

# MEDICAL DIRECTORS AGREEMENT

(Quick Response Service)

I, the undersigned physician, represent that I satisfy the criteria to serve as a Quick Response Service (QRS) Medical Director and agree to perform the duties for the following QRS:

Name of Service: Allegheny Mountain Rescue Group

AFFILIATE#: \_\_\_\_\_

Address: c/o Dept. of Emergency Medicine, UPMC Mercy, 1400 Locust St.

City: Pittsburgh State PA Zip: 15219-5166

## Qualifications:

**NOTE: This does not include a current emergency medicine resident physician that functions as a medical command physician within an emergency medicine residency training program.**

I am an approved medical command physician in Emergency Medical Service Institute (Region) or meet the following requirements:

1. Hold a valid unrestricted license as a physician in Pennsylvania.
2. Satisfy one of the following:
  - a. Prior to October 14, 2000, have completed 3 year residency program in emergency medicine.
  - b. Have served as a medical command physician in this Commonwealth prior to October 14, 2000, the date of the amended regulations.
  - c. Have successfully completed or taught the ACLS course within the preceding 2 years and have completed, at least once, the ATLS course, and either an APLS or PALS course other programs determined by the Department to meet or exceed the standards of these programs. (Copies of certificates and other proof must be submitted.)
3. Have completed the continuing medical education credits required for membership in the American Medical Association or its equivalent,
4. Be a full-time emergency physician or practice emergency medicine for at least half time of a full-time medical practice.
5. Possess a valid Drug Enforcement Agency (DEA) number.
6. Have completed the Medical Command Course.

**I accept the following responsibilities associated with being a QRS medical director:**

**1. Providing medical guidance to the QRS, including:**

- (a) Reviewing the Statewide BLS medical protocols and the EMS regional transfer and medical treatment protocols, and ensuring that the services personnel are familiar with them and amendments and revisions thereto.**
- (b) Providing guidance to the QRS with respect to the ordering, stocking and replacement of drugs, and compliance with laws and regulations impacting upon the service's acquisition, storage and use of those drugs.**
- (c) Participating in the regional and statewide quality improvement planning, including continuous quality improvement reviews of patient care and the services interaction with the regional EMS system quality improvement programs.**
- (d) Recommending to the relevant regional EMS council, when appropriate, specific transfer and medical treatment protocols for inclusion in the regional transfer and medical treatment protocols.**

**2. Granting, denying or restricting medical command authorization to members of the QRS pre-hospital personnel who require this authorization, and participating in appeals from decisions to deny or restrict medical command authorization in accordance with Section § 1003.28 of the rules and regulations, relating to medical command authorization.**

**3. Performing medical audits of patient care provided by the QRS pre-hospital personnel.**

**4. AED**

- (a) Will maintain rosters and documentation as it relates to training and education related to use of the device**
- (b) Will ensure that all manufacturers suggested upgrades are completed on said units in a timely manner**
- (c) Will ensure that all patient pads are replaced on or before manufacturer recommended dates**

**5. EPI Pen (If Applicable)**

- (a) Will maintain rosters and documentation as it relates to training and education related to use of the device**
- (b) Will ensure that each BLS Unit is stocked with at least (2) Adult and (2) Child devices.**

**6. Pulse Oximeter (If Applicable)**

- (a) Will maintain rosters and documentation as it relates to training and education related to use of the device**
- (b) Will ensure that all manufacturers suggested upgrades are completed on said units in a timely manner**
- (c) Will ensure that all patient probes are replaced as necessary according to manufacturer recommendations**

I agree that I will provide the QRS with 30 days written notice prior to terminating this agreement. I understand that this agreement must be renewed upon re-licensure of the service. The service or the regional EMS council has provided me with copies of the following documents and if not, I have made arrangements to secure them:

- Emergency Medical Services Act and regulations as adopted under the Act
- Regional Medical Treatment/Transfer Protocols
- Approved Drug list and any regional variances

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<b>Signature Medical</b>	<b>Director License Number</b>	
<u>Keith Conover, M.D., FACEP</u>	<u>BC0181975</u>	<u>8/2/11</u>
<b>Printed Name of Medical Director</b>	<b>DEA Number</b>	<b>Date of Agreement</b>