

PARTNERS IN EMS

# Regions Hospital EMS

*Office of the Medical Director*



**ALS**

**RSI Endorsement 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). Endorsements are additional authorizations above and beyond an ALS credential. Credentials and endorsements are granted for a period of two years, however the Medical Director retains the option to deny, issue with restrictions, or issue for a shortened period in unusual circumstances. Credentials and endorsements will be tracked on the Regions Hospital MyLearning system similar to other certifications such as ACLS, CPR, etc.

## RSI Endorsement

The RSI endorsement authorizes the provider to perform medication assisted airway management. In adult patients, this includes supraglottic airway device placement and/or endotracheal intubation following administration of induction and paralytic agents consistent with the Adult RSI patient care guideline. For pediatric patients, endotracheal intubation is not authorized (except for special approval by a Medical Director), however a supraglottic airway device may be placed following administration of induction and paralytic agents consistent with the Pediatric RSA patient care guideline.

RSI endorsement with Regions EMS involves several components, which are described later in this packet. Initial RSI endorsement includes the following components:

- Current ALS credentials with Regions EMS
- Required textbook reading
- Required RSI-specific education modules
- Written exam
- Practice scenarios
- Integration scenario

Renewal of RSI endorsement will be achieved at the same time as ALS credentials renewal through a Critical Thinking Lab session. This will include the following components:

- Current ALS credentials with Regions EMS
- Required RSI-specific education modules
- Documentation of airway management cases
- RSI integration scenario

## Attempts at Endorsement Requirements

Each endorsement 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 an endorsement 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 an endorsement 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 medical directors believe 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 endorsement (if any) will be suspended however the provider's ALS credentials will not be restricted. The provider will be allowed one final attempt at the endorsement component.
- If a provider fails a fourth attempt at an endorsement 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 and Endorsement Status

If you work for multiple agencies within the Regions EMS system, your credentialing and endorsements are valid across all agencies. You will only need to complete the requirements one time. If you are credentialed and/or endorsed by an agency outside of the Regions EMS system, you will need to complete all of the requirements for credentialing and endorsements 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 and/or endorsement 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.

# RSI Endorsement Components

## Current ALS Credentials

The RSI Endorsement is additional approval above and beyond the ALS credential. Providers seeking RSI endorsement must maintain current ALS credentials with Regions EMS.

## Required Textbook Reading

Prior to initial RSI testing, providers will be expected to read the textbook “Rapid Sequence Intubation & Rapid Sequence Airway 2<sup>nd</sup> Edition” by Darren Braude, MD. We have received permission to use a digital copy of this textbook which will be posted either on Regions’ MyLearning site 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 related to RSI and airway management within 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 and contain both reading material and video-based content.

## Written Exam

The written examination will cover topics specific to the requested endorsement, including relevant patient care guidelines, core foundational knowledge, and other clinical topics deemed appropriate by the Medical Directors.

## Practice Scenarios

Providers will be encouraged to review the RSI checklist and engage in practice scenarios with a clinical supervisor or agency leader. This will ensure that adequate repetition and familiarity with the RSI process is developed, as well as reinforcing the use of the entire spectrum of airway management options. The clinical supervisor will determine when the provider is ready to participate in the RSI Integration Scenario.

## RSI Integration Scenario

RSI Endorsement candidates must successfully pass an integration simulation scenario assessment that is designed to evaluate the candidate's integrative and scene management skills relevant to the performance of RSI. This assessment will typically be conducted during a Critical Thinking Lab session and will be proctored by a medical director. The candidate’s competence in the following areas will be assessed:

- Scene management
- Patient assessment
- Patient management
- Interpersonal relations
- Integration (verbal report, field impression, and transport decision)
- Comprehensive airway management
- Mastery of RSI fundamentals
- Team leadership

# RSI Endorsement Renewal Components

## Current ALS Credentials

The RSI Endorsement is additional approval above and beyond the ALS credential. Providers seeking RSI endorsement must maintain current ALS credentials with Regions EMS.

## Required Education

In order to ensure that you are up to date on the latest science and evidence regarding airway management, you may be assigned to review one or more educational modules prior to your renewal date. These modules will be assigned to you either through your agency's training management system or the Regions Hospital MyLearning system and contain both reading material and video-based content.

## Documentation of Airway Management

Providers will be asked to provide documentation showing their involvement in 5 RSI cases and 10 endotracheal intubations over the prior 2 year period. These cases can overlap each other if the provider performed the primary airway management during an RSI case. These skills may be a combination of actual patient encounters, cadaver lab training sessions, or simulated patient scenarios. We will be able to assist with tracking most of this information.

## RSI Integration Scenario

RSI endorsement renewal candidates must successfully pass an integration simulation scenario assessment that is designed to evaluate the candidate's integrative and scene management skills relevant to the performance of RSI. This assessment will typically be conducted during a Critical Thinking Lab session and will be proctored by a medical director. The candidate's competence in the following areas will be assessed:

- Scene management
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- Interpersonal relations
- Integration (verbal report, field impression, and transport decision)
- Comprehensive airway management
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- Team leadership

