

“The Medical Directors Committee: Today and Tomorrow”

In the ideal world there will be no encumbrances or restrictions, no legislative decrees, no rules or statutes, and no prohibitions affecting community welfare. The welfare and protection of the community would be paramount, there is respect for individual freedoms, resources would be adequate, money would not be an issue, and all contingencies would be planned. But, we don't live in an ideal world and the realities of prohibitions, rules and regulations, and limitations of time, money, and resources are a fact of life. In the real world there are temperance's put on individuals, legislative mandates oversee community interests, and there are times when the community's needs will supersede individual interests.

The medical directors committee should oversee all clinical and logistical operations of a comprehensive emergency services plan related to traumatic events and natural and man-made disasters, incorporating population specific needs as it relates to the well being of the citizens of Texas. It should participate:

- 1) in the ongoing development Regional Medical Operation Centers,
- 2) in the development of a multi-casualty incident plan involving all hospitals in the event of any natural or man-made disaster and develop prehospital plans to coordinate activities outside the structured confines of the hospital unit. These can include prehospital medical operations centers, prehospital triage centers, and prehospital holding and treatment centers in areas distant from hospital facilities and when/where hospital facilities will be overwhelmed and where there are specific problems related to rural areas.
- 3) in the development of standardized emergency response protocols to achieve the highest level of response in the field based on educational and operational experience and available equipment, and develop standards of care in altered conditions. It may make recommendations in the types of equipment necessary to attain these goals.
- 4) in oversight in multi-agency assistance plans, in access to the emergency medical system, in communications and dispatch criteria, and patient transfer in times of disaster.
- 5) in the assessment of capabilities to shelter in place and evaluate plans for evacuation to safe areas as indicated.

The medical directors committee should receive after action plans after any multi-disciplinary event, assess quality improvement efforts and challenges in the implementation of in-field care based on these actual events as described in the after action plan presented, and make recommendations for improvement. This will allow agencies to identify appropriate diagnostic and implementation tools, analyze approaches and consider policy tradeoffs, and revise and refine specific plans/protocols. It will network and discuss experiences and develop 'best practice' guidelines, improving

communications, decreasing errors, improve efficiency and promote a team approach to in-field operations.

The medical directors committee will promote the exchange of information and educational opportunities. It will ensure that program designs dictated by legislative mandate are distributed among the regional advisory councils and formulate educational plans in concert with these provisions. It will develop continuing education programs for medical directors (statewide) to keep them abreast of technological advances and legislative requirements in concert with the other GETAC committees. It will develop a program requirement for all new medical directors to familiarize them with their scope of responsibility. It will continue to provide input into the State rule making process.

The medical directors committee will develop a white paper recognizing EMS as an essential service for presentation to such organizations that may be able to effect legislative change. It will further document the cost/benefit ratio of in-field treatment in allowing the reimbursement of non-transport services, and develop guidelines for in-field treatment and discharge as part of the medical directors protocols.

The medical directors should look at state supported internship programs, over and above the NHTSA/National Registry dictated programs, to allow EMT personnel to become proficient prior to their accepting responsibility inherent to in-field operations. A white paper outlining the inherent benefits/liabilities should be presented to such organizations that can affect change.

The medical directors committee should develop educational programs to make local jurisdictions aware of collaborative efforts among EMS, fire, police and in combination with local offices of emergency management to effect security and well being for all the citizens of Texas.

We have come a long way, developing a position paper regarding the EMS National Scope of Practice Model for the state of Texas, followed by a position paper on the Pediatric Equipment List for Ambulances and ventilatory support for pediatric patients. We have further defined what the definition of a patient is for EMS. We must now tackle some of the most important issues, many listed previously, and including in-field operations and continuity of care in altered conditions. There must be continued surveillance for opportunities to develop and recognize Emergency Medical Services as a specialty of medicine.

Respectfully submitted,

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