STRUCTURE

## **A.** Regional Authority

Alabama EMS Region Two (EAEMS) has a contractual obligation with the ADPH to coordinate EMS activities in Region Two. Regional personnel answer directly to ADPH officials in matters regarding Region Two activities. As required by the ADPH contract, Region Two shall schedule and coordinate quarterly meetings with representatives from the Alabama EMS staff, each of the region’s Medical Direction Hospitals, and EMS Provider services in the region to discuss medical direction and other relevant issues.

EMS Region Two is composed of 10 counties, as defined by ADPH:

* + Calhoun
	+ Chambers
	+ Cherokee
	+ Clay
	+ Cleburne
	+ Coosa
	+ Etowah
	+ Randolph
	+ Talladega
	+ Tallapoosa

## B. Regional Office

The Alabama Region Two office is located at 58 Speedway Industrial Drive in Lincoln, Alabama. The main phone number is 205.763.8400, and the e-mail address is info@eastalabamaems.com . Official office hours are 8 a.m.-5 p.m. Monday through Friday.

EAEMS’s mailing address is:

 P.O. Box 700

 Lincoln, AL 35096

## C. Regional Medical Director

The Regional Agency shall nominate a Regional Medical Director and the ADPH/OEMS shall approve the nominee. The Medical Director is a Medical Control Physician (MCP) and also serves as an off-line source of medical information.

## D. Medical Direction

Medical direction must be provided by a Medical Direction Hospital or the service’s designated Medical Director if he/she has a current Medical Direction Physician Identification (MDPID) number.

**D1.** Hospital Designations

Medical Direction Hospitals are defined as those hospitals that provide online medical direction by physicians with current Medical Control Physician Certification and MDPID numbers. Medical Direction Hospitals have full-time licensed emergency physician coverage with Medical Direction Physicians possessing a current MDPID number in the emergency department, 24 hours per day, 7 days per week. Hospital designations will be recognized through voluntary MOU documents established between the hospitals and the ADPH. Hospitals that do not provide On Line Medical Direction are referred to as Non-Medical Direction Hospitals. All medical direction for patients transported to Non-Medical Direction Hospitals must come from a Medical Direction Hospital or from the service’s designated Medical Director if he/she has a current MDPID number. See Appendix M for hospital designations and facility information.

**D2.** Memorandums of Understanding

Success of the MDAP depends upon effective cooperation, organization, coordination and planning among Hospitals, EMS agencies and the ADPH/OEMS. Therefore, Medical Direction Hospitals within each Region agree to sign a MOU establishing medical direction designation with the ADPH/OEMS. Region Two (EAEMS) will assist the ADPH/OEMS in obtaining MOUs from hospitals within the East Alabama Region.

**D3.** Licensed Services

All licensed services have an Offline Medical Director who is approved by ADPH/OEMS. This Offline Medical Director is responsible for all patient care provided under the approved protocols. Drugs and Procedures (Category A & B) are signed by the ordering or receiving Medical Direction Physician or by the service’s designated Offline Medical Director. Medical direction is obtained from the receiving hospital if that hospital is a Medical Direction Hospital or from the service’s designated Medical Director if he/she has a current MDPID number. A Medical Direction Hospital or the service’s designated Medical Director (if he/she has a current MDPID number) may be contacted if the receiving hospital is a Non-Medical Direction Hospital. See Appendix Q for Region 2 Licensed Services and Appendix S for Region 2 Offline Medical Directors.

**D4.** Medical Accountability

The ADPH/OEMS is responsible for all EMS issues related to medical accountability in Region Two and throughout the state. Unless otherwise specified in the State’s EMS System components, all complaints or patient care issues are handled in accordance with the policies established by the ADPH/OEMS.

## E. Medical Direction and Accountability Committee (MDAC)

Region Two will establish a Regional Medical Direction and Accountability Committee made up of EMS System components to be chaired by the Region’s Medical Director. The MDAC will also have an AHS Workgroups for each component of the AHS. Each component (Trauma, Stroke, and Cardiac) will be led by a physician for the respective component who specializes in that area and is associated with Region 2.

The Committee will hold meetings at least once per quarter providing a forum to express concerns and share ideas. Membership of this Committee should consist of:

* The Regional Medical Director (Chairperson)
* The Regional AHS Workgroup Leaders
* The On Line Medical Director or their designee of each hospital providing medical direction.
* The Offline Medical Director of each licensed EMS provider service.

The MDAC is not a regulatory committee. Its purpose is to provide access to the Regional Medical Director and to provide a forum for discussions on how to improve emergency medical care throughout Region Two. See Appendix B for MDAC membership.

## G. Quality Assessment/Quality Improvement

All hospitals and EMS agencies in the region should have QA/QI processes in place to ensure that they are delivering quality emergency care. Alabama’s EMS System components also have QA processes embedded in them. The Regional Advisory Council (RAC) shall create a QA/QI Committee to oversee quality issues regarding the Alabama Acute Health System (AHS) Components.

## H. Alabama AHS (Acute Health System) Components

Alabama AHS Components plans establish responses to unique emergency situations. Region Two will support all Alabama AHS system component plans.

* Regional Trauma System Plan – see Appendix I
* Regional Stroke System Plan – see Appendix J
* Regional Cardiac (STEMI) – see Appendix K

## Emergency Event Plans / Procedures

Region 2 has prepared an Emergency Event Plan (Appendix U) which is a plan and list of procedures for Regional Staff to follow during events such as inclement weather, hazmat, or other traumatic events. The Region has also prepared an MCI (Mass Casualty Incident) Plan for Region 2 Organizations to reference (Appendix V).

# IV. MEDICAL DIRECTION AND ACCOUNTABILITY PLAN UPDATES

Region Two will review and modify the MDAP and Regional Resource Information as needed and report modifications to the ADPH/OEMS. Revised documents will be redistributed, with a revision letter summarizing the changes. The revised date should be indicated on each document. Region Two will archive all versions of the MDAP in its Lincoln office.

# V. REGIONAL RESOURCES

EAEMS Region Two Resource Information is contained in various appendices.

They provide a look at various resources in Region 2. Information such as:

* Hospital designations, facility information, and emergency department information
* Licensed and Unlicensed Services contact information
* Regional 911 contact information
* Regional EMA contact information
* Regional Offline Medical Director contact information

The information of each shall be updated and reported to the ADPH/OEMS as needed.

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Reviewed: \_\_\_\_\_\_\_\_\_\_

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