WVOEMS C2IFT

Memorandum Of Understanding

This document shall serve as a Memorandum of Understanding between the State Medical Director for the West Virginia Office Emergency Medical Services (WVOEMS), a licensed EMS agency, and the agency’s medical director ensuring oversight of those agencies meeting the criteria to offer Class 2 Interfacility Transport (C2IFT) service.

The state medical director for the WVOEMS has direct authority to grant and revoke these privileges. Revocation may occur at any time that the state medical director believes the individual agency or the agency medical director, or both have failed to maintain the criteria required to be a C2IFT agency.

Agency and the Agency Medical Director Requirements:

Both shall have responsibility for making application in writing to the state medical director for the WVOEMS to enroll the agency into the program.

The agency medical director will evaluate each C2IFT transfer for the first year the service is provided and then a sample of the C2IFT calls each month. When new mobile critical paramedics (MCCPs) become members of the agency, the agency medical director will evaluate all of their C2IFT transfers for three months and then a sample each month.

Mobile Critical Care Paramedics and Agency Requirements:

MCCPs will maintain their Critical Care Transport certification as outlined by the WVOEMS.

The agency director and the MCCPs shall meet with the medical director and the nurse director (key personnel) of the emergency department of the hospitals for which they will be providing C2IFT service before the service begins. A repeated meeting will take place if the hospital’s key personnel change.

The MCCP will describe the patients who can be transported on a C2IFT.

The MCCP will communicate that the facility will need to provide all necessary equipment and medications to conduct the C2IFT transfer that would exceed equipment on a stocked WVOEMS approved advanced life support (ALS) ambulance.

All of the agency’s MCCPs will become familiar with the facility’s equipment that would be needed for a C2IFT transfer before the C2IFT service begins.

The agency and the MCCP will ensure the vehicle is prepared for the C2IFT transfer and is stocked with the standard equipment and medications that a WVOEMS-approved ALS ambulance would have, including fuel, oxygen, and usual supplies.

In the event a patient has a life sustaining medication, device, or other complication that is not directly addressed and approved by state guidelines or is not on the state- approved critical care transport medication/procedure list, the sending physician must provide an in-service and the crew must verbalize understanding of the medication-/-procedure, and that they are comfortable transporting the patient.

The transport medication-/-procedure will be documented with signatures from both the sending physician and the MCCP. This documentation will be attached to the patient’s chart.

During the transport if there is a change in the initial transporting diagnosis (e.g., ER from direct admit, stable to unstable, non-STEMI to STEMI), the MCCP will consider diverting from the original destination to appropriate alternate destination. This may include transferring to aeromedical.

If the MCCP needs medical direction, he or she will contact either the receiving physician, sending physician, or Medical Command or medical command physician, or both.

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AGENCY DIRECTOR (printed) Name and Date

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AGENCY DIRECTOR (signature)

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AGENCY MEDICAL DIRECTOR (printed) Name and Date

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AGENCY MEDICAL DIRECTOR (signature):

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STATE MEDICAL DIRECTOR for WVOEMS (printed) Name and Date

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STATE MEDICAL DIRECTOR for WVOEMS (signature):