DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)

SUBJECT: **MEDICAL MANAGEMENT OF PREHOSPITAL CARE** REFERENCE NO. 201

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PURPOSE: To provide guidelines for prospective, concurrent and retrospective medical management of the emergency medical services (EMS) system in Los Angeles County by the EMS Agency, hospitals, and provider agencies.

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.176 and 1798(a)
California Code of Regulations, Title 22, Section 100169
Health Insurance Portability and Accountability Act of 1996
Hospital Preparedness Program (HPP) Agreement

PRINCIPLES:

1. Medical management provides the framework and authorization for EMS personnel to provide emergency treatment outside the hospital. It implies that there is accountability throughout the planning, implementation, monitoring, and evaluation of the EMS system and requires a collaborative effort among all system participants. Medical management is based upon national, state, and community standards of care.

2. The EMS Agency, base hospitals, and provider agencies are responsible for ensuring that EMS personnel have experience in and knowledge of local EMS agency policies, procedures, and guidelines.

DEFINITIONS:

Medical management consists of three components:

Prospective: Prior to delivery of patient care – off-line medical direction that utilizes scientific principles and practice standards to establish training objectives, standing field treatment protocols, and curriculum development for the standardization of patient care.

Concurrent: During delivery of patient care – on-line or immediate medical direction of prehospital personnel caring for patients in the field. This allows for individualization of patient care and the ability to quickly intervene to ensure optimal use of system resources through direct communication or observation.

Retrospective: Following delivery of patient care – off-line medical direction composed of field care audits and case reviews for the purpose of ensuring quality improvement.

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EFFECTIVE DATE: 4-30-98
REVISED: 7-1-14
SUPERSEDES: 3-30-11



APPROVED: Director, EMS Agency — Medical Director, EMS Agency

POLICY:

I. Prospective Medical Management

A. The Medical Director of the EMS Agency shall ensure the development, implementation, and revision of written treatment protocols, medical policies and procedures including but not limited to:

1. Medical Control Guidelines

2. The Los Angeles County Treatment Protocols

3. Procedures Prior to Base Hospital Contact

4. Base Hospital Contact and Transport Criteria

5. Local EMT Scope of Practice

6. Policies for the initiation, completion, review, evaluation, and retention of patient care records.

B. Base hospitals shall maintain written agreements with the EMS Agency indicating concurrence with the requirements of the EMS Agency's policies and procedures.

C. Provider agencies shall comply with applicable agreements, State and local policies and procedures specified in the Prehospital Care Manual.

II. Concurrent Medical Management

A. The EMS Agency shall ensure that a communication system is in place to allow for direct voice communication between paramedics, their assigned base hospital, and the Los Angeles County Medical Alert Center.

B. Base hospitals shall:

1. Maintain telecommunication equipment capable of communicating with ALS Units assigned to the hospital.

2. Ensure that a base hospital physician is immediately available for consultation when an ALS Unit contacts the base, and that either a base hospital physician or MICN provides direct voice communication for medical treatment orders and/or patient destination or other disposition.

3. Ensure that base hospital physicians and MICNs giving medical direction to paramedics are trained in, and have experience in and knowledge of, base hospital communications and the local EMS agency policies, procedures, and protocols.

4. Utilize the Los Angeles County EMS Treatment Protocols. Any consistent deviation from these guidelines must be requested in writing and approved by the Medical Director of the EMS Agency.

5. Complete Base Hospital Report Forms approved by the EMS Agency as defined in Ref. No. 606, Documentation of Prehospital Care.

6. Provide a mechanism to record, retain, and retrieve audio recordings of all voice field communications between the base and receiving hospitals and the paramedics.

C. Provider agencies shall:

1. Ensure that paramedics utilize and maintain telecommunications with assigned base hospitals.

2. Comply with requirements specifically addressed in medical treatment policies including, but not limited to, Medical Control Guidelines, Procedures Prior to Base Contact, Base Contact and Transport Criteria, and if applicable, the Standing Field Treatment Protocol portion of the Treatment Protocols.

3. Ensure that EMS personnel have education and knowledge of local EMS agency policies, procedures and protocols.

4. Complete an EMS patient care record approved by the EMS Agency as defined in Ref. No. 606, Documentation of Prehospital Care.

III. Retrospective Medical Management

A. The Medical Director of the EMS Agency shall:

1. Maintain a systemwide quality improvement program that addresses system issues and develops standards for prehospital care.

