

Iowa EMS Director Course-current
 EMS Med Director IA, WI
 BD-9/27/52

Born- Carroll, Iowa
 Residence-Dubuque, IA
 CP# 563.599.3199
 Workplace- Mercy Hospital Staff ED Physician
 -Level II Trauma Center


Education
 Medical School-UIHC, Iowa City
 Internship Surgery 1977-78

Residency Emergency Medicine
 1978-80
 EMS rotation and assisted in first EMS communication protocol development

Work Experience
 Assistant Professor EM, Department Emergency Health Services, TMC
 1980-83
 Lectures on EM topics and supervised residents
 Director Residency Curriculum
 Kansas City Disaster Preparedness Committee member and created City Disaster plan. Chairman (and writer of) Hyatt
 Regency Disaster Response Committee 1981
 Participated in management, case review, and presented paper of Heat Wave Disaster 1980 in Salt Lake City ACEP meeting
 EMS Lectures Community College

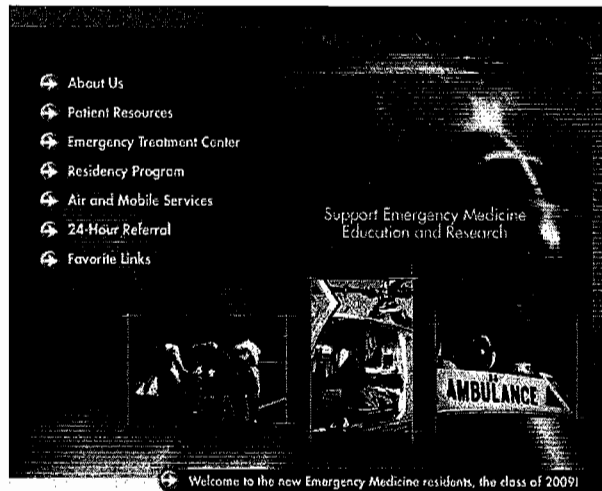
Private Practice Dubuque, IA
 1985-present
 Department Chairman(Adult and Peds)
 Past President, Education and Treasurer positions County Medical Society
 Past Medical Director Mercy EMS(Paramedic) Program
 Continuous EMS medical director multiple county services in IA, and WI
 City of DBQ, Asbury, and E DBQ, IL EMS for many years.

Professional Relationships
 License- IA, WI (Past in MO, KS, IL)
 American College of EP- 1980-1990
 American Academy of EM founding member 1994 to present
 American Board of EM certified in EM continuously since 1981
 National Association of EMS Physicians since beginning (or shortly thereafter) to present.



IOWA Category Grades			
Overall:	C+	Public Health/Safety:	C-
Access:	B-	Medical Liability:	D-
Quality/Patient Safety:	A-		

- **Iowa Compared with the Nation:** Iowa earned a C+ overall for its support of an emergency care system to meet the needs of its residents. Although it achieved excellent ratings for Quality and Patient Safety and above-average ratings in *Access to Emergency Care*, it received a mediocre score in the *Public Health and Injury Prevention* category and a near-failing grade for its *Medical Liability Environment*.
- **Problems:** Iowa had some of the lowest scores in the nation, ranking next to last in the number of board-certified emergency physicians per 100,000 people (50th). Other low marks included annual emergency visits per board-certified emergency physician (48th) and annual payments per fee-for-service enrollee in Medicare (43rd).
- **Iowa received substandard ratings in *Medical Liability Environment*.** Compared with other states, Iowa has taken few steps to ensure that its liability climate supports effective emergency care systems. Only the state's joint liability reform and collateral source reform scores kept it from receiving a failing grade in this category.
- **Good News:** Iowa's grade in *Quality and Patient Safety* was well above the national average. The state ranked 9th in the percentage of its population with access to advanced life support ambulance services. Iowa's grade also was raised due to its disaster response training for hospital personnel. Another positive for Iowa was its use of CDC Preventive Health and Health Services Block Grants for emergency medical services.
- **Iowa ranked 2nd among all states in trauma centers per 1 million people, 7th in number of emergency departments per 1 million people, and 9th in number of registered nurses per 1,000 people.**
- **Recommendations:** Iowa has the facilities for a first-rate emergency health care system, but the state needs more board-certified emergency physicians and a cap on the amount of non-economic damages that can be awarded in medical liability lawsuits. Such a cap would help recruit and retain board-certified emergency physicians.



