

PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT is made as of the 1st day of January, 2015 by and between **Lynn Wittwer, MD, PC**, a Washington professional corporation, doing business as the Clark County EMS Medical Program Director, (MPD), and **Camas-Washougal Fire Department (CFD)**.

1. Duties of MPD.
 - (a) MPD hereby contracts with CFD to provide medical oversight, consultation, training, and quality assurance services as per the MPD duties and responsibilities defined in WAC 246-976 and delineated in the MPD Work Plan City of Vancouver and Clark County Fire/EMS Districts (attachment 1).
 - (b) CFD may choose to request further MPD services pertaining to occupational medicine as per mutual agreement between CFD and MPD.
2. Compensation. CFD shall pay MPD \$12,727 per year, divided into quarterly payments of \$3,181.66, based upon the Compensation Formula (attachment 2).
3. Term of Agreement.
 - (a) Initial Term. The term of this Agreement shall be from the initial date of January 1st, 2015 ("Initial Date") to the ending date of December 31st, 2015 ("Ending Date").
 - (b) Renewal of Term. ("Evergreen"). Unless, on or before 30 days prior to the Ending Date of the current term of this Agreement, written notification is received by either party not to renew the terms of this Agreement, this Agreement shall automatically renew for an additional one-year period, provided that adjustments to the Compensation Formula may be made by mutual agreement.
 - (c) Termination. Either party may terminate this Agreement with "cause" at any time upon written notice to the other party. "Cause" shall include, but shall not be limited to, any failure to act in accordance with or otherwise meet the terms and conditions of this Agreement.
4. Qualifications. Prior to commencing services under the terms of this Agreement, MPD shall obtain all licenses and credentials necessary for the practice of medicine and dispensing of medications used in the practice of prehospital care in the state of Washington. MPD shall maintain these licenses and credentials throughout the term of this Agreement and any extensions thereof. In the event MPD shall fail to obtain or maintain the licenses and credentials, this Agreement shall terminate automatically as of the date MPD's licenses or credentials lapse.
5. Notices. All notices required or sent pursuant to this Agreement shall be delivered in person or mailed by certified mail, return receipt requested, to the parties at the following addresses:

MPD: Lynn K.Wittwer, M.D., PC
900 W Evergreen Blvd
Vancouver, WA 98660-3035

CFD: Nick Swinhart, Chief
Camas-Washougal Fire Dept.
616 NE 4th Avenue
Camas, WA 98607

6. **Governing Law.** This Agreement shall be governed by and construed according to the laws of the state of Washington.
7. **IN WITNESS WHEREOF,** the parties have executed this Agreement as of the date first above written.

Nick Swinhart, Chief
CFD

Lynn Wittwer, MD, PC
MPD, Clark County EMS

**Clark County Medical Program Director
Work Plan for City of Vancouver and Clark County Fire/EMS Districts**

1. Clinical Protocols, Guidelines and Operating Procedures

- 1.1 Emergency Medical Dispatch Protocols WAC 246-976-920 (3) (d):
1) Assist Clark Regional Emergency Services Agency (CRESA) and other control centers involved in Emergency Medical Dispatch (EMD) call taking in developing EMD protocols; 2) Determine appropriate EMS response upgrades to given EMD call types; and 3) Further define, as required in EMD protocols, specific direction given by local medical control pertaining to patient care.
- 1.2 Prehospital Care Guidelines WAC 246-976-920 (3) (b):
Regularly complete a review of prehospital care protocols and revise as appropriate. Protocol revision shall take into consideration results of medical audits, input from other qualified healthcare providers, research and best practices.
- 1.3 Controlled Substance Guidelines WAC 246-976-920 (3) (c):
Establish standards for storing, dispensing and administering controlled substances in accordance with state and federal regulations and guidelines.
- 1.4 Regional EMS and Trauma Care Plans WAC 246-976-920 (3) (d):
Provide recommendations in the development and revision of the SW Region EMS and Trauma Care Plan.
- 1.5 EMS System Design WAC 246-976-920 (3) (a-g):
In addition to the above, work with local agency administrators to develop, review and implement County Operating Procedures and EMS System Design Policies.

