

DELTA COUNTY MEDICAL CONTROL AUTHORITY

Organizational Structure of Delta County Medical Control Authority

(Reference PA 368 of 1978 Part 209)

Authority for Designation of A Medical Control Authority

The Department of Community Health, Emergency Medical Services & Trauma Systems (the Department) is responsible for designating a medical control authority as the medical control for emergency medical services for a particular geographic region. (Section 20910(g)). The medical control authority shall operate in accordance with the terms and level of its designation. In designating a medical control authority, the Department shall assure that there is a reasonable relationship between the existing emergency medical services capacity in the geographical area and the estimated demand for emergency medical services in that area.

Medical Control Authorities (MCA) are designated to provide medical control. Medical control means *“supervising and coordinating emergency medical services through a medical control authority, as prescribed, adopted, and enforced through department-approved protocols, within an emergency medical services system.”* Delta County Medical Control Authority (DCMCA) is responsible for the supervision and coordination of the EMS system within Delta County as prescribed, adopted and enforced through department-approved protocols (Section 20906(4)).

Definition of what comprises Delta County Medical Control Authority

The Delta County Medical Control Authority (DCMCA) shall function as a as an independent organization administered by OSF - St Francis Hospital and Medical Group (OSF-SFH) as authorized by PA 368 of 1978 Part 209 and in compliance with Department rules.

Note: Each agency and individual are accountable to the DCMCA in the provision of emergency medical services, as defined in protocols developed by the DCMCA and approved by the Department.

MEDICAL CONTROL AUTHORITY – BOARD; ADVISORY BODY; MEDICAL DIRECTOR; EXECUTIVE DIRECTOR/KEY STAFF. RESPONSIBILITIES AND APPROVAL

The Delta County Medical Control Authority shall do all of the following:

- Appoint an Advisory Body as defined in Section 20918 (2) and (4).

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- The Advisory Body shall meet at least quarterly.
- Appoint a Medical Director, with the advice of the Advisory Body, in accordance with Section 20918 (3) of the code.
- Appoint Executive Director/Key Staff for the purpose of operational direction and coordination of the functions of the MCA.
- Appoint Professional Standards Review Organization (PSRO) for the purpose of improving the quality of medical care.
- Make each licensed Life Support Agency (LSA) and individual accountable to the Medical Control Authority in the provision of emergency medical services, as defined in department-approved protocols.
- Establish written protocols for the practice of Life Support Agencies and EMS personnel.
- Collect data as necessary to assess the quality and needs of emergency medical services throughout its medical control authority region.
- OSF – St. Francis Hospital shall follow all standards, policies, procedures, and protocols established by the medical control authority and approved by the Department.
- DCMCA shall submit to the department current protocols for review and approval. Department approval shall be on a cycle as defined by the department.
 - DCMCA may submit updated protocols as needed.
- DCMCA shall notify the department if a life support agency is consistently unable to provide at least 1 life support vehicle 24-hours-a-day, 7-days-a-week.

DCMCA Board

The board shall be comprised of hospital administration, members of the Department of Emergency Medicine, and the Chair/Vice-Chair of the advisory body. The DCMCA board members are appointed by the President/CEO of OSF - St Francis Hospital. The board may include other representatives recommended by the advisory body and appointed by the hospital President/CEO.

DCMCA Advisory Body

The Advisory Body shall be comprised, at a minimum, of a representative of each Life Support Agency and each type of emergency medical services

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personnel functioning within the DCMCA's boundaries (Section 20918(2)).

The Advisory Body shall, at a minimum, do the following:

- Advise the DCMCA on the appointment of a medical director.
- Advise the DCMCA on the development of protocols.
- Meet at least quarterly.

Medical Director

The DCMCA, with the advice of the Advisory Body, appoints the Medical Director. The Medical Director shall be a physician who is board certified in emergency medicine by a national organization approved by the department, or who practices emergency medicine and has successfully completed and is current in both advanced cardiac life support (ACLS) and advanced trauma life support (ATLS), and who meets other standards set forth in department rules.

The Medical Director is an agent of the DCMCA and is responsible for medical control for the emergency medical services system.

The Medical Director shall ensure the provision of medical control. The Medical Director's signature on a Life Support Agency's application for licensure or relicensure affirms that the Medical Control Authority intends to provide medical control to the Life Support Agency.

The Medical Director shall do all of the following:

- Participate every 2 years in not less than one department-approved educational program relating to medical control issues.
- Be responsible for the supervision, coordination, implementation, and compliance with protocols of the Medical Control Authority.
- Receive input from, and be responsive to, the Advisory Body.
- Complete, within one year of initial appointment, a medical director's educational program provided by the department.

Executive Director / Key Staff

The Medical Control Authority Executive Director / Key Staff works under the direction of the President/CEO of OSF - St. Francis Hospital and Medical Group and reports to the Delta County Medical Control Authority Board. This position directs and coordinates the functions of the Medical Control Authority.

