

Medical Director / ALS Agency Agreement

This agreement, dated _____ of _____ by and between _____ herein referred to as the **EMS Agency**, and _____ herein referred to as the **Physician**.

The purpose is to provide the agency with a Medical Director to enable them to provide advanced an/or intermediate life support to the community it serves.

This relationship may be terminated by written notice served upon the Medical Director at least five business days prior to the effective date of said termination. The Medical Director may suspend or terminate the relationship at will for cause, as defined hereinafter, or upon five business days notice without cause.

The Medical Director agrees to:

1. Meet regularly with agency and providers at least four times per year or as often as necessary.
2. Be Medical Director of record for the agency as required by 10 NYCRR Part 800.5 (a) (1) and will perform all duties associated therewith.
3. Be available to agency officers when needed to advise on EMS issues.

The Agency agrees to:

1. Be responsible for the transmission of all communications from the Medical Director to all Agency providers.
2. Take necessary steps to ensure participation by its providers in all programs and courses required by the Medical Director including but not limited to Protocol requirements, Continuing Medical Education and Quality Improvement.
3. Monitor the Activities of each provider and keep accurate records, which shall be made available to the Medical Director or designee upon request. An officer shall be appointed to maintain such records.
4. Forward immediately to the Medical Director any and all complaints, notification, summonses, subpoenas, letters and communication of any nature received which in any way bears on the quality of service rendered, is suggestive of any possible lawsuit or legal proceeding or in any way bears on the competence of any agency provider.
5. Abide by and strictly adhere to all standards and protocols and other requirements by the Medical Director and agrees to suspend any ALS medical privileges for any "provider" for failure to comply with this provision.

Medical Director

Date

EMS Agency Officer

Date

WESTERN REGIONAL EMS / AGENCY ALS AGREEMENT

This agreement dated _____ day of _____ by and between the _____ Agency and Western Regional Emergency Medical Systems, Inc.

WHEREAS, _____ (hereinafter the "Agency") desires to participate in and associate with the Western Regional Emergency Medical System, Inc., (hereinafter WREMS) as an ADVANCED LIFE SUPPORT SERVICE and WREMS desires participation and association with said agency, it is hereby agreed, in consideration for participation and association with said system as follows.

Said Agency shall, as an Advanced Life Support service associated and participating in and / or with WREMS agrees to the following:

1. To meet all requirements set forth by Part 800.5 of the State Emergency Medical Service Code.
2. To maintain appropriate current state and local certifications.
3. To follow WREMS Triage, Medical Treatment and Transportation protocols, procedures, and standards of care as defined by the Regional Emergency Medical Advisory Committee.
4. To participate in a Quality Improvement Program.
5. To participate in the WREMS Continuing Improvement Program.
6. To update the WREMS records pertaining to continuing Medical Education Requirements at least *every three (3) months*.
7. To participate in the PCR or other program of data collection approved by the New York State Department of Health.

In consideration for said association and participation, WREMS agrees to provide the following:

1. To maintain and staff the Regional Emergency Medical Advisory Committee.
2. To develop and implement Regional Triage, Medical Treatment and Transportation Protocol, procedures, and standards of care.
3. To review Quality Improvement summaries and take action as appropriate.
4. To maintain records for Continuing Medical Education for all providers, and to maintain confidentiality for same.
5. To provide Continuing Medical Education Courses based on identified needs.
6. To provide a Quality Improvement program.
7. To coordinate the Regional PCR program.
8. To provide networking and communication through the WREMS Medical Advisory, Nurse Advisory, Pre-Hospital Advisory, and Air Medical Advisory Committees.
9. To maintain agreements of participation between hospitals and WREMS.
10. To provide Base Station programs for emergency physicians in our region.

By execution of the agreement, the above named agency agrees to the responsibilities established herein and in consideration for said participation and association, WREMS agrees to the responsibilities set forth herein.

Council Coordinator

Agency Officer Printed Signature, Title

Signature

Date

Signature

Date