



BOUNDARY VOLUNTEER AMBULANCE EMS SYSTEM

CLINICAL PRACTICE POLICY MANUAL MEDICAL SUPERVISION PLAN

CREDENTIALING

1. The Medical Director of Boundary Volunteer Ambulance EMS System is responsible for the credentialing of all Boundary Volunteer Ambulance EMS System and affiliated providers under his direction, including the Idaho Physician Commission approved optional modules for each level of certification.
2. Credentialing is reviewed and/or renewed on an annual basis.
3. All training and credentialing records on Boundary Volunteer Ambulance EMS System and affiliated providers will be maintained for 5 years.
4. Boundary Volunteer Ambulance EMS System will provide credentialing documentation of all Boundary Volunteer Ambulance EMS System and affiliated providers to the Idaho State EMS Bureau for certifications

TRAINING

1. Documentation of initial and continuing training will be provided to the Boundary Volunteer Ambulance EMS System Medical Director and the Idaho State EMS Bureau.
2. Orientation for all EMS System providers will be documented and include at minimum the following:
 - a. Boundary Volunteer Ambulance EMS System Policies, Procedures, and Standards
 - b. Boundary Volunteer Ambulance EMS System Operational Guidelines
 - c. Boundary Volunteer Ambulance EMS System Patient Care Treatment Guidelines, Assessment, and Procedural Guidelines
 - d. Radio communication procedures
 - e. Level of emergency response training
3. Boundary Volunteer Ambulance EMS System will provide training that is mandatory for all Boundary Volunteer Ambulance EMS System and affiliated providers.

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4. National Incident Management System training will be completed by all EMS System providers.
5. Boundary Volunteer Ambulance EMS System Medical Director will reevaluate annually the standards of supervision and training for EMS System providers in accordance with the Idaho State EMS Bureau.
6. Boundary Volunteer Ambulance EMS System Medical Director may participate in routine ride-along activities to observe EMS System providers in action, or as needed in cases of mandatory remediation.
7. The Boundary Volunteer Ambulance EMS System Clinical Operations Officer will ensure the clinical proficiency of Boundary Volunteer Ambulance EMS System and affiliated providers through both cognitive and psychomotor evaluations. Training and evaluation of Boundary Volunteer Ambulance EMS System and affiliated providers, including new providers to the Boundary Volunteer Ambulance EMS System, will follow the Idaho Physician Commission approved optional modules for each level of certification. The Boundary Volunteer Ambulance EMS System Medical Director will have ultimate clinical oversight of the optional module training and evaluation process.
8. All agencies within Boundary County providing EMS care will submit a written field training plan for the provision of training and supervision of all new providers within the agency. Each agency will submit a letter or e-mail to the Boundary Volunteer Ambulance EMS System Medical Director as each new EMS provider completes training and is deemed competent to be utilized as an affiliated EMS provider. Each agency will submit an annual letter or e-mail to the Boundary Volunteer Ambulance EMS System Medical Director detailing:
 - a. Changes to the field training plan
 - b. A list of all active EMS providers
 - c. A list of individual in the process of EMS training

OPTIONAL MODULE TRAINING

1. Optional modules authorized by the Boundary Volunteer Ambulance EMS System Medical Director will be listed in this Medical Supervision Plan in the ***Addendum to Medical Supervision Plan for Optional Modules***, and will be updated annually.
2. The same optional modules will be offered to all Boundary Volunteer Ambulance EMS System, with the intent of having all EMS providers of a given certification level capable of rendering the same level of care.
3. Protocols and guidelines that include skills requiring optional module training, list these skills under the EMS provider with the “floor skill,” but indicate when other-level providers may perform this skill once appropriately trained and credentialed.

OFF-LINE MEDICAL DIRECTION

Off-line medical direction includes all guidance of clinical activities provided by the Boundary Volunteer Ambulance EMS System Medical Director or his or her designee through

- a. Protocol and guideline establishment and yearly evaluation
- b. Quality assessment/quality improvement activities
- c. Formal and informal teaching sessions

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- d. Clinical training ultimately under the direction and supervision of the Boundary Volunteer Ambulance EMS System Medical Director or his/her designee
- e. Questions and concerns and protocol clarifications that may be directed to the Boundary Volunteer Ambulance EMS System Medical Director by any Boundary Volunteer Ambulance EMS System or affiliated provider at any time

ON-LINE MEDICAL DIRECTION

On-line medical direction will be provided by Boundary Community Hospital Emergency Physicians as directed and agreed upon within the agreement established between the Boundary Volunteer Ambulance EMS System and Boundary Community Hospital.

