

I. FOUNDATION FOR POLICY

A. It is the responsibility of the EMS Medical Director to:

1. Assure that the EMTs initial training meets the standards established by the State of Wisconsin and the EMS medical community.
2. Provide continuing education to maintain knowledge and the skill levels of the EMS provider.
3. Establish Standards of Care, Medical Procedures, Standards for Practical Skills, and Administrative Policies to define and guide professional practice.
4. Supervise and evaluate individuals licensed with the EMS service.
5. Provide access to additional training or other support services as needed.
6. Actively seek solutions to issues identified through the Quality Improvement process.
7. Take appropriate corrective actions upon identification of activities by an EMT that negatively impact the EMS service and/or patient care.

B. It is the responsibility of the individual EMT to:

1. Attain and maintain knowledge and skills necessary to safely practice as a licensed EMT in the EMS Service.
2. Provide medical care within their scope of practice with the needs of the patient as the primary concern.
3. Accept personal responsibility for maintenance of professional standards.
4. Provide emergency medical services as outlined in Standards of Care, Medical Protocols, Standards for Practical Skills, and Administrative Policies of the EMS Service.
5. Conduct his/her practice in a manner that reflects positively on self, peers, and the EMS Service.

II. PURPOSE OF POLICY

A. Upon identification of a potential problem or upon receipt of a complaint regarding provision of pre-hospital care or the action of any individual(s) licensed within the EMS Service, it is the responsibility of the Medical Director and/or his/her designee to investigate the allegations impartially and completely. Such investigation will adhere to due process and consist of the following phases:

1. FACT FINDING PHASE

- a. All complaints or allegations must involve a specific incident or series of incidences and may be lodged by any individual or organization. Any individual named in a complaint has the right to all information obtained by the Medical Director, including the source of the complaint.
- b. Fact finding activities will begin within two (2) working days of the receipt of the complaint and should be complete within 14 days of the initial notification of the incident. The Medical Director or his/her designee is responsible for the initial contacts and collection of information.
- c. Fact finding activities will include contact with the complainant for additional information as necessary and telephone or personal contact with the EMT involved.

- d. The EMT will be informed of the specific complaint and the individual or organization that brought the problem to the attention of the Medical Director.
- e. The EMT will respond verbally, providing such information as necessary to clarify or resolve the issues. Written replies may be requested by the Medical Director or his/her designee and must be completed and submitted within 9 calendar days.
- f. The Medical Director or his/her designee will then review the information and generate a report.
- g. All reports will be classified as either an **Educational** or **Disciplinary** issue.
 - 1) An **Educational Issue** is one in which it is determined that the complaint/problem was created by a lack of understanding of academic foundation, Standard of Care, Medical Protocol(s), or System Policy(ies).
 - 2) A **Disciplinary Issue** is one in which there is willful or repeated violation of a Standard of Care, Medical Protocol, or System Policy where the EMT has the appropriate academic foundation and/or has received remedial education regarding the Standard, Protocol, or Policy.

2. RECONCILIATION PHASE

- a. For **Educational Issues**, the EMT involved will be notified by letter of the results of the fact-finding.
 - 1) The letter will be sent to the home address of the EMT.
 - 2) The EMT will be instructed to contact the Medical Director to arrange a meeting date and time.
 - 3) If the EMT fails to contact the Medical Director or his/her designee within five (5) days from the date the letter was mailed, the EMT will be contacted by phone to verify receipt of the letter and to schedule the educational session.
 - 4) The Medical Director or his/her designee will conduct the educational session within five days of the call.
 - 5) Failure to respond to the letter and telephone contact or refusal to attend a scheduled educational session will be reported, verbally and in writing, to the EMT's EMS Service Director accompanied by a request for formal action by the EMS Service. This report will contain the details of the complaint, the results of the fact-finding, and the documentation of contact with the EMT.
- b. In **Disciplinary Issues**, the EMT involved will be notified by letter of the results of the fact-finding.
 - 1) The letter will be sent to the EMT's home address. A copy of that letter will be sent to the EMT's EMS Service Director with a cover letter from the Medical Director requesting disciplinary action.
 - 2) If a potential risk to public safety is alleged, the Medical Director retains the right to impose sanctions on the practice of any individual EMT including limits on patient contact from the start of the fact-finding phase through the disciplinary action of the EMS Service.
- c. Actions requested of the EMS Service Administrative Officer by the Medical Director may include but are not limited to:

- 1) No disciplinary action indicated.
- 2) Monitoring of performance for a specified period of time including specifics of who will do the monitoring and the evaluation tools that will be employed to monitor progress.
- 3) Counseling, including specific issues of concern, improvement expected and the evaluation process to be used to determine progress.
- 4) Written reprimand to the individual with copies to the EMS Service and the EMT's file.
- 5) Probation with the specifics of the conditional terms under which the EMT may continue to practice, the time of reviews, and the behavioral changes expected along with the evaluation tools to be used to monitor progress.
- 6) Suspension of particular EMS duties, the period of time suspension is to be enforced and the conditions for removal of suspension.
- 7) Withdrawal of Medical Control with notification to the EMS Service and the State of Wisconsin Department of Health Services EMS Systems Section that the Medical Director will no longer accept any medical responsibility for the actions of the individual.

3. CONSEQUENCES AND CONFIDENTIALITY

- a. No action by the Medical Director and/or his/her designee is to be construed, implied, or meant to affect the individual EMT's employment status, hourly wage, or future employability. The results of all phases are limited to the extent to which medical control will be extended to the EMT. The consequences, as they relate to the EMT's employment status are to be handled by the EMT's employer through established policy.
- b. The Medical Director, maintaining the confidentiality of patient information and that of the EMT, will retain on file, records of complaints, results of the investigations, and the actions taken.

4. RIGHT TO APPEAL

- a. The decision of the Medical Director is final as far as his/her rights are concerned regarding provision of Medical Control to the EMT. However, appeal of any decision may be handled through local policy and protocol if such procedures are established.