

**Northwest Community Hospital
Detailed Position Description
NWC EMSS EMS Medical Director**

I. **Position defined**

The EMS Medical Director or "EMS MD" is the physician appointed by the Resource Hospital who has the responsibility and authority for total management of the EMS System (Title 77: Public Health Subchapter f: Emergency Medical Services and Highway Safety. Part 535 Emergency Medical Services Code Section 535.100). He or she works with the EMS Administrative Director, EMS System Coordinator, EMS educators, EMS Agency and hospital leaders, physicians, nurses, and System members to advance the System toward its strategic goals.

II. A written agreement or contract defining the job expectations and authority of the EMS MD shall be established by and between the EMS MD and Northwest Community Healthcare.

III. **Key performance expectations**

A. **Leadership – The EMS MD shall**

1. be responsible for the **total management of the EMS System**. This includes ensuring that all System members comply with IDPH requirements and the EMS Program Plan. To fulfill this charge, the EMS MD must be available by phone or pager 24 hours a day, seven days a week unless duties are delegated to the alternate EMS MD, for EMS medical oversight and leadership as required by the State EMS Act.
2. select and provide to IDPH the name and resume of an Alternate EMS Medical Director who can temporarily fulfill the EMS MD responsibilities in the EMS MD's absence in compliance with System and IDPH requirements.
3. delegate authority for facilitation and/or oversight of specific EMS activities within the System, as described in the System Program Plan.
4. approve the mission, vision and values statements for the EMS System.
5. set forth a plan for achieving the vision through the EMS **strategic plan**. The EMS MD shall collaborate with the EMS Administrative Director and key constituents to craft the plan and gain approval from the EMS System Advisory Board and the Chiefs/Administrators. Further, the EMS MD shall model enthusiasm for the vision by inspiring trust, confidence in, and support for the System's goals and plan.
6. provide transformational leadership to the EMS System by bringing people together for the purpose of providing preeminent prehospital care.
7. build teams and empower people to act. This includes fostering an environment in which innovation and change involving risk and failure is viewed as an opportunity to learn and improve.
8. model the way by serving as a mentor and leading by example. The EMS MD shall act in a way that is consistent with the System's mission, vision, and values and be persistent in pursuit of the System's vision. For example, he or she shall provide on-line medical control whenever possible, when on duty in the ED.
9. be vigilant about attention to detail and shall facilitate projects, measure performance and take corrective action, as necessary.
10. approve the **standards of practice** for the EMS System. This may include, but is not limited to the following:
 - a. Approve evidence-based written standing medical orders (SOPs) in concert with the other EMS MDs in Region IX to be used by all System members in compliance with the State EMS Act and Rules, and certify that all System personnel will be knowledgeable in providing emergency care according to the SOPs and competent in providing specified treatments.

- b. Consider recommendations from the EMS Advisory Board and key constituents and/or stakeholders prior to approving System policies that govern the operation of EMS activities.
 - c. Participate in the due diligence process of vetting, selecting and approving all drugs, supplies, and equipment that are carried on NWC EMSS vehicles.
 - d. Approve the System-sanctioned methods of performing all EMS skills.
 - e. Authorize prearrival instructions used by Emergency Medical Dispatchers within System agencies.
11. approve the **scope of practice** for all EMS System members by authorizing BLS and ALS assessments and interventions as set forth in the National Scope of Practice Model, EMS Education Standards, Illinois EMS rules, and/or as approved by IDPH.
 12. approve the method by which EMS patient care reports are generated and the key information to be collected and/or reported, covering all types of EMS calls performed by System providers.
 13. approve the mechanisms by which EMS assessments and/or care and ECGs are communicated to System hospitals or those with delegated authority to provide on-line medical control (OLMC) to System Provider Agencies and certify that all System members are capable of using the communications equipment.
 14. provide medical oversight to System Emergency Preparedness planning and approve all policies and protocols to be used by EMS System personnel relative to triage, transport patterns, and multiple patient and pandemic situations. Participate in emergency preparedness drills and/or critiques whenever possible.
 15. ensure that the Department of Public Health has access to all records, equipment and vehicles under the authority of the EMS MD, during any Department inspection, investigation or site survey.
 16. recognize individual contributions, offer encouragement to system members and staff and celebrate accomplishments.
 17. liaison with other EMS Systems at the region, state and national levels.
- B. Education** – Unless otherwise defined or limited by state or local requirements, the EMS MD shall have full authority over all clinical and patient care aspects of the education programs including, but not limited to the following.
1. Serve as a patient advocate by ensuring that the education programs meet or exceed national evidence-based standards and best practice models of high quality education for students.
 2. Maintain clinical, administrative, and education knowledge appropriate for an EMS education program physician medical director.
 3. Assure the appropriateness of initial qualifications and prerequisites of applicants for positions in the EMS education programs. Have access to all relevant records necessary to evaluate student competency and fitness for patient care activities.
 4. Work collaboratively with institutional and program administration to ensure the appropriateness, qualifications, and competency of faculty who provide instruction in the EMS programs.
 5. Collaborate with the EMS Administrative Director, EMT and Paramedic Lead Instructors to ensure that appropriate medical content is provided and assure that the content meets or exceeds any national and state EMS Education standards.
 6. Set or approve the depth and breadth of educational content and ethical standards established for the program for potential students. Review and approve all patient care practices being taught to students.