2. Training, Continuing Education, and Certification

- 2.1 Approve EMT Course Content and Instructors. WAC 246-976-023 (3):
Review and approve initial EMS training courses at all levels provided in Clark County. Approve all participating instructors and provide course instruction as appropriate.
- 2.2 Recommend Senior EMS Instructors. WAC 246-976-920 (3) (k):
Recommend to the DOH, SEIs who are responsible for initial EMR and EMT-Basic courses.
- 2.3 Approve and Supervise CME, or OTEP and Special Training WAC 246-976-161 (1 - 5):
CME Option: Approve and supervise the Continuing Medical Education (CME) training offered and ensure it meets DOH guidelines for recertification.
OTEP Option: Approve and supervise the Ongoing Training and Evaluation Program (OTEP) for Clark County BLS personnel (including endorsements) in didactic and skills learning.
PCEP: Approve and supervise the Paramedic Continuing Education Program (PCEP) based on guidelines for recertification via DOH and NREMT in didactic and skills learning.
- 2.4 Special Training (as necessary) WAC 246-976-024 (1 - 6):
As necessary, approve specialized training that is not included in the standard course curricula.

3. Quality Assurance

- 3.1 Prospective WAC 246-976-920 (3):
In collaboration with EMS agency management, establish the standards for field observation process for new hires, probationary employees, and lead paramedic candidates as well as Emergency Medical Dispatchers (EMD). Ensure proper documentation of performance observation is being done.
- 3.2 Concurrent - WAC 246-976-920 (3)
Participate in direct evaluation of Clark County EMS personnel provision of out-of-hospital care that includes, but is not limited to:
a) Random ride-a-longs

- b) Evaluation of clinical skills performance in practical skill and simulation training
- c) Establish patient outcome and feedback loops with both Clark County receiving facilities.
- 3.3 Retrospective WAC 246-976-920 (3):
 - a) Oversee the EMD quality assurance process used by control centers operating in the county
 - b) In collaboration with EMS providers, determine specific clinical treatment areas and low frequency-high risk skills for flag chart review
 - c) Monitor specific clinical treatment trends and sentinel events for case review as well as adjusting prehospital scope of practice
- 3.4 Inquiry/Complaint WAC 246-976-191 (3) (4):
 - a) In collaboration with EMS agency management, conduct incident fact finding in response to complaints/inquiries regarding out-of-hospital care.
 - b) As needed, conduct appropriate counseling and develop corrective action plans working with the involved agency's management.
 - c) As per State of Washington guidelines for MPD's, provide necessary reporting to DOH, of those instances that meet Threshold Determination Guidelines.

4. Certification and Recertification

- 4.1 Exams WAC 246-976-920 (3) (e)
Develop and oversee the initial written exam for Clark County Paramedics; conduct a one-on-one interview with those Paramedics that meet appropriate certification requirements and have successfully passed the written exam; and establish and oversee the remedial training necessary for those individuals who do not successfully complete the written exam.
- 4.2 Recommendation WAC 246-976-920 (3) (i)
Recommend EMS personnel certification, recertification, or denial of same to the DOH
- 4.3 Oversee certification process used for control center EMDs
Ensure compliance with regulations established for control center personnel