EMS is a practice of Medicine
Field medics operate under the License of a Physician

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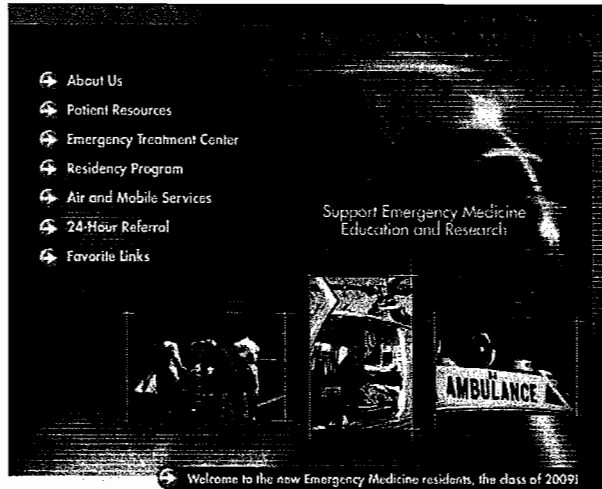
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**Iowa Department of Public Health
Bureau of Emergency Medical Services
Service Program Medical Direction Statement of Affirmation**

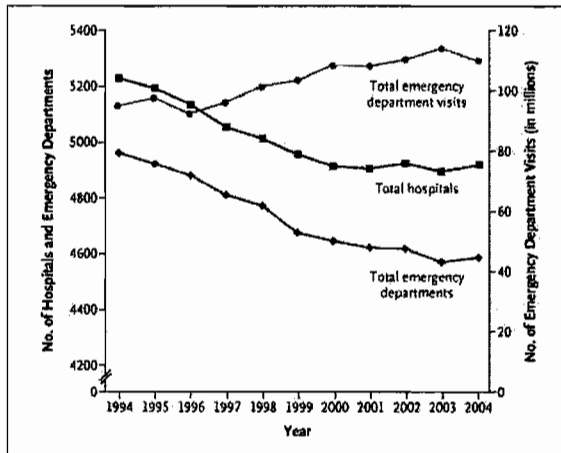
I hereby affirm and declare I have read Iowa Code Chapter 147A and Iowa Administrative Code 641-Chapter 132. The below named Iowa authorized service program(s) will comply with all applicable requirements set forth.

I understand I am responsible for providing appropriate medical direction and overall supervision of the medical aspects of the service program and shall ensure that those duties and responsibilities are not relinquished before a new or temporary replacement is functioning in that capacity.

I understand that, unless previously attended, I must attend an *Iowa EMS Physician Medical Director Workshop* sponsored by the department within one year of assuming duties.

I understand that failure to comply may result in denial, citation and warning, suspension, revocation or probation of the service program's authorization.

Trends in Emergency Department Visits, Number of Hospitals, and Number of Emergency Departments in the United States, 1994-2004



Kellermann A. N Engl J Med 2006;355:1300-1303



State governments should promote the regionalization of prehospital and hospital-based emergency and trauma care. Such interinstitutional cooperation would ensure that patients get to the right hospital at the right time and help hospitals preserve emergency department coverage by on-call specialists.

Panelist Frederick Blum, president of the American College of Emergency Physicians, said, "We currently have no surge capacity to deal with the next big thing that comes along, be it a terrorist attack or a natural disaster" (Washington Post, 9/28).

(A) Each medical director shall meet the following minimum qualifications:

(1) Possession of a valid Ohio medical license;

(2) Active in emergency care of patients;

(3) Active participation with one or more EMS organizations, including but not limited to:

(a) Conducting performance improvement programs;

(b) Conducting education programs;

(c) Conducting protocol updates;

(4) Evidence of high ethical standards and no conflicts of interest;

(5) Evidence that medical director will receive aggregate data from the state EMS office to benchmark at the local level.