7. Review and attest to the quality of medical instruction, student evaluation methods, and supervision delivered by the faculty. Assure the validity of cognitive knowledge evaluation instruments.
8. Must demonstrate competency in the psychometric principles of exam item construction in order to make informed judgments as to the appropriateness of exam content and structure.
9. Assure the adequacy of clinical and field internship experiences and evaluations.
10. Promote EMS research by encouraging student and program participation.
11. Maintain liaisons with the medical community served by the NWC EMSS, especially with facilities and agencies providing clinical and field internship instruction for students.
12. Collaborate with the EMS Administrative Director and Paramedic Class Lead Instructor relative to the implementation of progressive discipline for students.
13. Participate in corrective action meetings with paramedic students being placed on a Final Written Warning prior to dismissal from the program.
14. Maintain the authority to remove a student from a course for appropriate cause related to failure to achieve cognitive, psychomotor, and/or affective objectives including, but not limited to, adequate knowledge, clinical ability, or suitability in accordance with noncompliance with appropriate program administrative guidelines and institutional policy.
15. Participate as needed in exit interviews for paramedic students being dismissed from the program.
16. In concert with the Lead Instructors, review student performance to assure adequate progress toward minimum entry-level competency. Attest that students have achieved the desired level of competency prior to graduation.
17. Active participation in the program assessment process, including regular reviews of assessment indicators and student outcomes.
18. Recommend certification/licensure and recertification/relicensure of students to the appropriate certifying agencies and/or regulatory bodies.
19. Participate in presenting didactic instruction.
 - a. Teach a minimum of 3 hours of content to each EMT class (6 hours/year).
 - b. Teach a minimum of 14 hrs of didactic content per academic year to paramedic students.
 - c. Teach at least one lecture in the ECRN training program per year (3 hours).
 - d. Teach at least one lecture in the TNS course per year (3 hours).
 - e. Teach at least two in-station CE classes per year (4 hours).
 - f. Provide bedside teaching to students and EMS personnel who need practical remediation by serving as a mentor during ED rotations.
 - g. Must demonstrate the ability to present information accurately in a confident, spontaneous, and knowledgeable manner, maximizing eye contact and minimizing dependence on notes, speaking clearly and projecting the voice so it is easily heard without a microphone in a classroom environment. Must demonstrate the ability to maintain control of the learning environment in a firm, professional manner.
20. Collaborate with the EMS Administrative Director, CE Coordinator and EMS educators to provide input, feedback and approval for continuing education content and measurement instruments.

C. Quality improvement - The EMS MD shall

1. analyze data reported from quality management activities to determine a root cause and approve corrective action with the purpose of ever improving patient care.

