

# MEDICAL DIRECTION AND MEDICAL CONTROL OF AIR MEDICAL SERVICES

## Position Statement of the Air Medical Physician Association

Approved by the AMPA Board of Trustees

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## MEDICAL DIRECTION

The Air Medical Physician Association believes that all air medical services require the active involvement and participation of a physician Medical Director(s) who shall be responsible for supervising, evaluating and ensuring the quality of medical care provided by the air medical transport team.

At all times, medical direction must be consistent with the following priorities. Safety of the crew, patient and vehicle must always be the first priority. The second priority is the provision of appropriate patient care. Finally, after addressing safety and patient care, medical direction should be committed to the appropriate utilization of medical transport resources and cost-effective patient transport.

## RESPONSIBILITY AND AUTHORITY OF THE MEDICAL DIRECTOR

The Medical Director of an air medical service shall:

1. Have the final authority over all patient care and clinical aspects of the air medical service.
2. Oversee and assure that:
  - a. Medical personnel have adequate training and qualifications to deliver appropriate medical care.
  - b. Appropriate medical equipment and supplies are available. Appropriate vehicle selection is made for transport.
  - c. Patients are transported to appropriate destinations.
3. Have the responsibility and authority to develop and implement medical care policies and procedures and clinical standards commensurate with the scope of care of the air medical service in accordance with applicable laws and regulations.
4. Participate in the determination of the qualifications, hiring, training, continuing education and competency evaluation of all air medical service medical personnel.

5. Have the authority to restrict the patient care activities of any medical crewmember who does not meet the specified training program or whose performance is inconsistent with established policies, procedures, patient care protocols or clinical standards of care.
6. Be involved in any/all air medical service administrative decisions that may affect patient care.
7. Be actively involved in the air medical service continuous quality improvement (CQI) program.
8. Serve as a liaison to the medical community served by the air medical service.
9. Coordinate the orientation and training of any physicians providing on or off-line medical control for the air medical service with regard to the program policies, procedures, patient care protocols and clinical standards.
10. Help resolve disputes regarding medical direction/control and patient care issues.

## QUALIFICATIONS OF THE MEDICAL DIRECTOR

The Medical Director of an air medical service shall:

1. Be licensed and authorized to practice in the jurisdiction(s) which serves as a base for the air medical service.
2. Be actively involved in the care of critically ill and/or injured patients.
3. Have the educational experience and exhibit expertise in those areas of medicine commensurate with the scope of care of the air medical service or utilize consultant specialty physicians, as indicated.
4. Be experienced and knowledgeable in aspects of air and ground patient transport commensurate with the scope of care of the air medical service. These areas shall include, but are not limited to:
  - a. Program safety.
  - b. In-flight patient care capabilities and limitations.
  - c. Flight physiology and the clinical stresses of flight.
  - d. Appropriate utilization of air medical services.

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- e. Biomedical equipment appropriate to the transport environment.
- f. Infection control.
- g. Stress recognition and management.
- h. Hazardous materials recognition and response.
- i. Any applicable statutory laws, rules or regulations that may impact patient care.

### OBLIGATIONS OF THE AIR MEDICAL SERVICE

The qualifications, responsibilities, and authority of the Medical Director should be specified in a written agreement between the physician and the air medical service. The air medical service must empower their Medical Director with the authority and necessary resources commensurate with the responsibilities identified, which should include:

1. A job description detailing the Medical Director's authority, responsibility and expectations.
2. Compensation for professional services.
3. Indemnification for actions and duties as Medical Director of the air medical service.
4. Personnel support, equipment and supplies.

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### MEDICAL CONTROL

The Air Medical Physician Association believes that all air medical transports require physician medical control and that the responsibility for assuring appropriate medical control rests with the Medical Director(s) of the air medical service.

The Medical Director has the final authority over all patient care aspects of the air medical service, which includes medical control for all transports. The Medical Director may, however, delegate the responsibility and authority for medical control to other qualified individuals.

The Medical Director is responsible for selecting, orienting, and ensuring the competency of any medical control physician. Orientation activities shall include review of the policies, procedures, patient care protocols and in-flight patient care capabilities and limitations of the air medical service.

Appropriate medical control must take into consideration the medical care requirements of the individual patient and a thorough knowledge of the scope of care that can be provided by the air medical transport team. The scope of care for each air medical service is based upon the patient care capabilities of the transport personnel, available medical equipment, formulary, and the capabilities and limitations of their transport vehicles.

Medical control physicians must have the experience and knowledge to assure that appropriate medical control and medical care are rendered and consistent with the scope of practice and the mission of the air medical service. If the experience of the medical control physician in a particular clinical area is insufficient to assure appropriate care, the medical control physician should seek suitable and timely consultation.

### METHOD OF MEDICAL CONTROL

Medical control may be accomplished in one of three ways: on-line, off-line and visually. On-line medical control represents direct real-time voice communication between the medical control physician and the transport team. During off-line medical control, there is no direct contact between the transport team and the medical control physician. Patient interventions follow written medical protocols or standing orders provided by the Medical Director, medical control physician, referring physician or receiving physician. Visual medical control occurs when a medical control physician is physically present during the transport.

### RESPONSIBILITY AND AUTHORITY FOR MEDICAL CONTROL

#### Interhospital Patient Transfers

While medical control for interfacility transfers may be assumed by the transferring physician, receiving physician, or the Medical Director (or designee) of the air medical service, AMPA believes that medical control should remain the responsibility of the Air Medical Director or his/her designee. Any variation from this standard should be specified in a patient transfer agreement or at the time of request for air medical transport.

#### Pre-hospital Patient Transfers

While medical control for pre-hospital transfers may be assumed by the receiving physician, EMS base station, or air medical service Medical Director (or designee), AMPA believes that medical control should remain the responsibility of the Air Medical Director or his/her designee.