

PARTNERS IN EMS

Regions Hospital EMS

Office of the Medical Director



ALS

Recertification Credentialing Packet

2019 Edition

Introduction

Credentialing is the process by which you will establish an oversight relationship with an EMS Medical Director. This process allows the Medical Director to attest to your clinical competency and define your scope of practice.

- It demonstrates that you are maintaining *at least* minimal competency in the knowledge, skills, and abilities relevant to your clinical role in the health care system.
- It ensures that you are connecting your initial and continuing education learning with your job performance.
- Credentialing is part of our assurance to our municipal representatives and the general public that you have met a system-defined minimally acceptable level of competence.

This process is consistent with national recommendations jointly published by the National Association of EMS Physicians (NAEMSP) and the National Association of EMTs (NAEMT). Credentials are granted for a period of two years, however the Medical Director retains the option to deny any credential, issue a credential with restrictions, or issue a credential for a shortened period in unusual circumstances. Credentialing will be tracked on the Regions Hospital MyLearning system similar to other certifications such as ACLS, CPR, etc.

ALS

The ALS (Advanced Life Support) level of credentialing is designed for advanced level providers who deliver advanced life support. ALS providers are granted permission for a more extensive list of medications, intravenous access, electrical cardiac therapy, and advanced airway management such as endotracheal intubation. The minimum state certification for this credentialing level is Paramedic. Additional endorsements are available for expanded scope of practice including RSI, Tactical EMS (TEMS), and Critical Care, and are dependent on the needs of the agency.

ALS credentialing with Regions EMS involves several components, which are described later in this packet. Ongoing renewal of ALS credentials includes the following components:

- Completion of required education modules
- Guideline familiarity exam
- Verification of active practice status
- Integration scenario

Attempts at Credentialing Requirements

Each credentialing component is allowed a maximum of four attempts. If one or more components are passed, only the failed components require reassessment.

- After one failed attempt at a credentialing component, the provider will be given feedback and must take their second attempt on a separate day. The provider may continue to provide patient care while preparing for their second attempt.
- After the second failed attempt at a credentialing component, the provider will be given feedback as well as specific didactic tasks to complete in order to remedy their deficiency. The provider may continue to provide patient care while preparing for their third attempt.
- At the point that a provider has failed a component three times, the OMD believes that this is a marker of significant deficit to the point that the provider should not be engaged in unsupervised patient care. The provider's existing credential will be suspended. The provider will be allowed one final attempt at the credentialing component, and may choose to make their fourth attempt at the same credentialing level or may

elect to attempt at a lower credentialing level. Prior to deciding, individuals should determine if credentialing at a lower level will have any effect on their employment status with their service.

- If a provider fails a fourth attempt at a credentialing component, he or she will not be offered any additional attempts for one calendar year, starting at the date of the fourth attempt.

Cross-over of Credentialing Status

If you work for multiple agencies within the Regions EMS system, your credentialing is valid across all agencies. You will only need to complete the credentialing requirements one time. There may be some minor variation between agencies, such as the use of the RSI guideline, but the core credentialing will remain the same. If you are credentialed by an agency outside of the Regions EMS system, you will need to complete all of the requirements for credentialing with Regions EMS. This ensures that you have demonstrated familiarity with our local guidelines, patient care philosophy, and quality assurance processes.

Clinical Investigation Process

When there is question regarding the quality of clinical care delivered by an individual provider, the Medical Directors will conduct an investigation into the incident in question within 7 days. If the result of the investigation reveals a provider has engaged in negligent behavior or repetitive at-risk behavior, or other information such that it is felt there is a risk to patient safety, that individual's credential may be suspended or restricted by the Medical Director. If a provider's credentialing status is suspended or restricted, the provider and his/her agency leadership will be notified immediately of the change in status. If the provider's ALS credentialing status has been suspended, he or she will only be authorized to operate at the level of a BLS provider. In order to regain credentialed status, the provider will have to complete the credentialing process successfully, including any required remediation. Additionally, if an incident occurs which demonstrates reasonable evidence that there may be imminent risk to patient safety, an agency supervisor may suspend or restrict an individual's credentials. The Medical Director should be notified as soon as reasonably possible to initiate the Clinical Investigation process.

The Clinical Investigation process will be confidential and may involve members of the Regions EMS Peer Review committee as well as agency leadership as appropriate. The results of the investigation as well as any resulting remediation or performance improvement plan will be presented to the provider within 30 days. Should the provider wish to appeal the decision, the appeal must be submitted in writing within 14 days of the decision to the Regions EMS Peer Review committee at the Office of the Medical Director.

