

Regional Medical Direction Governance Policy

(Preserves agency OMD authority; satisfies the Region 7 contract)

Purpose

To establish a coordinated regional medical direction framework that supports high-quality, interoperable EMS care while preserving the regulatory authority of each licensed EMS agency's Operational Medical Director (OMD).

Policy Statement

Each licensed EMS agency within Region 7 shall maintain a **qualified Operational Medical Director (OMD)** as required by Virginia EMS regulations and shall practice medicine under that physician's authority. The Region 7 EMS Council does **not** provide licensure-based medical direction and does **not** supersede agency OMD authority.

Consistent with its executed contract with the Virginia Office of EMS, Region 7 shall **support and coordinate** regional medical direction activities through shared clinical governance, model protocols, performance improvement, and structured collaboration among agency OMDs.

Governance Structure

- **Regional Medical Director (RMD)**
 - Leads regional medical direction activities
 - Facilitates OMD collaboration
 - Oversees regional clinical initiatives (e.g., trauma, stroke, ultrasound, whole blood)
 - Serves as liaison to OEMS and state medical direction bodies
- **Agency Operational Medical Directors**
 - Retain full authority over agency licensure and clinical practice
 - Adopt regional model protocols or approved variances
 - Participate in regional QA/PI and protocol governance
- **Regional Medical Direction Committee**
 - Advisory and consensus-building body
 - Includes agency OMDs and invited subject-matter experts
 - Reviews protocols, PI findings, and variance requests

Protocol Adoption & Variance Framework

(This is the keystone that prevents fragmentation)

Model Regional Protocols

Region 7 shall develop, maintain, and distribute **model regional patient care protocols** aligned with state scope of practice, formulary, and OEMS medical direction guidance.

Model protocols:

- Are **recommendations**, not mandates
- Become operative only when **adopted by an agency OMD**
- Serve as the baseline for regional training and PI

Agency Adoption

Each EMS agency shall:

- Formally adopt regional model protocols **as written**, or
- Adopt protocols with **documented, approved variances**, or
- Maintain limited agency-specific protocols with justification and review

Variance Criteria

Protocol variances may be approved when justified by:

- Resource limitations
- Geographic or operational differences
- Population-specific considerations
- Local pilot programs or research initiatives

Variance Process

1. Written request submitted by agency OMD
2. Review by Regional Medical Direction Committee
3. Documentation of rationale, scope, and duration
4. Annual review with PI data
5. Variances must not conflict with Virginia scope of practice or OEMS guidance

What Regional Protocols ARE

- A shared clinical standard developed collaboratively
- A tool to improve interoperability and mutual aid safety
- The foundation for regional training and PI
- A contractually required deliverable of Region 7

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What Regional Protocols Are NOT

- They do **not** override agency OMD authority
- They do **not** remove local control
- They do **not** prevent justified local variation
- They do **not** license EMS agencies

Why This Matters

Inconsistent protocols across a shared response region:

- Undermine quality improvement
- Increase provider risk during mutual aid
- Complicate training and credentialing
- Increase liability exposure after adverse events

OMD Capacity & Oversight Criteria

(This is where “40 agencies” becomes indefensible without saying so directly)

Principle

There is no fixed national ratio for agencies per OMD. Capacity must be determined by the **ability to perform required medical direction functions**, including:

- Protocol governance
- QA/PI participation and corrective action
- Training and credentialing oversight

- Provider remediation and discipline
- Documentation and audit readiness

Minimum Capacity Expectations (Guidance)

For each agency under an OMD's oversight, the physician must be able to:

- Participate in QA/PI review at defined intervals
- Review protocol deviations and sentinel events
- Support training and CE alignment
- Document actions taken

Regional Safeguard

Where a single OMD oversees multiple agencies:

- Regional protocols **must** be used as the baseline
- PI must be standardized
- Delegation (QA officers, committees) must be formalized
- Fragmentation of protocols increases OMD workload and risk

Key conclusion:

Fragmented protocols increase—not decrease—the burden on medical directors and make high-quality oversight unsustainable at scale.

Regional Medical Direction Committee Charter

Mission

To support coordinated, high-quality regional EMS medical direction while respecting agency licensure authority.