(B) Existing medical directors who meet all the qualifications listed in paragraph (A) of this rule are not required to obtain additional training for a period of three years after the effective date of this rule. After three years, such medical directors shall:

(1) Complete the national association of emergency medical service providers (NAEMSP) medical director course, the Ohio American college of emergency physicians (ACEP) medical director course, or other equivalent course approved by the board; or

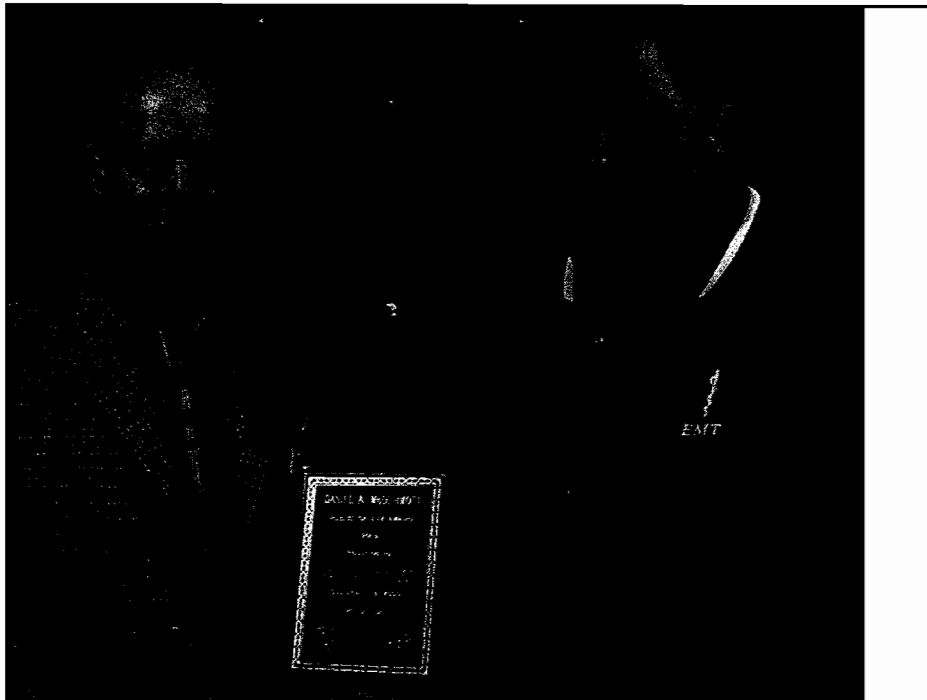
(2) Complete a board eligible/board certified residency program in emergency medicine; or

(3) Submit verification of EMS medical director experience and verification of performance improvement programs or training to the board.

(C) New medical directors, and existing medical directors who do not meet the qualifications listed in paragraph (A) of this rule, shall complete the NAEMSP or Ohio ACEP medical director course, or complete a board eligible/board certified residency program in emergency medicine.

(D) Each medical director is required to participate in peer review and quality improvement programs, as provided in section 4765.12 of the Revised Code.

(E) Each medical director shall register with the board on an annual basis in order to demonstrate that such medical director continues to meet the minimum qualifications listed in paragraph (A) of this rule.



Iowa
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Bureau Chief of EMS
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rjones@health.state.ia.us
www.idph.state.ia.us/ems

- 36/50 states and terr. had Physician EMS Director

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Role of State EMS Medical Director

Approved by the ACEP Board of Directors October 2004
(Policy #400339, Approved October 2004)

The American College of Emergency Physicians (ACEP), the National Association of EMS Physicians (NAEMSP), and the National Association of State EMS Directors (NASEMSD) believe that physician medical direction at the state level is an essential component of EMS systems. The state EMS medical director provides medical aspects of leadership, oversight, coordination, access to best practices, system quality management, and research to ensure the safest and highest quality care for patients. The state EMS medical director completes the comprehensive EMS system that begins at the local level with the individual EMS medical director.

State EMS medical direction requires political, administrative, and financial support to achieve these goals. Ideally, the state EMS medical director will be a board-certified emergency medicine physician. ACEP supports the establishment of a regular full-time position for a state EMS medical director in all states and U.S. territories.

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The State EMS Medical Director seeks input from the Physician Advisory Committee on medical issues. The Medical Director, as a direct consultant to the Department, can make recommendations independent of other advisory bodies.