Scope of Practice

Skill <i>(ALS-only meds are not listed here)</i>	BLS	R-ALS	ALS
Albuterol	Variance	Yes	Yes
Aspirin	Variance	Yes	Yes
Epinephrine 1:1,000 SQ/IM	Variance	Yes	Yes
Glucagon	Variance	Yes	Yes
Naloxone IM/IN	Yes	Yes	Yes
Nitroglycerine	Variance	Yes	Yes
Oxygen	Yes	Yes	Yes
12-Lead ECG Interpretation	No	Supervised	Yes
AED	Yes	Yes	Yes
Automated CPR (LUCAS)	Yes	Yes	Yes
Blood Glucose Analysis	Variance	Yes	Yes
BVM Ventilations	Yes	Yes	Yes
Cardiac Rhythm Interpretation	No	Supervised	Yes
Cardioversion (Synchronized)	No	Supervised	Yes
Chest Needle Decompression	No	Supervised	Yes
CPAP	Yes	Yes	Yes
Cricothyrotomy	No	Supervised	Yes
Defibrillation (Manual)	No	Supervised	Yes
Endotracheal Intubation (Adult only)	No	Supervised	Yes
Endotracheal Intubation (Pediatric)	No	No	Endorsement
End-Tidal Capnography	Yes	Yes	Yes
Intranasal (IN) Administration	No	Yes	Yes
Intraosseous (IO) Medications	No	Supervised	Yes
Intravenous (IV) Medications	No	Supervised	Yes
Magill Forceps	No	Supervised	Yes
Nasopharyngeal Airway Adjunct	Yes	Yes	Yes
Oropharyngeal Airway Adjunct	Yes	Yes	Yes
Pericardiocentesis	No	No	No
Rapid Sequence Intubation	No	No	Endorsement
Suctioning (Pharyngeal)	Yes	Yes	Yes
Supraglottic Airway Placement	Yes	Yes	Yes
Tourniquet Placement	Yes	Yes	Yes
Transcutaneous Pacing	No	Supervised	Yes
Vascular Access (IV/IO) with NS infusion	Variance	Yes	Yes

ALS Credentialing Recertification Process

ALS credentialing recertification is primarily accomplished through an activity called Critical Thinking Lab. This is required of all ALS providers in the Regions EMS system to be attended once every 2 years. All of the hands-on skills verification and the guideline exam will occur during this session. Prior to this, you will be assigned the required education modules described below in your Regions EMS MyLearning account or your agency's training management system.

Required Education

In order to ensure that you are familiar with the unique philosophy and patient care concepts with the Regions EMS system, you will be asked to complete a series of required educational modules. These modules will be assigned to you either through your agency's training management system or the Regions Hospital MyLearning system.

Guideline Familiarity Exam

The written examination will cover all components of the current version of the Patient Care Guidelines that are approved by the Medical Director, as well as standard information concerning patient care and clinical activities. This exam was developed in collaboration with FISDAP using rigorous methodology to ensure that the questions are fair and valid. A set of sample questions can be found later in this packet.

Active Practice

The Medical Directors believe that providers must be actively engaged in the delivery of prehospital care in order to maintain competency. An active practice keeps providers experienced at real-time decision making, situational judgment, patient advocacy, and the myriad of other discretionary skills that are not evaluated elsewhere in the credentialing process. These skills are essential for the delivery of excellent patient care and have a risk of degradation if not practiced on a regular basis.

The primary method for providing evidence of active practice is being employed at a full time capacity in a patient care role. If a credentialing candidate is not employed in a full time capacity and wishes to show that they are engaged in active practice of patient care, the candidate must show that they do not have a 180 day interruption in patient care and provide documentation that their patient contact numbers are within 1 standard deviation of the average for their service. If the provider cannot provide this documentation, they may be credentialed at the Restricted ALS (R-ALS) level or approved at the ALS level for a shorter duration with the goal of more frequent skills assessments.

In addition, the Medical Directors will verify with your agency's leadership that all required national and state certifications are current and active.

