

MEMORANDUM OF AGREEMENT

THIS AGREEMENT made and entered into on _____
(date)

and is between _____ hereinafter
known as the "HOSPITAL"; and _____ hereinafter
known as "the PROVIDER SERVICE.

The purpose of this agreement is to establish a training, credentialing, and quality assurance program for the utilization of any or all of the programs listed below by First Responders or Massachusetts Department of Public Health certified Emergency Medical Technicians employed by the PROVIDER SERVICE who will function under the medical supervision of a physician medical director affiliated with the HOSPITAL, and who will function within the Operating Policies and Procedures established by the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols.

This agreement with the HOSPITAL is required by the Massachusetts Department of Public Health regulations 105 CMR 170.000 et. seg. and 105 CMR 171.000 et. seg. for provider services electing to implement Epinephrine Auto Injector (EpiPen/EpiPen Jr.), Automatic External Defibrillators (AED), approved assisted medications and medication administration as defined in the Statewide Pre-hospital Treatment Protocols.

The PROVIDER SERVICE administrator should initial each of the following options that the PROVIDER SERVICE wants to include in this Memorandum of Agreement.

(Initial) Automatic External Defibrillators (AED's)
(First Responders and EMTs)

(Initial) Epinephrine Auto-Injector (EpiPen/EpiPen Jr.)
(EMTs Only; All Levels)

(Initial) 1994 Department of Transportation (DOT) approved
Medication Assistance Program for EMTs
(EMTs Only; All Levels)

(Initial) Medication Administration in Accordance with Established
Statewide Pre-hospital Treatment Protocols including, but not
limited to Aspirin
(EMTs Only; All Levels)

Automatic External Defibrillator (AED)

THE HOSPITAL AGREES:

1. To identify a Medical Director to assume full responsibility for all medical control aspects of the program;
2. To provide on-line medical direction by an Emergency Department physician to the PROVIDER SERVICE in accordance with the Department of Public Health Statewide Pre-hospital Treatment Protocols;
3. To conduct and/or assist in Automatic External Defibrillation Training Programs that are approved by the Massachusetts Department of Public Health;
4. To establish a quality assurance program that reviews all PROVIDER SERVICE encounters with patients who present with cardiopulmonary arrest, and all uses of the automatic external defibrillator, and which provides for ongoing education and regular evaluation of skill competency of Emergency Medical Technicians/First Responders as deemed necessary and appropriate by the Medical Director;
5. To maintain a system wide database for Automatic External Defibrillation Training Program(s) and all uses of the device, and to provide summary reports to the Massachusetts Department of Public Health upon request;
6. To assist the PROVIDER SERVICE in establishing a plan for public education to improve citizen access, emergency response, and the effectiveness of the defibrillation program.
7. To forward a written review to the Metropolitan Boston EMS Council of any Emergency Medical Technician or First Responder who fails to follow the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols.

THE PROVIDER SERVICE AGREES:

1. To supply the HOSPITAL, Medical Director and keep on file, a current roster of all Emergency Medical Technicians and First Responders employed by the PROVIDER SERVICE, who are authorized to use an automatic external defibrillator;
2. To allow only trained and authorized Emergency Medical Technicians and First Responders to utilize the automatic external defibrillator;
3. To participate in all quality assurance measures established by the HOSPITAL and Medical Director including case review and skill competency evaluations;
4. To submit a trip report to the hospital receiving all patients (including those suffering from injuries or illnesses other than and including cardiopulmonary arrest) treated by the PROVIDER SERVICE, and the Medical Director if the patient was treated with an automatic external defibrillator;
5. To utilize and abide by the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols for Automatic External Defibrillation Programs, of which the protocol for treatment of ventricular fibrillation and pulseless ventricular tachycardia is included;
6. To utilize only that automatic external defibrillator approved by the associated hospital Medical Director;
7. To establish protocols that ensure prompt dispatch of and appropriate interaction with advanced (paramedic) providers when requests are received by the PROVIDER SERVICE that suggests the possibility of an acute myocardial infarction or cardiopulmonary arrest;
8. To ensure continuity of care when a service other than the PROVIDER SERVICE transports the patient. This will be done by establishing written protocols with other services, as appropriate.
9. To forward a written review to the Metropolitan Boston EMS Council of any Emergency Medical Technician or First Responder who fails to follow the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols.