QUALITY ASSESSMENT/QUALITY IMPROVEMENT

1. Boundary Volunteer Ambulance EMS System Chief, Clinical Operations Officer, or designee will review all ALS cases and a minimum of 25 percent of all pre-hospital responses.
2. Boundary Volunteer Ambulance EMS System Medical Director will review ALS cases and selected pre-hospital responses identified as worthy of review by the quality assessment/quality improvement process.
3. Boundary Volunteer Ambulance EMS System Medical Director may request a written response from a Boundary Volunteer Ambulance EMS System or affiliated provider on a variety of issues, including but not limited to:
 - a. Response time
 - b. Appropriate level of emergency response
 - c. Cancellation of ALS back up
 - d. Utilization of Air Medical Transport
 - e. Patient care concern
 - f. Patient care documentation
 - g. Inappropriate patient assessment
4. Quality improvement actions may include, but not limited to:
 - a. Attendance (in person or on-line) by all Boundary Volunteer Ambulance EMS System providers at a minimum of 25 percent of monthly Boundary Volunteer Ambulance EMS System Quality Assessment/Quality Improvement Meetings
 - b. Problems identified from the quality assessment/quality improvement process involving patient care may result in a remediation plan developed by the Boundary Volunteer Ambulance EMS System Clinical Operations Officer, approved by the Boundary Volunteer Ambulance EMS System Medical Director, and acknowledged by the EMS provider in question
5. Boundary Community Hospital Emergency Physicians are requested to give feedback to the Boundary Volunteer Ambulance EMS System Medical Director regarding concerns about EMS provider care delivered or omitted, and the use or misuse of approved protocols and guidelines. Per the On-Line Medical Direction Agreement between Boundary Volunteer Ambulance EMS System and Boundary

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Community Hospital, any issue of concern from Boundary Community Hospital Emergency Physicians will be reported in writing to the Boundary Volunteer Ambulance EMS System Medical Director and include the involved EMS provider(s), date, time, patient name, and nature of incident.

6. Boundary Volunteer Ambulance EMS System Quality Assessment/Quality Improvement Meetings will occur monthly at the Boundary Ambulance headquarters building.

CLINICAL INCIDENT REVIEW PROCESS

1. Purpose:

To establish guidelines for reporting, reviewing, and resolving clinical incidents related to clinical skills performance of EMS providers within the Boundary Volunteer Ambulance EMS System.

2. Definitions:

- a. *Medical Director* – The Idaho-licensed physician responsible for the oversight of all medical practices adhering to the established clinical guidelines as published by the office of the Boundary Volunteer Ambulance EMS System Medical Director
- b. *Clinical Operations Officer* – The Boundary Volunteer Ambulance EMS System provider designated by the Boundary Volunteer Ambulance EMS System Chief as the point of contact and coordinator for clinical incidents and quality assessment/quality improvement
- c. *Clinical Coordinator* – The Boundary Volunteer Ambulance EMS System provider reporting to the Boundary Volunteer Ambulance EMS System Clinical Operations Officer with primary responsibilities of organizing quality assessment/quality improvement activities
- d. *Informal Medical Review* – The review of patient care where minor deviations from established patient care standards may have occurred; these deviations shall have had no known impact on patient outcome
- e. *Formal Medical Review* – The review of patient care where significant deviations from the standard of care may have occurred; examples may include repeated minor deviations from the standard of care resistant to quality improvement actions, deviations with a potential for negative impact on patient outcome, and deviations which had a negative impact on patient outcome
- f. *EMS Provider* – Any individual who acts in the capacity of an emergency medical services provider in the Boundary Volunteer Ambulance EMS System
- g. *Investigating Officer* – The person of any agency in the EMS system assigned to conduct a formal and/or informal review
- h. *Critical Event* – A situation of alleged action or lack of action by an EMS provider which raises concerns about the individual's ability to function adequately as an EMS provider; this can include cases where allegations of significant negligence are present
- i. *Temporary Suspension to Practice* – A non-punitive suspension of the EMS provider's authority to render emergency medical care within the Boundary Volunteer Ambulance EMS System.