2. Ensure that written records of prehospital care are reviewed on an ongoing basis.

3. Ensure that mechanisms are in place to provide organized evaluation of and continuing education for EMS personnel, including evaluation of skills programs.

4. Maintain a system-wide prehospital care database and make relevant data available to system participants.

B. Base hospitals shall:

1. Maintain a quality improvement program approved by the EMS Agency.

2. Participate in the EMS Agency's quality improvement program to include making available relevant records for program monitoring and evaluation. A mechanism shall be in place for provider agencies to obtain their respective

audio communications for review and educational purposes as approved by each individual base hospital's Protected Health Information and Risk Management policies. It is recommended that an agreement for release and limited use of paramedic base hospital audio recordings be utilized for the release of such audio communications (see sample form Ref. No. 201.1). Patient confidentiality shall be maintained at all times.

3. Include in the hospital's quality improvement (QI) plan indicators that, at a minimum, include review of the following:

   a. Base Hospital Report Forms

   b. Paramedic base hospital audio communications between paramedics and base hospital physicians and MICNs

4. Collect Standing Field Treatment Protocol data on runs when the base hospital is the receiving hospital, including ED diagnosis.

5. Provide a continuing education program for prehospital care personnel approved by the EMS Agency as defined in Ref. No. 1013, EMS Continuing Education (CE) Provider Approval and Program Requirements, which:

   a. Complements the continuing education program provided by the assigned provider agencies.

   b. Demonstrates a relationship between the base hospital's quality improvement program and the continuing education program offered.

6. Develop an internal system of documentation for audio communications and records reviewed, actions recommended and/or taken, and problem resolution.

7. Participate in the EMS Agency's countywide data collection program.

C. Provider Agencies shall:

1. Maintain a quality improvement program approved by the EMS Agency.

2. Participate in the EMS Agency's quality improvement program to include making available relevant records for program monitoring and evaluation. As part of the QI program, provider agencies may obtain copies of their respective audio paramedic communications from base hospitals for review and educational purposes provided that they have developed a written plan for security and confidentiality.

3. Include in the provider agency's QI plan, indicators that, at a minimum, include review of EMS patient care records that are:

   a. Completed by EMTs and/or paramedics on patients for whom either a paramedic unit was not dispatched, was canceled, or transport by ambulance did not occur.

b. Completed by EMTs and/or paramedics on patients for whom no base contact was made, but the patient was transported by ambulance.

c. Completed by EMTs and/or paramedics on patients for whom neither base hospital contact nor transport occurred.

d. Representing patients treated exclusively with Standing Field Treatment Protocols, if applicable.

4. Develop an internal system of documentation for EMS patient care records and records reviewed, actions recommended and/or taken and resolution of problems.

5. Participate in the EMS Agency's countywide data collection program as described in Ref. No. 606, Documentation of Prehospital Care, Ref. No. 607, Electronic Submission of Prehospital Data and Ref. No. 608, Disposition of the Prehospital Care Patient Care Records.

6. Provider agencies that have a continuing education program approved by the EMS Agency shall:

   a. Complements the CE program provided by the assigned base hospital(s).

   b. Demonstrates a relationship between the provider agency's quality improvement program and the continuing education offered.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 201.1, **Sample Agreement for Release and Limited Use of Paramedic Base Hospital Audio Recordings**
Ref. No. 214, **Base Hospital and Provider Agency Reporting Responsibilities**
Ref. No. 304, **Role of the Base Hospital**
Ref. No. 308, **Base Hospital Medical Director**
Ref. No. 310, **Prehospital Care Coordinator**
Ref. No. 606, **Documentation of Prehospital Care**
Ref. No. 607, **Electronic Submission of Prehospital Data**
Ref. No. 608, **Disposition of the Prehospital Care Patient Care Records**
Ref. No. 620, **EMS Quality Improvement Program (EQIP)**
Ref. No. 620.1, **EMS Quality Improvement Program (EQIP) Plan**
Ref. No. 806.1 **Procedures Prior to Base Contact**
Ref. No. 808, **Base Hospital Contact and Transport Criteria**
Ref. No. 1013, **Prehospital Continuing Education (CE) Provider Approval and Program Requirements**
Ref. No. 1200, **Los Angeles County Treatment Protocols**, et al.
Medical Control Guidelines