Epinephrine Auto-Injector (EPI-Pen)

THE HOSPITAL AGREES:

1. To identify a Medical Director to assume full responsibility for all medical control aspects of the program;
2. To provide on-line medical direction by an Emergency Department physician to the PROVIDER SERVICE in accordance with the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols;
3. To conduct and/or assist in Epinephrine Auto-injector Training Programs that are approved by the Massachusetts Department of Public Health;
4. To establish a quality assurance program that reviews all PROVIDER SERVICE encounters with patients who present with signs or symptoms of anaphylaxis, and all uses of the epinephrine auto-injector (EpiPen/EpiPen Jr.), and which provides for ongoing education and regular evaluation of skill competency of Emergency Medical Technicians as deemed necessary and appropriate by the Medical Director;
5. To maintain a system wide database for Epinephrine Auto-injector Training Program(s) and all uses of the device, and to provide summary reports to the Massachusetts Department of Public Health upon request;
6. To assist the PROVIDER SERVICE in obtaining and replacing epinephrine auto-injector devices (EpiPen/EpiPen Jr.);
7. To forward a written review to the Metropolitan Boston EMS Council of any Emergency Medical Technician who fails to follow the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols.

THE PROVIDER SERVICE AGREES:

1. To supply the HOSPITAL, Medical Director and keep on file, a current roster of all Emergency Medical Technicians employed by the PROVIDER SERVICE who are authorized to use epinephrine auto-injectors (EpiPen/EpiPen Jr.);
2. To allow only trained and authorized Emergency Medical Technicians to utilize epinephrine auto-injectors (EpiPen/EpiPen Jr.);
3. To participate in all quality assurance measures established by the HOSPITAL and Medical Director including case review and skill competency evaluations;
4. To submit a trip report to the hospital receiving all patients (including those suffering from injuries or illnesses other than and including anaphylaxis) treated by the PROVIDER SERVICE, and the HOSPITAL Medical Director if the patient was treated with an epinephrine auto-injector device (EpiPen/EpiPen Jr.);
5. To utilize and abide by the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols for Epinephrine Auto-Injector Programs, of which the protocol for treatment of anaphylaxis in adults and children is included;
6. To establish written policies for proper storage and disposal, regular inspection, and periodic replacement of all epinephrine auto-injector devices (EpiPen/EpiPen Jr.);
7. To utilize only that epinephrine auto-injector device approved by the Medical Director;
8. To establish protocols that ensure prompt dispatch of and appropriate interaction with advanced (paramedic) providers when requests are received by the PROVIDER SERVICE that suggest that the possibility of an anaphylactic reaction exists;
9. To ensure continuity of care when a service other than the PROVIDER SERVICE transports the patient. This will be done by establishing written protocols with other services, as appropriate.
10. To forward a written review to the Metropolitan Boston EMS Council of any Emergency Medical Technician or First Responder who fails to follow the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols.

MEDICATION ASSISTANCE PROGRAM

THE HOSPITAL AGREES:

1. To identify a Medical Director to assume responsibility for all medical control aspects of the program;
2. To provide on-line medical direction by an Emergency Department physician to the PROVIDER SERVICE in accordance with the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols;
3. To conduct and/or assist in Medication Assistance Training Programs that are approved by the Massachusetts Department of Public Health;
4. To establish through the Medical Director, a credentialing process that provides authorization to practice for Emergency Medical Technicians appropriately trained in patient medication assistance;
5. To establish a quality assurance program that reviews all PROVIDER SERVICE encounters with patients who present with signs and/or symptoms of anaphylaxis, chest pain, and/or bronchospasm/respiratory distress and all the uses of the medication assistance protocols, and which provides for ongoing education and regular evaluation of skill competency of Emergency Medical Technicians as deemed necessary and appropriate by the Medical Director;
6. To maintain a system wide database for the Medication Assistance Program(s) and all uses of the protocols and provide summary reports to the Department of Public Health upon request;
7. To forward a written review to the Metropolitan Boston EMS Council of any Emergency Medical Technician who fails to follow the Massachusetts Department of Public Health Statewide Pre-Hospital Treatment Protocols.