## 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.

*EMSEducation@HealthPartners.com      (651) 254-7780*

## Sample RSI Exam Questions

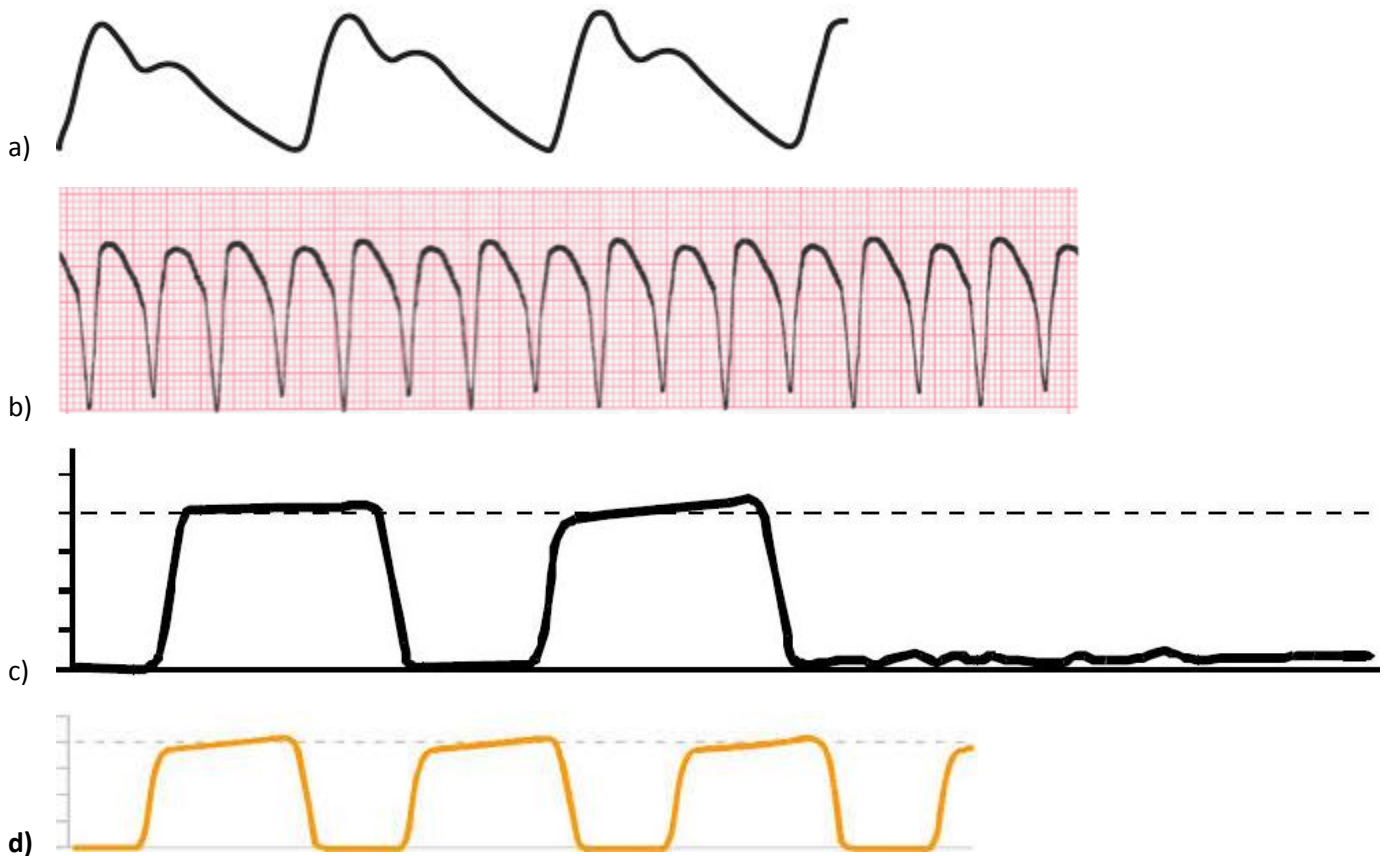
1. The initial adult dose of Etomidate is...

- a) **0.3 mg/kg**
- b) 0.3 mg/kg to a maximum of 6 mg
- c) 3 mg/kg to a maximum of 60 mg
- d) 1 amp

2. List 4 things that you can use to predict a difficult airway (1 point)

3. Which EtCO<sub>2</sub> waveform would you expect to see for a properly placed ET tube ventilated at regular intervals?

\_\_\_\_\_ (1 point)





# Example RSI Scenario

## Inhalation Injury

### Scenario

36 year old male pulled from the basement of house with fire in first floor and basement area. Patient was found in bathroom and removed to a grassy area near the boulevard.

### Learning Objectives

1. The medic should evaluate the need for RSI
2. Recognition of signs and symptoms of inhalation injuries
3. If RSI is performed, demonstrate a working knowledge of proper procedure and medication administration

### Initial assessment

HR 136 BP 122/78 R 34 SaO<sub>2</sub> 84%

General: Patient is moaning, lethargic

Head/ENT: Soot around nose, mouth, and throughout oropharynx. Blistering noted in oropharynx.

Lungs: Rales and ronchi diffusely, some faint stridor on inspiration

Heart: Tachycardic, regular rate

Abd: Soft, non-tender

Skin: 1<sup>st</sup> and 2<sup>nd</sup> degree burns to face, chest, and upper back

Neuro: GCS 12

### Continued Assessment and Possible Interventions

- Oxygen saturations improve to 96% with high-flow oxygen
- If an OPA used, patient fights placement and appears to have a gag reflex. Tolerates NPA.
- Rad 57 reading of 16%.
- Progression of vitals: HR 148, BP 120/78, R 38, GCS of 13. Stridor worsens.
- IV, O<sub>2</sub>, monitor
- Reasonable interventions: fentanyl for pain and discomfort, non-invasive airway management
- As stridor worsens and patient becomes more stridorous, less responsive, and more hypoxic, RSI to protect airway, prevent aspiration, and provide for adequate oxygenation and carbon monoxide removal.
- RSI should be organized: all equipment laid out, preoxygenation, medications calculated and cross-checked with partner. While intubating, bougie should be used and tube confirmed with EtCO<sub>2</sub> waveform.