Responsibilities

- Review and recommend regional model protocols
- Evaluate PI trends and system-level issues
- Review protocol variance requests
- Support regional clinical initiatives

- Advise the Regional Medical Director and Region 7 Board

Membership

- Regional Medical Director (Chair)
- Agency Operational Medical Directors
- Invited clinical SMEs as needed

Authority

The committee is advisory.

Final protocol adoption remains with agency OMDs.

Virginia EMS regulations appropriately require each licensed EMS agency to practice under its own qualified Operational Medical Director. The Region 7 EMS Council does not replace agency medical direction; rather, under its OEMS contract, it is responsible for supporting a coordinated regional medical direction framework through model protocols, regional performance improvement, and structured collaboration among agency medical directors to ensure quality, interoperability, and patient safety.

REGION 7 EMS COUNCIL

PROTOCOL VARIANCE REQUEST FORM

(Agency Operational Medical Director Request)

SECTION 1 — AGENCY INFORMATION

EMS Agency Name: _____

OEMS Agency Number: _____

Primary Service Area / Jurisdiction: _____

Agency Operational Medical Director (OMD): _____

OMD License Number & State: _____

OMD Email / Phone: _____

Date of Request: _____

SECTION 2 — REGIONAL PROTOCOL IDENTIFICATION

Regional Protocol Title: _____

Protocol Section / Page Number(s): _____

Protocol Version / Effective Date: _____

Type of Request (check one):

- Modification of existing regional protocol
- Temporary deviation (pilot or operational need)
- Agency-specific protocol in lieu of regional model
- Other (describe): _____

SECTION 3 — DESCRIPTION OF REQUESTED VARIANCE

Provide a **clear, concise description** of the requested variance.

(Attach additional pages if needed)

SECTION 4 — CLINICAL & OPERATIONAL JUSTIFICATION

(Required — check all that apply and elaborate)

- Resource availability (equipment, medications, staffing)
- Geographic or transport considerations
- Population-specific needs
- Operational model differences
- Pilot program / research initiative
- Other: _____

Detailed justification (include evidence or references where available):

SECTION 5 — SCOPE & IMPACT

Providers affected:

- BLS ALS ILS Specialty teams (describe): _____

Units affected: _____

Estimated call volume impacted annually (if known): _____

Is this variance intended to be:

- Temporary (pilot/trial)
- Time-limited
- Ongoing/standing

Requested effective date: _____

Requested expiration or review date: _____

SECTION 6 — TRAINING & IMPLEMENTATION PLAN

Describe how affected personnel will be trained and how competency will be verified.

- Written update / bulletin
- In-person training
- VILT / online module
- Skills validation
- Other: _____

Implementation notes:

SECTION 7 — PERFORMANCE IMPROVEMENT & MONITORING

PI metrics that will be tracked (check all that apply):

- Protocol compliance
- Clinical outcomes
- Adverse events / near misses
- Training compliance
- Other: _____

Describe how data will be reviewed and reported:

SECTION 8 — AGENCY OMD ATTESTATION

(Required)

I certify that this protocol variance has been reviewed and approved by me as the qualified Operational Medical Director for the above-named EMS agency. I acknowledge that the agency practices medicine under my authority and that this variance complies with Virginia EMS regulations, scope of practice, and OEMS guidance.

OMD Name (printed): _____

Signature: _____

Date: _____

SECTION 9 — REGIONAL MEDICAL DIRECTION COMMITTEE REVIEW

(Completed by Region 7)

Date Received: _____

Reviewed by: _____

Committee Recommendation:

- Approved as submitted
- Approved with conditions (see below)
- Denied
- Deferred pending additional information

Conditions / Notes:

SECTION 10 — REGIONAL MEDICAL DIRECTOR ACKNOWLEDGEMENT

(Advisory — does not supersede agency authority)

This variance has been reviewed for regional coordination, PI alignment, and interoperability considerations.

Regional Medical Director: _____

Signature: _____

Date: _____

SECTION 11 — FINAL DISPOSITION & REVIEW SCHEDULE

Effective Date: _____

Review Cycle:

- Annual
- Semi-Annual
- End of Pilot Period
- Other: _____

Next Scheduled Review Date: _____

ATTACHMENTS (if applicable)

- Supporting literature
- Agency protocol draft
- Training materials
- PI plan or metrics
- Other: _____