

Monroe-Livingston EMS Region

Specialty Care Transport Policy

SPECIALTY CARE COMMITTEE POLICIES AND PROCEDURES

The Specialty Care Transport (SCT) Sub-Committee is a sub-committee of the Monroe-Livingston Advanced Life Support (ALS) Committee, which is a standing sub-committee of the Monroe-Livingston Regional EMS Council (MLREMS) and is charged with advising and assisting the Regional Emergency Medical Advisory Committee (REMAC), the Medical Director, the Advanced Life Support (ALS) Committee, and the MLREMS on issues of SCT.

Agencies approved to provide SCT in the Monroe-Livingston Region are required to provide representation to the SCT Sub-Committee. Anyone can attend SCT meetings.

SCT Sub-Committee Responsibilities

The SCT Sub-Committee is responsible for oversight of SCT level care in the Monroe-Livingston Region. Specific responsibilities include, but are not limited to the following:

1. Review and approval of agency SCT permits
2. Review of SCT level provider internship completion and continuing education
3. Approval of SCT level preceptors
4. Authoring and revising SCT Protocol recommendations and implementation
5. Approval of SCT standard operating procedures
6. Selected tasks and projects as requested by the MLREMS REMAC and/or ALS Committee.

Membership

Each agency providing SCT level care in the Monroe-Livingston EMS system is granted one position on the SCT Sub-Committee for the Agency SCT Supervisor (or his/her designee) and one position for the Agency Medical Director (or his/her designee). There is one additional position for the System Medical Director (or his/her designee if he is unable to attend). All members of the Committee (or their designee) are granted full voting privileges. It is the responsibility of the agency representatives to vote on behalf of the agency, and to carry information back to the agency.

Additional non-voting members shall be granted by the committee or System Medical Director such as:
Specialty member of regional hospital staff (CVICU, BTICU, OB/GYN, PICU, Pharmacy, etc)
Representatives of local training facilities and local training sponsors
Representative(s) of ground and flight medical services that operate within the Monroe-Livingston EMS System Region

Attendance

Each agency providing SCT level care in the Monroe-Livingston EMS system should provide the previously described representatives to the SCT meeting. Meetings are held as determined by the committee. Agencies should strive to maintain attendance and active participation.

GLOSSARY OF TERMS

- CCEMT-P:** Critical Care Emergency Medical Technician – Paramedic as certified through the University of Maryland-Baltimore Critical Care Transport curriculum
- Central Registry:** Database of all ALS/SCT practitioners in the MLREMS system. Information database: stored includes name, level of care, preceptor status, certification number, agency Affiliation(s), and special training status (i.e.: RSI).
- FP-C:** Flight Paramedic - Certified
- Cleared:** Has completed the Monroe-Livingston Regional EMS SCT internship program, and is approved by the Medical Director to provide Specialty Care Transports in the Monroe-Livingston EMS Region system.
- Intern:** SCT certified (CCEMT-P, MICP, FP-C) person that must complete a local level knowledge and skills evaluation program before being authorized to practice without peer supervision.
- Internship:** Process used to evaluate an SCT intern's performance in transfer situations under the guidance of a preceptor. All information regarding the intern's performance is fully documented, and retained.
- Medical Director:** The Physician authorized and approved by the Monroe-Livingston Regional EMS Council to oversee the SCT system within the Monroe Livingston EMS Region, and under whose license SCT providers are delegated to provide SCT service.
- MICP:** Mobile Intensive Care Paramedic as issued by Monroe Community College.
- Preceptor:** Person authorized MLREMS and agency to evaluate and document the performance of an SCT Intern.
- Specialty Care Medical Control –** On-line medical control provided specifically for the Specialty Care Transport team by the agency Medical Director.
- Specialty Care Paramedic –** This is an individual who has completed their agency's requirements for SCT Internship and has maintained the requirements of an Active SCT Paramedic. The Lead Specialty Care Paramedic has the ultimate responsibility for the care of the patient and the well being of the transport crew. He/She must maintain contact with the patient from the hand over of care at the sending facility to the hand over of care at the receiving facility. He/She is responsible for communication with medical control, transport reports and documentation.
- SCT Supervisor:** The person designated by an agency to represent that organization's Specialty Care Life Support program to the Medical Director.
- Standard Medical Control –** On-line medical control provided for all field providers by designated hospitals.

UNIT STAFFING

Each Specialty Care Transport is unique in its aspects; however typical staffing levels should be as follows:

Standard Crew Configuration

Crew (2) – EMT Basic, Specialty Care Paramedic

Patient Type – This is the standard for most patient transfers.