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3. Policy Statement:

Incident reviews are important tools for providing quality customer service to the community. They are designed to be teaching and learning experiences and are rarely punitive in nature. All parties are encouraged to participate with that approach in mind. Any person may report patient care concerns regarding incidents to which Boundary Volunteer Ambulance EMS System providers respond and provide care. This can include patients, hospital staff, firefighters, EMS providers, citizens, etc. Input should be made in writing whenever possible. The complaint/concern must be in writing for formal reviews with a potential for disciplinary action. Concerns from sources within the Boundary Volunteer Ambulance EMS System should be reported to the Boundary Volunteer Ambulance EMS System Clinical Operations Officer via an incident report. Concerns from external complainants may contact any person in the Boundary Volunteer Ambulance EMS System, who will then forward the concern to the Boundary Volunteer Ambulance EMS System Clinical Operations Officer. The Boundary Volunteer Ambulance EMS System Clinical Operations Officer will determine if the concern is a medical review matter.

Concerns/complaints of a non-clinical nature will be referred to the appropriate person of the Boundary Volunteer Ambulance EMS System for resolution. Most concerns can be resolved at a low level.

Individuals are encouraged to address matters face-to-face whenever possible. If the concern is determined to be a clinical matter, the Boundary Volunteer Ambulance EMS System Clinical Operations Officer will initiate an informal or formal medical review. Additional informal preliminary fact-finding, such as personal interviews and data collection, may be conducted to help make this determination. If the Boundary Volunteer Ambulance EMS System Clinical Operations Officer concludes at any time that a serious violation has occurred, more formal procedures will be initiated.

4. Informal Medical Review:

An investigating officer with the appropriate level of knowledge and experience to effectively review the case will conduct the informal medical review. The investigating officer will contact the EMS provider(s) involved with the incident, complete the investigation, and report the findings to the Boundary Volunteer Ambulance EMS System Clinical Operations Officer within two weeks. Recommendations for follow-up remedial actions, if any, should also be provided. It is expected that the investigating officer will conduct any appropriate counseling at the time of the review. The Boundary Volunteer Ambulance EMS System Clinical Operations Officer will maintain a record of informal reviews and will routinely brief the Boundary Volunteer Ambulance EMS System Chief and Medical Director. Any noted trends will be reported by the Boundary Volunteer Ambulance EMS System Clinical Operations Officer to the Boundary Volunteer Ambulance EMS System Chief and medical Director and referral will be made to the Boundary Volunteer Ambulance EMS System Training Officer to develop a training resolution.

5. Formal Medical Review:

The Boundary Volunteer Ambulance EMS System Clinical Operations Officer will conduct the initial investigation, to include applicable interviews, patient follow-up, documentation assessment, etc. All information collected will be provided to the Boundary Volunteer Ambulance EMS System Medical Director. Based on the findings of the investigation, the Boundary Volunteer Ambulance EMS System Medical Director has the option to downgrade the matter to an informal review or arrange a formal

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meeting with the EMS provider involved, the investigating officer, and the Boundary Volunteer Ambulance EMS System Medical Director will examine the facts of the concern and constitute the formal medical review. Once concluded, the Boundary Volunteer Ambulance EMS System Medical Director will determine the validity of the concern. If the concern is determined to be unfounded, the review will be closed. If the concern is determined to be valid, the Boundary Volunteer Ambulance EMS System Medical Director will assess the severity of deviation and recommend appropriate action which can include, but is not limited to:

- a. Counseling
- b. Skills remediation, including additional field internship time
- c. Classes related to the deficiency
- d. Assigned research project related to the deficiency
- e. Disciplinary proceedings – no disciplinary action will be undertaken for deficient skills provided the EMS provider complies with remediation; however, this does not prohibit disciplinary action due to negligent care

The Boundary Volunteer Ambulance EMS System Clinical Operations Officer will document the outcome of the review, and the EMS provider will be notified of the findings in writing within two weeks. The Clinical Operations officer will ensure that the provider completes any assigned actions.

