On-Scene Physician Interaction

The EMS system will be available at all times to provide support for health professionals in emergency medical settings. It is ready to assume responsibility for patient care upon request of a physician who has initiated treatment of a patient with whom he has an established physician-patient relationship.

The EMS system On-Line Medical Control Physician is considered the highest medical authority at the scene of a medical emergency with a patient unattended by a physician. An on-scene physician who does not have an established physician-patient relationship and wishes to assume responsibility must seek permission from the Medical Control physician in order to do so.

EMS Personnel are to receive orders for interfacility patient care from the referring physician provided those orders are consistent with the training of the paramedic and the **Interfacility Patient Transfer Protocol**. If the patient's condition changes to the point that the sending facilities orders did not meet the needs of the patient, the patient will become the responsibility of the EMS system. Appropriate treatment will be performed based on the MCA protocols or from an on-line medical direction.

Procedure:

A. Physician's Office, Clinic or Ambulatory Patient Care Facility
   1. Physician Office, Clinic or Ambulatory Patient Care Facility to hospital transfers are considered scene calls unless a physician-to-physician transfer is designated by the Physician Office, Clinic or Ambulatory Patient Care Facility. EMS personnel will take responsibility for the patient as if the patient were coming from a prehospital scene.
   2. EMS personnel should obtain pertinent history, from the patient and physician (or designee).
      a. If no destination chosen, follow MCA transport protocol
      b. If physician to physician destination decision has been determined, honor that established agreement when possible.

         i. If a valid reason exists to not honor the established transport agreement, contact Medical Control.

B. Free Standing Emergency Department (FSED) to Hospital Transfers
   1. FSED is defined in the MCA Transport Protocol.
   2. A FSED to hospital transfer is considered a physician-to-physician interfacility transfer.
   3. EMS personnel responding to a FSED should receive a patient report from the treating physician (or designee). This report should include the physician's assessment, the requested destination, name of the person who accepted the transfer, care to be given during transport, and any potential problems felt likelyto occur in route.
   4. If EMS personnel do not agree with the destination or proposed orders, they

should discuss this with the transferring physician. If an agreement is not reached, medical control should be contacted to determine the destination and care to be given by EMS personnel in route to the hospital.

5. The scope of practice for EMS when performing a FSED to Hospital transfer is determined by the **Interfacility Patient Transfer Protocol**.
6. At the discretion of the FSED physician, the FSED physician or designated facility staff may treat and accompany the patient during transport with the assistance of the EMS system.
7. Upon departure from the scene, contact Medical Control as would be done for any EMS scene patient.

C. Physician On-scene

1. As time and patient condition permit, EMS personnel should make a reasonable effort to establish the identity or credentials of anyone at the scene of a medical emergency (not a covered by previous sections of this protocol) who professes to be a Michigan licensed physician who expresses an interest in participating in patient care activities.
2. An on-scene physician must identify themself and verify to Medical Control either the fact of an established physician-patient relationship with the patient, or willingness to assume responsibility for the patient and to accompany the patient to the hospital. The Medical Control physician may allow the on-scene physician to provide on-scene Medical Direction and then not accompany the patient to the hospital. Should this occur the Medical Control physician re-assumes responsibility for the patient during transport.
3. The Medical Control physician will verify over the radio his delegation of responsibility to the physician on-scene and the nature of that delegation.
4. A physician on-scene may participate with paramedic(s) in the resuscitation of a patient with permission of Medical Control without assuming full responsibility for the patient. This responsibility will, in this case, remain with the Medical Control physician and the ALS system.
5. It should be noted that responsibility for the patient at the scene rests with the on-line medical control physician. Decisions releasing medical care responsibility to another physician should be considered carefully.
6. If an on-scene health care professional has identified themself, and obstructs efforts of the paramedic(s) to aid a patient for whom they are called, or who insists on rendering patient care inconsistent with the system standards and resists all invitation to function appropriately to the point where his continued intervention will result in obstruction to rendering good and reasonable patient care, EMS personnel should:
   a. Request Public Safety Officers become involved, if necessary, so that the team members can continue to provide patient care according to system protocol.
   b. Communicate the situation promptly to On-Line Medical Control.
   c. Document the behavior of the on-scene health care professional on the patient care record.

D. For on scene interaction with Emergency Medicine Residents, Fellows, Medical Control Physicians, and the EMS Medical Director: MCAs may have an optional protocol specific to programs within their area.