THE PROVIDER AGENCY AGREES:

1. To keep on file a current roster of all Emergency Medical Technicians employed by the PROVIDER SERVICE who have completed a Medication Assistance Program and supply the HOSPITAL and Medical Director a copy upon request;
2. To supply the HOSPITAL, Medical Director and keep on file a current roster of all Emergency Medical Technicians employed by the PROVIDER SERVICE who are authorized to practice under the Medication Assistance Program and administer a patient's prescribed epinephrine auto-injector, nitroglycerin tablets, and/or bronchodilator inhaler;
3. To allow only trained and authorized Emergency Medical Technicians to administer a patient's prescribed epinephrine auto-injector, nitroglycerin tablets, and/or bronchodilator inhaler;
4. To participate in all quality assurance measures established by the HOSPITAL and Medical Director, including case review and skill competency evaluations;
5. To submit a trip report to the hospital receiving all patients treated by the PROVIDER SERVICE, and to the Medical Director if the patient was treated with an assisted medication;
6. To utilize and abide the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols for the Medication Assistance Program, of which the protocols for treatment of anaphylaxis, chest pain, and brochospasm/respiratory distress in adults and children is included;
7. To establish protocols that ensure prompt dispatch of and appropriate interaction with advanced (paramedic) providers when requests are received by the PROVIDER SERVICE that suggest that the possibility of anaphylaxis, chest pain, and bronchospasm/respiratory distress exists;
8. To ensure continuity of care when a service other than the PROVIDER SERVICE transports the patient. This will be done by establishing written protocols with other services, as appropriate.
9. To forward a written review to the Metropolitan Boston EMS Council of any Emergency Medical Technician or First Responder who fails to follow the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols.

MEDICATION ADMINISTRATION

THE HOSPITAL AGREES:

1. To identify a Medical Director to provide medical oversight and to assume responsibility for the medical control aspects of the program;
2. To provide on-line medical direction by an Emergency Department physician to the PROVIDER SERVICE in accordance with the Massachusetts Department of Public Health Statewide Prehospital Treatment Protocols;
3. To conduct and/or assist in Medication Administration Training Programs that are approved by the Massachusetts Department of Public Health;
4. To establish a quality assurance program that reviews all PROVIDER SERVICE encounters with patients who present with signs and/or symptoms of which Emergency Medical Technicians administer medication in accordance with the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols and which provides for ongoing education and regular evaluation of skill competency of Emergency Medical Technicians as deemed necessary and appropriate by the Medical Director
5. To maintain a system wide database for Medication Assistance Programs and all instances of medication administration by Emergency Medical Technicians, and to provide summary reports to the Massachusetts Department of Public Health upon request;
6. To forward a written review to the Metropolitan Boston EMS Council of any Emergency Medical Technician who fails to follow the Massachusetts Department of Public Health Statewide Pre-hospital Treatment Protocols.

THE PROVIDER SERVICE AGREES:

1. To keep on file a current roster of all Emergency Medical Technicians employed by the PROVIDER SERVICE who have completed a Medication Administration Training Program and supply the HOSPITAL, and Medical Director a copy upon request;
2. To ensure that all Emergency Medical Technicians have completed an appropriate Medication Administration Training Program approved by the Massachusetts Department of Public Health;
3. To allow only trained and authorized Emergency Medical Technicians to administer approved medications;
4. To participate in all quality assurance measures established by the HOSPITAL and Medical Director, including case review and skill competency evaluations;
5. To establish written policies for proper storage and disposal, regular inspection, and periodic replacement of approved medications as defined in the Massachusetts Department of Public Health Statewide Prehospital Treatment Protocols;
6. To submit a trip report to the hospital receiving all patients treated by the PROVIDER SERVICE, and the Medical Director if the patient was treated with an administered medication by Emergency Medical Technicians;
7. To utilize and abide by the Massachusetts Department of Public Health Statewide Prehospital Treatment Protocols.
8. To establish protocols that ensure prompt dispatch of and appropriate interaction with advanced (paramedic) providers when the PROVIDER SERVICE receives requests that suggest the possibility of a patient requiring the administration of a medication
9. To ensure continuity of care when a service other than the PROVIDER SERVICE transports the patient. This will be done by establishing written protocols with other services, as appropriate

IT IS AGREED TO BY BOTH PARTIES that this memorandum of agreement may be terminated witha sixty (60) day written notice by either party.

HOSPITAL Chief Executive Officer:

Print Name

Title

Signature

Date

HOSPITAL Medical Director:

Print Name

Title

Signature

Date

PROVIDER SERVICE Chief Executive Officer:

Print Name

Title

Signature

Date