Integration Scenario

ALS Credentialing candidates must successfully pass an integration simulation scenario assessment that is designed to evaluate the candidate's integrative and scene management skills. This assessment will be proctored by Regions EMS staff using the NREMT criteria found later in this packet. You will be asked to demonstrate several basic assessment and treatment skills during a selection of simulated patient care scenarios. You will be evaluated on criteria that we feel represents minimal competency for a provider providing care at the paramedic level. This may involve one or more basic medical or trauma scenarios. The goal will be to assess the candidate's competence in the following areas:

- Scene management
- Patient assessment
- Patient management
- Interpersonal relations
- Integration (verbal report, field impression, and transport decision)

Point of Contact

If you have any questions or concerns about this process, please do not hesitate to contact the Regions EMS office. We want this process to be fair and transparent and welcome your feedback.

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Sample Guideline Familiarity Exam Questions

(Correct answers are in bold)

An 81 year old female is in cardiac arrest. A family member has initiated CPR while other family members are arguing that she has a DNR order. What should you do?

- A. **Continue CPR and ask family members for proof of the DNR.**
- B. Request law enforcement assistance.
- C. Stop CPR and call online medical control for further directions.
- D. Help the family discuss options.

A 19 year old in her third trimester complains of a headache and blurred vision. During transport, she begins seizing. What should you suspect?

- A. **Eclampsia**
- B. Hypertensive crisis
- C. Epileptic seizure
- D. Hypoglycemia

A semiconscious 24 year old female has been injured in a car crash. She has no radial pulse and her carotid pulse is rapid and weak. You note cyanosis around her lips. Lung sounds are diminished on the left. What should you do?

- A. Obtain a set of vital signs
- B. **Perform a needle thoracostomy**
- C. Apply a c-collar and extricate to a long spine board
- D. Insert an oropharyngeal airway

A 45 year old male has a femoral artery bleed. What should you do?

- A. Assess for a distal pulse
- B. Apply traction
- C. **Apply direct pressure**
- D. Elevate the leg

A 72 year old male crashed his vehicle into a telephone pole. He is unable to move or straighten his right leg and the distal pulse is absent. He screams in pain when you attempt to manipulate the right leg. Vital signs are BP 132/88, P 120, R 18. What should you do?

- A. Perform rapid extrication onto a backboard
- B. **Administer morphine and attempt to straighten his leg**
- C. Place a blanket between his legs and immobilize
- D. Apply an ice pack to his hip and splint the leg with a long bone splint

Example Credentialing Scenario

Tachycardia

Setting

Urgent care clinic

Dispatch Info

31 year old female, fast heart rate

Initial Impression

You arrive to an urgent care clinic and are escorted to an examination room. You find a middle-aged female lying on the exam table, appears pale and uncomfortable. She was going for a walk 1 hour ago when she developed heart palpitations, light-headedness, shortness of breath, and a pressure over her chest. No prior heart history. She takes an anti-depressant, no allergies. The urgent care staff found her heart rate to be about 170 and called 911 right away. No other interventions performed prior to your arrival.

Vital Signs

HR 174, regular, narrow complex

BP 82/34

RR 22

SpO2 99%

(Temp if asked: 98F)

(Accucheck if checked: 103)

Exam Findings

30-ish female, lying supine on an exam table, appears pale and uncomfortable. Head and ENT exam are normal. Lungs are clear to auscultation. Heart rate is regular and very rapid with a very weakly palpable radial pulse. Abdomen is soft and non-tender. No extremity edema. She is alert and oriented appropriately.

Case Progression

Patient is unable to stand up at this point as she gets extremely light-headed and nearly passes out. If no interventions are performed, she remains uncomfortable with chest pressure, shortness of breath, and extreme light-headedness. If IV fluid is administered, no significant changes in her symptoms or vitals. A 3 lead EKG shows a narrow complex tachycardia, too fast to tell if p-waves are present. A 12-lead EKG shows a narrow QRS complex, regular tachycardia, no p-waves are visible. If amiodarone is given, no change in symptoms or vitals. If 6mg of adenosine are given, patient has a brief period of asystole, followed by 4 sinus beats at about 80 per minute, then reverts back to a rate of 174. If 12mg of adenosine are given, patient has 2 seconds of asystole followed by a normal sinus rhythm at a rate of 80. BP improves to 130/92, chest pressure/palpitations/shortness of breath completely resolve. If synchronized cardioversion is performed, the result is the same as 12mg of adenosine.

End Point

IV/O2/Monitor, EKG, cardiac intervention (adenosine or cardioversion), and MRCC radio report. Or 10 minutes.

Mandatory Critical Actions

Establish vascular access

Obtain 12-lead EKG

Recognize an unstable patient and demonstrate a sense of urgency with the initial interventions

Administer at least 6mg of adenosine, or perform emergent synchronized cardioversion

Example Visual Aids