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The MCA Executive Director / Key Staff shall do the following:

- Assures continuous compliance with all relevant emergency medical services standards.
- Assesses and monitors all OSF - St. Francis Hospital and Medical Group policies, procedures, and activities for compliance with regulatory standards. Evaluates appropriate corrective action in conjunction with relevant management, and ensures appropriate documentation is completed and maintained.
- Serves as a resource person and consultant to Hospital and Medical Group committees and DCMCA Life Support Agencies on emergency management standards, policies, and procedures.
- May represent the Hospital and Medical Group at professional meetings or attend various other meetings with the community concerning EMS, emergency services and disaster management.
- Develops and implements all Medical Control Authority policies, procedures, protocols, and standards.
- Develops and implements a program for dissemination of Medical Control Authority information by direct contact with Life Support Agencies.
- Coordinates and insures that DCMCA Professional Standards Review Organization Committee (PSRO) activities occur on a regular and timely basis in conjunction with the Medical Director, EMS Provider management staff and MCA committees.
- Responsible for review of calls of DCMCA EMS agencies at all levels of licensure, providing feedback and follow up on any issues that are found in cooperation with the Medical Director and the DCMCA Professional Standards Review Organization Committee (PSRO).
- Responsible for follow-up and investigation of reported incidents in conjunction with the Medical Director, MDHHS, and appropriate MCA committee.
- Responsible for regular protocol review in cooperation with the Medical Director are appropriate MCA committee.
- Coordinates regular meetings of all MCA committees.
- Participates in state and regional activities associated with Medical Control authority development and networking. Participates in select committees related to the improvement of organizational preparedness and security.
- Maintains regular contact with EMS related training services in an effort to

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ensure adequacy and efficacy of EMS training programs.

- Participates in the development and implementation of the EMS component of local emergency operations plan.
- Works in conjunction with the Trauma Program Manager and the Trauma Medical Director in the development, implementation, and operation of the OSF St. Francis Hospital trauma program.

Life Support Agencies and Prehospital Personnel

Life support agencies and individuals licensed under Part 209 of P.A. 368 of 1978, as amended, are accountable to the medical control authority in the provision of emergency medical services as defined in protocols developed by the medical control authority and approved by the department (Section 20918(6)).

Statutory Protocol Requirements of the Medical Control Authority

Medical control authorities are required to comply with the statute and with the promulgated rules. A medical control authority shall establish written protocols for the practice of life support agencies and licensed emergency medical services personnel (Section 20919 (1)). Protocols are defined as a patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the department (Section 20908 (9)). Required protocols are found in Part 209 of P.A. 368 of 1978, Section 20919 and will also include the following areas:

1. The acts, tasks, or functions that may be performed by each type of personnel licensed under this part. EMS personnel shall not provide life support at a level that exceeds the life support agency license and approved protocols.
2. Procedures to assure that life support agencies are providing clinical competency assessments to EMS personnel before the individual provides emergency medical services within the DCMCA region.
3. Medical protocols that require the appropriate dispatching of a life support agency.
4. Protocol for complying with the Michigan do-not-resuscitate procedure act.
5. Protocols defining the process, actions, and sanctions DCMCA may use in holding a life support agency or personnel accountable. This shall include disciplinary action against a life support agency and emergency medical services personnel.

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6. Protocols defining the process to immediately remove medical control if the DCMCA determines that an immediate threat to the public health, safety, or welfare exists. The Protocol shall specify that a medical control authority have 3 business days to hold a hearing and make a determination.
7. Protocols to ensure that if medical control has been removed or suspended from a participant within the DCMCA, the participant does not provide prehospital care until medical control is reinstated, and that the DCMCA notifies the department within 1 business day of the removal.
8. Protocols that ensure a quality improvement program is in place. The quality improvement program shall include a requirement that each life support agency collects and submits data to the medical control authority. Data shall be reviewed by the medical control authority professional standards review organization. Data shall be protected in accordance with Section 20919 (1) (g) of the code.
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10. Protocols to ensure that appeals process of a medical control decision is in effect.
11. Protocols that delineate that if life support agencies routinely transport prehospital patients to hospitals outside of their originating medical control authority region, they will comply with the originating medical control authority protocols.
12. Written procedures for the security, control, dispensing, and exchange of pharmaceuticals, intravenous solutions, tubing, and related apparatus. Life support agency medication exchange shall only take place with a participating hospital or freestanding surgical outpatient facility.

At least 60 days before adoption of a protocol, the DCMCA shall circulate a written draft of the proposed protocol(s) to all significantly affected persons within the emergency medical services system served by the medical control authority and submit the written draft to the department for approval. Following department approval of a protocol, the medical control authority may formally adopt the protocol.

Protocols adopted by the medical control authority and approved by the department have the force and effect of law.

Medical Control -- Sign off on Life Support Agency Applications

P.A. 368 of 1978, as amended, requires that a life support agency and vehicle operate under a medical control authority (Section 20921 (c)). Because of this

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requirement, a life support agency must provide the department with documentation that it will participate in a medical control authority and remain in compliance with approved protocols as a condition of licensure.

When the medical director of the medical control authority signs an application for licensure of a life support agency (Part 1), the signature indicates that the medical director and/or authority has reviewed the application and provided comments, where deemed appropriate, and agreed to provide medical control to that life support agency.

Suspension, Removal or Restriction of Medical Control

If the medical director or the authority refuses to sign the application for licensure or relicensure of a life support agency, then the medical director shall notify the department, in writing, within 5 business days, providing justification for denial. Refusal of the medical director to sign a life support agency application shall result in denial justification review by the department. Process details are found in administrative rules and State Protocol.

The address of the Delta County Medical Control Authority is:
3401 Ludington St
Escanaba, MI 49829