

PURPOSE:

This policy serves as a guide to delineate On-line Medical Consultation roles and responsibilities for Aspirus MedEvac (MedEvac) Wisconsin patient transports. *Michigan Transports Medical Control is delineated by Michigan Regional Medical Control Processes.*

AREAS AFFECTED/STAKEHOLDERS:

All Wisconsin Aspirus MedEvac Transport Teams

DEFINITIONS

On-line Medical Consultation has been defined as real-time physician direction via radio or telephone of EMS personnel at the incident of an emergency and en route to a hospital or during inter-facility transports. Medical Consultation is the current preferred term for the previous term of Medical Control.

- WI DHS 110(40) “Medical consultation” means all of the following:
 - (a) Direction of patient care through written or verbal orders.
 - (b) Supervision and quality control of patient care by the service medical director or by a physician designated by the service medical director.
 - (c) Coordination of all medical-related activities of EMS professionals in a pre-hospital setting or interfacility transport of a patient.

Medical Director: means a physician who trains, medically coordinates, directs, supervises, establishes standard operating procedures for, and designates physicians for direction and supervision of, emergency medical services practitioners and who reviews the performance of emergency medical services practitioners and ambulance service providers. [WI Statue 256.01 (11), WI Rules 110.04(42)]

On-Call Medical Director or Designee: The MedEvac Medical Directors strive to maintain 24/7 availability to provide clinical oversight and support to the program.

- MedEvac Medical Directors will develop a call schedule that will be maintained by the MedEvac Communication Center
 - On-Call duties will be a mixture of times the respective physicians are on-duty in the emergency department and times outside of emergency department shifts
- If the designated On-Call Medical Director is not immediately available, other MedEvac Medical Directors may also be contacted if needed.
- In addition, the on-duty emergency medicine physicians at Aspirus Wausau Hospital serve as the next line of medical consultation (Designee) if the On-Call Medical Director is not immediately available

GENERAL INFORMATION:

- Aspirus MedEvac Medical Directors are responsible for protocols, scope of practice and care provided by Aspirus MedEvac personnel.
- The sending physician/NP/PA bears responsibility for the patient during inter-facility transports until the patient arrives at the receiving facility per EMTALA regulations.

911 EMS Medical Consultation

- For patients en route to a hospital or with a destination hospital determined, the preferred Medical Consultation is the ED Physician at the intended destination hospital
- For patients on-scene without a destination hospital determined or as an alternative to the intended receiving hospital, the ED Physician at the Aspirus Hospital within the EMS response area serves as the Medical Consultation Physician.
- The Medevac Medical Director On-Call is available for situations needing additional physician input or operational matters

Inter-Facility Transports

- A. Treatment clarification and recommendations that are within MedEvac protocols and preference-type questions should be directed to the sending or receiving physician.
 1. Alternatively, the emergency department physician on duty at the receiving facility would be the first-line alternative.
 2. If the above physicians are not available or further guidance is needed, then the On-Call Medical Director or designee should be contacted.
- B. Treatment clarifications and recommendations about medications, treatments, or procedures that deviate from MedEvac Protocols should be directed to the On-Call Medical Director.
 1. Medications, treatment, or procedures that deviate from MedEvac protocols but are within the practitioner's scope of practice and the practitioner is comfortable performing do NOT need to be approved by the On-Call Medical Director or designee, but he/she is available to assist MedEvac personnel.
- C. Treatment conflict between sending and/or receiving physician(s) and MedEvac personnel should be directed to the On-Call Medical Director or designee

Specialty Transport

Transports to/from Labor & Delivery Units, Pediatric Intensive Care Units, Neonatal Intensive Care Units OR Specialty cardiac transports (Balloon Pump, Impella, LVAD, ECMO)

- Prior to transport to/from any of the above units, the MedEvac Personnel will:
 - Determine the most appropriate and direct contact information for the Sending and Receiving Providers
 - Determine indications for contacting the Sending versus Receiving Provider during transport for medical consultation questions, orders, etc
- If the MedEvac Personnel consider the transport high risk or have any questions or concerns about reported treatment recommendations, a conference call will occur with the MedEvac Personnel, Sending and Receiving Providers PRIOR to initiation of transport
 - MedEvac Communications Center or Aspirus Admission and Transfer Center can help facilitate the conference call
 - If ongoing concerns about transport and treatment recommendations exist, then the MedEvac Medical Director On-Call should be added to the conference call with the MedEvac Personnel, Sending and Receiving Providers
- During transport, MedEvac Personnel will contact the Sending or Receiving Provider for Medical Consultation needs
 - If MedEvac Personnel have ongoing concerns about treatment recommendations, then the MedEvac Medical Director On-Call should be added to the conference call with the MedEvac Personnel and Sending/Receiving Provider

Medical Consultation for Operational Matters

- A. Operational Matters needing physician input should be directed to the On-call Medical Director or designee
- B. Examples include but are not limited to weather limitations preventing transports, utilization of non-standard equipment or personnel, transport mode disagreements, and unusual delays in initiating transport
 - The above operational matters do NOT require the notification of the On-Call Medical Director or designee but he/she is available to assist MedEvac personnel.

Procedure:

- A. Prior to initiation of transportation, questions or concerns about patient management should be addressed to sending physician in-person or to the receiving physician via through typical communication processes with MedEvac Communication Center
- B. During transport, online medical consultation requests should be facilitated through typical communication processes with MedEvac Communication Center
- C. On Call Medical Director Schedules are developed by the MedEvac Medical Directors and are maintained by MedEvac Communication Center
- D. Consultations with physicians should be documented in the EMS Patient Care Report; documentation should include but not limited to Physician Name, Time, Orders Received, Other Pertinent Details