Recommendations for disciplinary action will be forwarded to the appropriate agency chief.

6. Critical Event:

Any EMS provider who observes a critical event should contact the Boundary Volunteer Ambulance EMS System Clinical Operations Officer immediately. If this individual cannot be contacted, the EMS provider should notify the Boundary Volunteer Ambulance EMS System Chief. An incident report must be completed and submitted to the Boundary Volunteer Ambulance EMS System Clinical Operations officer. In accordance with the regulations of the Idaho Office of Emergency Medical Services, the Boundary Volunteer Ambulance EMS System Medical Director may, at his discretion, remove an EMS provider's authorization to practice as an EMS provider anytime he feels it necessary. This is a significant decision and requires serious consideration. Should a critical event occur, the Boundary Volunteer Ambulance EMS System Clinical Operations Officer or Chief may find it necessary to issue an immediate temporary suspension to practice until the matter can be more fully reviewed by the Boundary Volunteer Ambulance EMS System Medical Director. All available information about the incident will be considered when making this decision. Based on the findings of a formal medical review, the Boundary Volunteer Ambulance EMS System Medical Director may recommend the suspension be ended, continued for a specific time period, or made permanent.

PATIENT CARE DOCUMENTATION

1. Boundary Volunteer Ambulance EMS System providers will provide a Patient Care Report through written documentation via the Boundary Volunteer Ambulance EMS System Patient care report form within 24 hours of the patient encounter.
2. A hard copy of the Patient Care Report must remain with the patient at the destination hospital.

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3. An electronic copy of any Patient Care Report may be reviewed by the Boundary Volunteer Ambulance EMS System Medical Director at any time. In the interest of quality assessment/quality improvement, the Boundary Volunteer Ambulance EMS System Medical Director may request additional written communication from any EMS provider on any case.
4. Situations deemed by any Boundary Volunteer Ambulance EMS System provider to warrant additional review must be submitted in writing with all other relevant patient records to the Boundary Volunteer Ambulance EMS System Clinical Operations Officer who will initiate the applicable review process.

ON-SCENE MEDICAL SUPERVISION

1. If a physician is on scene at an accident or medical incident he/she may assume medical control with the following conditions:
 - a. On-line Medical Control is informed
 - b. The physician is made aware that on-line medical direction is available
 - c. The physician completes the On-Scene Physician Release Form
 - d. The physician agrees to accompany the patient to the destination hospital
 - e. The physician acknowledges that EMS providers can only and will only provide patient care within their scope of practice
 - f. All documentation of clinical activity is completed in the usual manner

EQUIPMENT

Boundary Volunteer Ambulance EMS System units will carry an inventory and maintain all equipment approved by the Idaho State EMS Bureau for its level of licensure. Any equipment omitted or added will be in conjunction with the appropriate level of licensure, will be approved by the Boundary Volunteer Ambulance EMS System Medical Director, and must subsequently be approved by the Idaho State EMS Bureau. Documentation of equipment or on-site inspection by the Boundary Volunteer Ambulance EMS System Medical Director must be available upon request.

BOUNDARY VOLUNTEER AMBULANCE EMS SYSTEM PLAN

It is the intention and goal that Boundary Volunteer Ambulance EMS System be recognized as the primary EMS System, and as such, that all agencies providing EMS care within Boundary County be under the Medical Direction of a single Medical Director (although an associate Medical Director may be appointed to share in the duties of medical direction). It is the interest of the Boundary Volunteer Ambulance EMS System Medical Director to have a single set of Patient Care Treatment Guidelines (protocols) and Procedures used by the Boundary Volunteer Ambulance EMS System and affiliated agencies, to standardize the EMS care delivered within Boundary County. All agencies having EMS providers and agreeing to have their medical direction under the umbrella of the Boundary Volunteer Ambulance EMS System Medical Director, subsequently agree this Medical Supervision Plan will be their guiding supervision plan.

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