2. provide oversight and consultation as requested to investigations involving alleged medical misconduct and/or EMS personnel activities that potentially violate the EMS Act, Rules, or System Policy.
 3. monitor the performance of System members and recommend for suspension from participation within the System any individual or individual provider within the system considered not to be meeting the standards of the System in accordance with the grounds for suspension which are listed in the EMS rules and regulations, and adhering to the specific mechanisms of due process included in System Policy.
 4. participate in multi-disciplinary case reviews.
 5. cause a list of possible System Review Board Members to be posted in an accessible location 24 hours a day and conduct System Review Board hearings in compliance with the EMS Rules and Regulations and System Policy.
- D. EMS Meetings – The EMS MD shall attend the following meetings with the purpose of gaining information, feedback, recommendations and/or providing leadership to the NWC EMSS (time expectations listed per meeting):**
1. **Resource Hospital**
 - a. EMS Team (at least quarterly – 2 hours)
 - b. Special meetings as called that involve the EMS MD
 2. **EMS System (all held at NCH)**
 - a. Education Committee (Bi-monthly – 1.5-2 hours)
 - b. Provider-Based Performance Improvement Committee (monthly – 1.5-2 hrs)
 - c. Research & Development Committee (Bi-monthly – 2 hours)
 - d. EMS Chiefs/administrators (Bi-monthly 1.5-2 hrs)
 - e. Emergency Medical Dispatcher meetings (Quarterly, 1 hour)
 - f. EMS Advisory Board (Bi-monthly – 1.5-2 hours)
 - g. Special meetings called as necessary by the Advisory Board chiefs to discuss System issues in a small group forum.
 - h. Provider EMS Coordinators (monthly – 2 hours)
 - i. EMS Coordinators/Educators (monthly – 3 – 3.5 hours)
 3. **Region IX**
 - a. EMS Advisory Committee (Quarterly 1.5-2 hours held in Elgin): Serve as chair of this committee for a two-year term every 10 years.
 - b. EMS MD SOP revision committee (Bi-annually – 4 hours held in Elgin)
 - c. Region IX Trauma Committee (Quarterly -2 hours rotates at hospitals in Region IX)
 - d. Region IX stroke Committee (prn)
 4. **State**
 - a. Illinois College of Emergency Physicians (ICEP) EMS Committee meetings
 - b. ICEP EMS Forum meetings (Quarterly – 1.5-2 hours held in Oakbrook)
 - c. Governor's EMS Council meetings as able (Quarterly – held in Springfield 6.5 hours of travel + 2-2.5 hour meeting)
 - d. Be actively involved in state legislative issues relative to EMS while maintaining a high political profile.
- E. EMS licensure/relicensure**
1. Cause IDPH to be notified of any changes in personnel providing prehospital care in accordance with the EMS System Program Plan.
 2. Ensure that a copy of the application for independent relicensure is provided to every Emergency Medical Responder (EMR), Emergency Medical Dispatcher (EMD), EMT, paramedic, Emergency Communications Registered Nurse (ECRN), and Prehospital Registered Nurse (PHRN) within the System who has NOT been recommended for relicensure by the EMS MD.
 3. Provide substantiation to IDPH as to why an individual is not being recommended for relicensure.

F. **Miscellaneous**

1. Attend meetings of elected officials as requested to inform them of EMS-related issues.
2. Serve as an EMS advocate to the citizens of the northwest communities, informing them of services provided by their local EMS agencies and providing public service announcements relative to EMS, injury prevention and wellness.
3. Serve as the EMS Medical Director of Episodic Large Scale Events, such as major golf tournaments and those held within the geographic boundaries of NWC EMSS Provider Agencies.