5. Boards and Meetings

- 5.1 Monthly EMS Training and Quality Management
Coordinate monthly EMS Training and Quality Improvement Committee meetings for the purpose of: 1) coordinating EMS training and CME including review of State mandated curriculum and content changes as well as oversight of instructor qualifications and lesson plan development; 2) review of patient care incidents as they pertain to the standard of care and county operating procedures; 3) development of patient care guidelines; and 4) evaluation of new EMS procedures, equipment and medications.
- 5.2 Medical Dispatch Review Committee
Regularly attend the Medical Dispatch Review Committee meetings for the purpose of: 1) coordinating EMD education and training; 2) quality review of pertinent EMS calls; 3) implementation of new protocols; and 4) special projects
- 5.3 County EMS and Trauma Care Council WAC 246-976-920 (3) (d)
Regularly attend, as an Executive Committee member, the County EMS and Trauma Care Council that: 1) Reviews, evaluates and recommends to the SW Region EMS and Trauma Care Council (SW EMS/TC) the provision of and plan for EMS and trauma care in the region; 2) Makes recommendations to SW EMS/TC about the development of regional patient care procedures; 3) Reviews SEI applications and make recommendations to the DOH; 4) Recommends initial training classes and OTEP programs to the DOH; and 5) participate in any special projects as they arise.
- 5.4 Ambulance Contract Oversight Board
Regularly attend the Ambulance Contract Oversight Board meetings and provide clinical expertise regarding EMS System performance pertaining to the Contract for Ambulance Service.
- 5.5 Regional Research and Protocol Development

Regularly attend monthly meetings in the Portland-Vancouver metro area to jointly work on EMS research and protocol development.

5.6 Regional EMS and Trauma Care Council WAC 246-976-920 (3) (d)

Regularly attend the SW Region EMS and Trauma Care Council that includes in part: 1) Assessment of regional EMS and trauma care needs; 2) Identification of resources (personnel, training, facilities and equipment) to meet those needs; 3) Development of a regional plan to meet the state standards of patient care; 4) Establishing the number and level of trauma care facilities; and 5) Recommending to the Department the number and level of out-of-hospital care services.

5.7 State EMS Related Committee's As Required

Regularly attend state EMS committees i.e., Governor's Steering Committee (GSC) that advises the state on the Prehospital EMS and Trauma State Plan, and on administrative rules pertaining to prehospital provider licensing and certification; and participate in any appropriate Prehospital TAC reporting to the GSC.

5.8 State MPD

Attend the regularly scheduled Medical Program Directors meeting.

5.9 Other

Attend and participate in other regional, State, and national meetings that are relevant to the continuum of emergency medical care.

6. Counseling, Remedial and Corrective Action

6.1 Counseling, Personal Improvement Plan, Suspension, Revocation WAC 246-976-191 (3 – 6)

- a) Coordinate with Clark County EMS agencies appropriate counseling and personal improvement plans regarding patient care for those EMT's and Paramedics requiring remediation;
- b) Immediately report to the DOH any EMS personnel incident requiring investigation as per State guidelines.

7. Reports

7.1 Out-of-Hospital Care Audit Reports

- a) Key performance indicators
- b) Annual cardiac arrest outcomes

7.2 Monthly EMD Compliance

Review the monthly EMD compliance reports provided by CRESA and the other control centers operating in the county.

7.3 Annual Report

Provide an annual written report outlining: 1) Recommendations for system improvement to the clinical performance of the system; and 2) results of current research projects and studies.

7.4 WACARES

Participate with the Washington CARES Program and provide an annual report on cardiac arrest outcomes in Clark County.

7.5 Other

Collaboratively work with the EMS providers to develop reports that are useful at improving patient care.

8. Current System Studies

- 8.1 Lead in the establishment of a research agenda for the County as well as oversee and participate in other area research projects related to out-of-hospital care.

MPD Agency Budget – CFD

	Transport Agencies			1st Resp. BLS Non Transport	
	AMR	Camas	NCEMS	ECF&R	Washougal
Medic Training Cost		27			
Cost per medic		\$4,067.28			
\$156.52					
QA/QI Cost (\$112,200)					
\$106,590.00 95% ALS QA Hours					
\$5,610.00 5% BLS QA Hours					
\$79,943.00 75% Transport Agencies		\$3,705.75			
\$26,648.00 agency					
\$5,329.60					
General Oversight (\$114,900)					
Cost per Encounter \$1.74					
		1,771		373	885
		\$2,896.28		\$610.00	\$1,447.32
Total	\$0.00	\$10,669.31	\$0.00	\$610.00	\$1,447.32

Total Agency Budget: \$12,726