Duties of the EMS State Medical Director include:

- Serve as quality of care oversight for the EMS system
- Develop and implement a focused quality improvement program for continuous system and patient care improvement. This program is to be developed with input from the EMS Physician Advisory Committee. This will include assisting with the development of a medical director handbook.
 - Develop and/or review standard treatment, triage, and operating protocols
- Facilitate establishment of more structured and standardized procedures for providing pre-hospital care
- Provide medical guidance on hospital designation and/or categorization
- Participate on committees established by the Bureau of Local Health Support and EMS and/or the EMS Advisory Board.
 - Assist in the development of EMS response for disaster preparedness
- Meet with the EMS Physician Advisory Committee on an ongoing basis.
- Provide liaison between the State EMS Office and the medical community
- Assist the Department in establishing and revising rules and regulations
- Serve as a primary medical advisor to the State EMS Office on all medically-related matters

The State of Wisconsin EMS Medical Director is Dr. Keith Wesley. He can be contacted by phone at (608) 266-3269 or by e-mail at wesleak@dhfs.state.wi.us.

[Return to Wisconsin Emergency Medical Services homepage.](#)

Last Revised: April 06, 2006

- EMERGENCY MEDICAL SERVICES
 - ADVISORY COUNCIL BYLAWS

- The bylaws, unless otherwise stated, adhere to Iowa Code sections 147A.2 – 147.3 and Iowa Administrative Code 641, sections 191.1 – 191.18.

- **MEMBERSHIP**

- Membership of the Council shall comprised of the following state or national organizations.

- One physician from each of the following organizations:

- Academy of Pediatrics
- American College of Emergency Physicians
- Iowa Academy of Family Physicians
- Iowa Medical Society
- Iowa Osteopathic Medical Association
- University of Iowa Hospitals and Clinics

- Two out-of-hospital EMS providers from each of the following organizations:

- Iowa EMS Association
- Iowa Fireman's Association
- One out-of-hospital EMS provider from the following organization:
- Iowa Professional Firefighters

- One representative from each of the following organizations:

- The Iowa State Association of Counties
- Iowa Hospital Association
- EMS Education Committee
- Iowa Physician Assistant Society
- EMS Regional Council
- Iowa Nurse's Association

- Revisions approved July 11, 2001.

Missouri Revised Statutes

Emergency Services

Section 190.103

August 28, 2005

Regional EMS medical director, powers, duties.

190.103. 1. One physician with expertise in emergency medical services from each of the EMS regions shall be elected by that region's EMS medical directors to serve as a regional EMS medical director. The regional EMS medical directors shall constitute the state EMS medical director's advisory committee and shall advise the department and their region's ambulance services on matters relating to medical control and medical direction in accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245.

2. A medical director is required for all ambulance services and emergency medical response agencies that provide: advanced life support services; basic life support services utilizing medications or providing assistance with patients' medications; or basic life support services performing invasive procedures including invasive airway procedures. The medical director shall provide medical direction to these services and agencies in these instances.

3. The medical director, in cooperation with the ambulance service or emergency medical response agency administrator, shall have the responsibility and the authority to ensure that the personnel working under their supervision are able to provide care meeting established standards of care with consideration for state and national standards as well as local area needs and resources. The medical director, in cooperation with the ambulance service or emergency medical response agency administrator, shall establish and develop triage, treatment and transport protocols, which may include authorization for standing orders.

4. All ambulance services and emergency medical response agencies that are required to have a medical director shall establish an agreement between the service or agency and their medical director. The agreement will include the roles,

Iowa Department of Public Health
Bureau of Emergency Medical Services

Emergency Medical Services Advisory Council

October 18, 2006 (1:00 p.m. – 3:00 p.m.)
Altoona Fire Department

Agenda

CALL TO ORDER

Introductions and Welcome
Appointments, Re-appointments and Current Vacancies
Approval of July 12, 2006 meeting minutes

REPORTS:

QASP subcommittee
SCOPE subcommittee
EMS Training Programs
Iowa EMS Association
Disciplinary Actions
EMS Bureau Updates

OLD BUSINESS:

A.

NEW BUSINESS

Presentation: Volunteer Medical Director presentation by ?????
Discussion: Certification to licensure process
Discussion/Action: Bylaw revisions

ANNOUNCEMENTS AND ADJOURNMENT

Announcement: Next EMS Advisory Council Meeting Date – January 10, 2007

- Hurdle to being a volunteer field medic
- Money, time, commitment
- Diseases

- Lack of physician oversight
- Lack modernized protocols
- Lack of state wide agenda
- Lack of HEMS oversight

- #1 State EMS Medical Director
- #2 State wide, not category, EM doctor based Advisory Committee
- #3 Decrease the hurdles for medic creation
- #4 Modernize the education of medics
- #5 Support the medical safety net of the state