ULTRASOUND UTILIZATION

PURPOSE

To outline the use of focused or Point-of-Care Ultrasonography.

POLICY

Ultrasound (US) is an adjunct to the assessment and treatment of patients found in the Prehospital environment. Ultrasound should not interfere with the identification and treatment of life-threatening conditions, rather it should be utilized when time and personnel are adequate and when the use of ultrasound can lead to a definitive change in patient care. Ultrasonography is not a replacement for sound medical judgment nor should it ever delay transport.

APPROVAL

Agencies that wish to utilize ultrasonography must have written approval of their Agency Medical Director. Given the nature of this modality, if the Agency Medical Director changes, the new Medical Director must give written approval for the program to continue. Without such approval the program must be terminated.

EQUIPMENT

US equipment must have FDA Medical Device Approval. The US equipment must be approved by the Agency Medical Director. The agency must have a maintenance and decontamination program. The maintenance policy must include operator and agency level maintenance, cleaning and decontamination procedures between uses. Additionally, the agency must ensure that the device undergoes routine and specific maintenance by a certified biomedical technician, including inspections as recommended by- the device manufacturer. Records of all maintenance must be kept in accordance with NYSDOH Policy 08-03.

ULTRASOUND IMAGING

The Agency Medical Director is responsible for individually identifying the diagnostic assessment and invasive procedures for which ultrasound may be used.

TRAINING AND CREDENTIALING

The agency wishing to perform ultrasonography must develop policies outlining the training and credentialing of providers. The Agency Medical Director, or their physician designee, shall be responsible for approving a training program for providers in the use of ultrasonography. This training shall include both a didactic and experiential component. It shall include, but is not limited to: ultrasound anatomy and physiology, ultrasound wave propagation, characteristics, artifacts, and image interpretation. Strengths, pitfalls, and shortcomings must be covered. Ultrasound exams, including Extended Focused Assessment with Sonography for Trauma (eFAST), focused assessment for shock states, evaluation of cardiac activity, and any other examination approved by the Agency Medical Director must be included.

Prior to the use in the field, providers must be trained and demonstrate competency to their Agency Medical Director or their physician designee who is credentialed in the use of emergency ultrasound. The physician must meet one of three criteria:

1. Credentialed by their host hospital institution to perform the emergency ultrasound evaluations they are evaluating, or
2. Has met or exceeded the American College of Emergency Physicians (ACEP) Emergency Ultrasound Credentialing Criteria for each US diagnostic modality they are evaluating, or
3. Has received Registered Diagnostic Medical Sonographer (RDMS) certification

The agency will establish and ensure that all US credentialed providers demonstrate competency to the Agency Medical Director or their physician designee on a recurrent basis, at least annually. This competency must include cognitive and skill competency and can include QA review, simulation, and real-time use evaluation.

QUALITY ASSURANCE

The agency must establish a program for continuous quality assurance/quality improvement for the use of ultrasonography that is integrated into the agency QA program. Images and videos captured in the field must be retained and attached to the patient's PCR as per standard documentation requirements. The Agency Medical director (or physician designee who is also ultrasound certified as per above) must perform 100% review of ultrasound uses and document their review. The Quality Assurance program should include a review of the training and competency of credentialed providers and a comprehensive review of each utilization of US technology in any patient interaction.

Approved by the Monroe-Livingston REMAC 9/30/2016

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