IV. **Essential qualifications and experience**

- A. Emergency physician licensed to practice medicine in all of its branches in Illinois, and certified by the American Board of Emergency Medicine or the American Board of Osteopathic Emergency Medicine, with regular and frequent involvement in prehospital emergency services.
- B. Familiarity with the design and operation of EMS systems.
- C. Education or experience in out-of-hospital emergency care.
- D. Education or experience in mass casualty or disaster medicine.
- E. Education or experience in medical direction of EMS systems.
- F. Active participation in the emergency management of acutely ill and injured patients.
- G. Education or experience in EMS education and methodology. He or she shall have experience instructing physician, nurse, and EMS students at the ALS and BLS levels.
- H. Knowledge of state and federal regulations related to educational programs, student rights (FERPA), and the national EMS Education Standards.
- I. Knowledge of EMS laws and regulations.
- J. Knowledge of EMS dispatch and communications.
- K. He or she must complete an IDPH-approved EMS Medical Director's Course per Section 515.340 of the EMS Rules within one year of employment.
- L. For new applicants to the position:
 1. No disciplinary actions by other hospitals, professional societies, the IDPR or specialty boards pending.
 2. Good standing with current employer. Superior recommendations covering professional performance, clinical skills, ethical character, and ability to work with others.

V. **Desirable qualifications and experience**

- A. Fellowship training in EMS.
- B. EMS Subspecialty Certification
- C. Education or experience in EMS quality improvement.
- D. Involvement with national and/or state emergency medicine or EMS organizations.
- E. Formal instruction or experience in adult education
- F. Current or previous experience as a prehospital care provider

VI. **Special skills and abilities required**

- A. **Internal motivation:** Demonstrates steadfast determination and commitment to excel in the pursuit of unselfish goals, excellence in all work produced, and in interactions with internal and external customers. Sets high goals and does what is necessary to reach them. Demonstrates effective coaching skills to lead System members to the desired levels of performance.
- B. **Curiosity:** Must constantly look for new knowledge, ideas and experience to grow and improve which allows the EMS MD to learn, adapt, and creatively change with an ever-evolving world.
- C. **Engagement:** Able to communicate a vision that allows others to become involved. Values a shared governance model of System operation with frequent bidirectional communication. This requires drive and resilience; team building; the ability to catalyze others to action; and the ability to visualize the future.

D. Planning and preparation

1. **Intellectual rigor** and reasoning with **conceptual understanding, insight** and application:
 - a. Must demonstrate depth and breadth of subject knowledge relating to EMS practice on a National basis at all levels including, but not limited to: the EMS Agenda for the Future, the EMS Education Agenda for the Future A Systems Approach, the National Research Agenda, the National EMS Scope of Practice Model and National EMS Education standards, national accreditation standards and guidelines, and national registration.
 - b. Must demonstrate familiarity with the State EMS Act and its amendments, the EMS Rules and Regulations, and other laws, rules or executive orders governing EMS.
 - c. Must demonstrate command of English and written and verbal skills that allow effective professional communication.
 - d. **Reasoning ability:**
 - (1) Able to gather, process, and interpret data to make informed forward-thinking decisions. Is able to embrace appropriate risks and a bias toward acting and capitalizing on opportunities.
 - (2) Strong ability to handle sensitive situations and confidential information.
 - (3) Ability to solve practical problems while dealing with several abstract and concrete variables. Make reasonable and logical conclusions from information which may be conflicting or disjointed.
 - (4) Understand and able to appropriately apply an extensive variety of complex technical and instructional material.
 - (5) **Strategic thinking:** Must be able to design new structures and processes as they become necessary within the scope of available resources. Anticipates the unexpected and is not paralyzed by complexity. Must demonstrate superior initiative, adaptability and creativity necessary to participate in a volatile environment without losing productivity or efficiency.
 - (6) **Precision in thought and language:** Must integrate information, knowledge, technological tools, and processes to effectively achieve desired outcomes.
 - (7) Analysis and development of logical arguments based on evidence.

E. Professional responsibilities

1. **Reflect on performance/metacognition:** Establish annual objectives for professional growth in consultation with the EMS Administrative Director.
2. **Participate in a professional community:** Participation in EMS professional activities is valued and strongly encouraged for growth.
3. **Lifelong learner:** Keeps pace with developments in the discipline by seeking out and being familiar with a variety of print and electronic media sources of recently published information relating to EMS operations/care to enhance personal knowledge and to enrich the System's resources.
4. **Model professionalism:** Must demonstrate knowledge of and a commitment to the mission, vision and values, policies, procedures, and standards governing employees of NCH and the EMS System.
 - a. Congruent in words and actions: must demonstrate behavior consistent with the system's Code of Ethics and program code of conduct.
 - b. Demonstrates credibility through demonstration of technical knowledge and expertise in emergency and prehospital patient care, but also through competent leadership skills.
 - c. Maintains confidentiality in compliance with System policy and Federal law.

