

**SOUTH PLAINS EMERGENCY MEDICAL SERVICES, INC.
MEDICAL DIRECTION CONTRACT**

PROVIDER'S AGREEMENT FOR SPEMS MEDICAL DIRECTION

SERVICE NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

In accepting off-line medical direction from South Plains Emergency Medical Services, Inc. (SPEMS), I/WE agree to abide by the medical treatment protocols and guidelines for medical control authorization as set forth in this agreement. If at any time I/WE fail to maintain full compliance with these requirements, I/WE understand and agree that medical control authorization shall be suspended and I/WE agree to limit the practice of medical care to Basic Life Support functions which do not require Medical Direction until such time I/WE have satisfied these requirements.

I/WE further understand that it is responsibility of the EMS Agency, Service Director, and each certified individual to exercise diligence in maintaining a high level of expertise in patient care as directed in the medical treatment protocols and cooperative policies set forth in Attachment A. If at any time/WE have any reason to question the ability of any certified individual within this EMS Service, I/WE agree to immediately notify the SPEMS Medical Director. I/WE further accept the responsibility to report unsatisfactory performance by any certified individual to the SPEMS Medical Director or his designee. Additionally, I/WE agree to comply with all aggregate directives from the SPEMS Medical Director as ordered from time to time.

As acting agent for said service, my signature below indicates that I/WE have obtained the necessary treatment protocols for the level for care that this service provides. Additionally, I/WE have had the opportunity to ask questions regarding said treatment protocols and guidelines. As Director/Agent for the above mentioned EMS Service, it is my responsibility to ensure all personnel affiliated with said service are well-versed with the SPEMS protocols and have successfully completed the SPEMS protocol exam for their individual certification level.

In summary, I understand that the purpose of this agreement is for physician directed and authorized patient care as defined by the SPEMS treatment protocols. Additionally, I understand that the purpose of this agreement is constructive, expressing MY/OUR commitment to excellence in patient care. The term of this agreement is from date signed, and remains in effect until terminated by either party.

EMS DIRECTOR SIGNATURE

DATE

PRINT EMS DIRECTOR NAME

EMS SERVICE AND COUNTY

CHARLES E. ADDINGTON II, D.O.

DATE

ATTACHMENT A
MEDICAL DIRECTION COOPERATIVE POLICIES
SOUTH PLAINS EMERGENCY MEDICAL SERVICES, INC.

EMS Services & Certified Individuals

All EMS Services and individuals under the SPEMS Medical Director will be responsible for, but not limited to the following:

1. Ensure all patient care is provided as per the current SPEMS treatment protocols.
2. Comply with all directives as described in the current SPEMS treatment protocols.
3. Attend a minimum of four (4) case reviews per year.
4. Maintain certification as required by the status of Texas and rules set forth by the Department of State Health Services.
5. Successfully complete a SPEMS protocol exam with a minimum score of 80%.
6. Provide the SPEMS office with certified individuals' social security number, current address and phone number.
7. Comply with the aggregate policies and procedures as set forth by the SPEMS Medical Director from time to time.
8. Provide patient care only to the extent of the individual's training and certification.
9. Notify in writing the Medical Director if there are/is any changes in licensure, service direction, medical direction, provider status, etc.

EMS Medical Director

The SPEMS Medical Director, Associate Medical Director, and or his designee(s) shall provide off-line medical direction to all levels of emergency medical technicians that are in compliance with the requirements of the current SPEMS medical treatment protocols, and who have an active contract with the SPEMS Medical Director. This agreement will be subject to a yearly review. The SPEMS Medical Director will provide the following:

1. Medical Direction will monitor and revise as needed training standards, and the SPEMS treatment protocols.
2. Medical Direction will provide consultations upon request concerning patient care, equipment, and field performance standards as well as any other concerns of providers.
3. Medical Direction will provide an organized and on-going medical audit of patient care which shall include:
 - a) Problem identification and corrective measures through review of EMS run records
 - b) Investigation of complaints, protocol discrepancies, etc.
 - c) On-site evaluations through authorized Peer Reviewers and/or Associate Medical Director(s)
4. Medical Direction will plan approximately six to twelve case reviews/continuing education opportunities to each county per year.
5. Medical Direction will review documentation of continuing education and advanced skills performance, arranging special training sessions when appropriate.
6. Problems regarding compliance with SPEMS standards will be brought to the attention of the individual or the EMS service concerned. Withdrawal of Medical Control responsibility will be accomplished by written notification (return receipt requested) to the affected individual or EMS service provider if so deemed by the SPEMS Medical Director.

All signatures below represent a mutual understanding of the forgoing statements and all persons have had the opportunity to ask questions regarding Attachment A.

SPEMS MEDICAL DIRECTOR	DATE	SERVICE DIRECTOR	DATE
CHARLES E. ADDINGTON II, D.O.			