Advanced Crew Configuration

Crew (3) – EMT Basic, Specialty Care Paramedic, EMT-CC/EMT-P/Specialty Care Paramedic

Patient Type – Unstable patient with ventilatory and pharmacological support to maintain stability during transport.

Advanced Team Configuration

Crew (3 or more) – EMT Basic, Specialty Care Paramedic, and one or more of the following:
Specialty Care Paramedic/RN/Perfusionist/RRT/Physician

Patient Type – Critically ill or injured patient with multiple medications infusing, multiple biomedical devices or special medical or surgical instrumentation.

The proper staffing level should be determined on a case-by-case basis by the Lead Specialty Care Paramedic with assistance from the Specialty Care Transport Medical Director or Command Physician as needed.

CHANGE OF STATUS/ROLE

Achieving Active Status/Clearance as an SCT Paramedic

Requirements – Current EMT-P, ACLS, PALS (or PEPP), completed an appropriate internship, and completed and maintained current certification in CCEMT-P, MICP, or FP-C.

Maintenance of Active Status

A Specialty Care Paramedic must complete a minimum of 3 transports in any 12-month period that qualify as Specialty Care Transports. In the event that this quota is not reached, the Specialty Care Paramedic must complete a Specialty Care transport under the supervision of a Specialty Care Paramedic Preceptor and must re-certify with the Specialty Care Transport agency medical director.

All Specialty Care Paramedics must be reviewed and recertified yearly by the agency medical director. This review must at least take the form of QA and medical record review.

All Specialty Care Paramedics must complete annual continuing education requirements as detailed later in these protocols.

Suspension – The Specialty Care Paramedic will be suspended from this role in the event any of the above listed requirements are not met. Immediate reinstatement to this role will occur if the specialist re-certifies within three months from the suspension date. If the specialist fails to re-certify within that time period, he/she will be required to repeat the probationary period.

Notification of Status

In the event that the status of a Specialty Care Paramedic changes the SCT Subcommittee must be immediately notified. Notification should occur through the Chair of the Subcommittee or his/her designee.

Leave of Absence

A SCT paramedic may request a leave of absence from SCT transports of up to 1 year in writing to the Agency Medical Director. The medical director may reinstate the paramedic without any formal retraining or reclearing, if in the opinion of the medical director, the paramedic provided appropriate care before requesting a leave. If concerns exist regarding the paramedic's skills due to the leave of absence, the medical director can require any of the following – specific remediation, demonstration of skill proficiencies, performance of a minimum of a single Level or higher transport, or full reclearing.

Leave of Absence Greater than One Year

For a leave of absence greater than 1 year, the SCT Paramedic shall be required to complete a FULL INTERNSHIP.. If the Leave of absence includes a leave from all ALS activities, the Specialty Care Paramedic will also be required to fully reclear at the ALS level prior to reclearing at the SCT level.

The SCT Committee must approve any exceptions to the above guidelines. Exceptions must be presented by the agency medical director to the SCT Committee for consideration and approved by the SCT Committee and System Medical Director.

SCT PARAMEDIC INTERNSHIP

The SCT Internship is a structured program used to evaluate and document the performance of an individual who has completed required didactic coursework to operate as a Specialty Care Paramedic level. Internship is required for newly certified Specialty Care Paramedics and for those who have been absent from the specialty care setting for an extended period of time.

The internship period should be used for familiarization with equipment, procedures, and documentation requirements. Orientation to an individual organization's policies, procedures, and equipment shall be done according to that organization's procedures and will not be included in the scope of this document.

The following are the **minimum** guidelines for authorization to provide specialty level care in the Monroe-Livingston Regional EMS system, and may be exceeded by individual organizations. This program is meant to be universal for all SCT organizations within the Monroe-Livingston Regional EMS system.

Internship Period

Entry into an SCT internship is open to all currently certified NYS EMT-Paramedics who hold a current CCERT-P, MICP, or FP-C certification card and can produce verification of all other requirements. The SCT Supervisor or his/her designee shall complete the SCT Internship Registry Form and present it to the SCT Committee. The intern has 6 months to complete the internship.

If after 6 months, the Intern has not successfully completed the program, the SCT Supervisor may request a 3-month extension from the SCT Committee. Approval will be based on the SCT Supervisor's recommendation.

Failure to Complete Internship

If Internship is not completed after the 3-month extension, the Intern and his/her SCT Supervisor shall communicate with the agency Medical Director to review progress, discuss alternatives, and determine the viability of the Intern as a SCT provider. With agreement of the System Medical Director, an additional 3-month extension may be granted.

If the Intern violates the terms of, or fails to complete, the requirements of Internship, the agency can terminate said internship. The Intern and SCT Committee shall be notified of the termination. If an Intern fails to complete internship at one agency, he/she can attempt internship at another agency with the agreement of the new agency's SCT Supervisor.