F. Emotional intelligence

1. Exhibit a friendly, positive, cooperative, flexible, and enthusiastic approach when carrying out job duties and working with members of the EMS System, with students, customers, and with the public.
2. Ability to judge the performance of others and to convey feedback in an appropriate and constructive manner.
3. Must possess the ability to confront challenges directly, voice opinions objectively, seek clarification, and problem-solve through appropriate mechanisms.
4. Is expected to fully comply with hospital communication and social media policies. Measured by direct observation.
5. Must possess the ability to cope effectively with stress caused by personal, societal, educational and work-related situations evidenced by a stable and acceptable work attendance and performance record per hospital policy.

VII. Fiscal responsibilities

- A. Collaborate with the EMS Administrative Director to conduct all System initiatives within the budgetary plan.
- B. Tabulate productive work units and submit to the EMS Administrative Director within one week of the end of each month to generate check requests.
- C. Keep an accurate accounting of mileage, tolls and parking fees for work-related travel. Submit forms to the EMS Admin Director for approval and processing within one month of incurring the expense.

VIII. Physical requirements

- A. Language
 1. Ability to read, analyze, and interpret policies, procedures, professional publications and governmental regulations
 2. Frequent talking: Ability to make presentations and communicate effectively with patients, peers, System members and communities of interest. Must have easily understood speech with English as the primary language.
 3. Possess strong listening skills
- B. Physical demands
 1. Frequently reads one centimeter high lettering or numbering at a distance of 1-3 feet, printed slides at a distance of 9-10 feet. Reads large volumes of typed or handwritten pages on a daily basis. (Corrected) vision to 20/30 in at least one eye with color discrimination for at least red, amber, and green, and the ability to differentiate skin colors and the color of various body fluids.
 2. Frequently has contact with internal and external customers face to face, at meetings, while teaching, and/or over the phone. Must be able to hear normal conversational speech within a meeting or classroom with or without amplification.
 3. Have manual strength and dexterity sufficient to type a large variety of messages and correspondence.
 4. **Field activities:** Must be physically capable of participating without restriction in out-of-hospital EMS activities involving patient care including: extrication of patients from scene entrapments; lifting and moving patients on a stretcher; climbing stairs or walking over variable terrain while lifting a patient stretcher; and climbing in and out of ambulances.
- C. Must have a current Illinois driver's license, access to a vehicle and demonstrate willingness to drive to off-campus sites to meet System obligations.
- D. Must have daily access to a computer with internet capability to receive e-mail messages and attachments and be capable of responding electronically within 24 hours. Must

demonstrate proficiency in MS Office and an ability to learn and use program and hospital-standard and customized software to support program needs.

Note: Only temporary exemptions from these provisions will be acceptable in response to a physician's release for a temporary disability.

IX. **Working conditions**

The EMS MD most frequently works in a hospital environment under artificial lighting. They participate in meetings outside of the hospital and may be at risk while traveling from one destination to another. While at a prehospital scene, they may be exposed to environmental hazards including a potential for personal danger. They are at high risk for exposure to blood and body secretions while providing patient care and must use available body substance isolation products. They are at minimal risk for exposure to electrical, chemical or biohazards.

Ability to work flexible hours (mostly days, Monday through Friday) based on situational needs.

X. **Disclaimer:** The above statements are intended to describe the general nature of the work being performed by the person assigned to this job. They are not an exhaustive list of all duties, responsibilities, knowledge, skills, abilities and working conditions associated with the position.

INTERESTED CANDIDATES:

References: Please provide at least two references attesting to EMS and leadership expertise. References must also address professional performance, clinical skills, ethical character and ability to work well with others.

Submit CV, references and letter of interest by November 30, 2016 to:

Connie J. Mattera, MS, RN, EMT-P
EMS Administrative Director
Northwest Community EMS System
cmattera@nch.org

Interviews for qualified candidates will take place the first week in December, 2017.