Internship Requirements

Infusion Specialty Care Paramedic

- 1) A **minimum** of 6 successful transports at the Infusion SCT or Senior SCT level.
 - a) Three (3) of these transports may be in the form of simulated cases, as approved by the SCT Sub-Committee
 - b) The transports (or simulations) should provide evidence of the SCT Intern's ability to handle a good sampling of the different types of transports that they may encounter at this level.
- 2) Clearance recommendations from two (2) SCT Preceptors (based on observed patient transports or simulations) to practice as an Infusion Specialty Care Paramedic.
- 3) Demonstration of knowledge and skills competency.
- 4) Demonstrated knowledge of the Monroe-Livingston Regional SCT Protocols.
- 5) Agency SCT Chief Paramedic and Agency Medical Director approval
- 6) System Medical Director approval

Respiratory Specialty Care Paramedic

- 1) A **minimum** of 3 successful transports at the Respiratory SCT or Senior SCT level.
 - a) The transports (or simulations) should provide evidence of the SCT Intern's ability to handle a good sampling of the different types of transports that they may encounter at this level.
- 2) Completion of 4 hours of training with an approved Respiratory Therapist in a ventilator setting.

- 3) Clearance recommendations from two (2) SCT Preceptors (based on observed patient transports or simulations) to practice as a Respiratory Specialty Care Paramedic.
- 4) Demonstration of knowledge and skills competency.
- 5) Demonstrated knowledge of the Monroe-Livingston Regional SCT Protocols.
- 6) Agency SCT Chief Paramedic and Agency Medical Director approval
- 7) System Medical Director approval

Senior Specialty Care Paramedics

1. Clearance as a Infusion and Respiratory Specialty Care Paramedic
2. Completion of at least 16 hours in various ICU or SCT Clinical settings as approved by the SCT Sub-Committee.
3. A minimum of 9 successful transports at any SCT level (not simulations) including at least three (3) successful transports at the Senior SCT level which include the use of mechanical ventilation. These may include the transports (not simulations) used to satisfy the Infusion Specialty Care Paramedic and Respiratory Specialty Care Paramedic internship requirements.
4. Clearance recommendations from two (2) SCT Preceptors (based on observed patient transports) to practice as a Senior SCT Paramedic. These recommendations must have occurred after achieving clearance as both an Infusion Specialty Care Paramedic and Respiratory Specialty Care Paramedic.
5. MLREMS Clearance as an RSI Provider
6. Agency SCT Chief Paramedic and Agency Medical Director approval
7. System Medical Director Approval

Documentation

All SCT training shifts will be documented on the Specialty Care Transport Evaluation Form or an acceptable equivalent. All positive and negative commentary shall be discussed, documented, and the form signed by both Preceptor and Intern. These sheets will be retained by the organization for use in the clearance decision, and as part of the Specialty Care Paramedic's permanent record.

All Clinical training will be documented on forms approved by the SCT Committee. These sheets will be retained by the organization for use in the clearance decision, and as part of the Specialty Care Paramedic's permanent record.

All documentation regarding the SCT Paramedic's training and internship will be retained by the agency as specified in the approved SCT QA/QI plan.

Internship Content

An Intern may practice only under the direct supervision of a currently approved Monroe-Livingston Regional EMS System SCT Preceptor that is approved to precept for that agency.

The Intern must be able to competently demonstrate:

1. Knowledge of MLREMS ALS and SCT Protocols
2. Knowledge and proper use of SCT specific equipment (Level specific)
3. Proper and aseptic technique for all parenteral skills
4. Proper patient assessment, diagnosis, and appropriate treatment decisions
5. Skill in interpretation of patient ECG's and lab values
6. Successful airway management skills including suctioning of the patient with airway adjuncts
7. Knowledge and proper use of mechanical ventilation and troubleshooting ventilators (Respiratory and Senior SCT Paramedic only)
8. Knowledge and proper use of pharmacological interventions
9. Documentation skills

Clearance

Only calls taken during the official Internship period may be counted toward clearance of the Intern. Once the internship requirements have been completed, the SCT Supervisor or his/her designee and the

Agency Medical Director should review all documentation and determine if the Intern is ready to be cleared. Clinical Training requirements may be completed prior to the start of the official internship.

The Intern must express agreement to be cleared before the Supervisor can proceed. If after review, the SCT Supervisor and Agency Medical Director are not completely satisfied with the performance of the Intern, he/she may recommend continued training with periodic reviews. The Supervisor should document said reasons and discuss them with the Intern. This documentation should include any recommendations for remediation.

Internship Completion

Upon successful completion of the prescribed internship program, the SCT Supervisor of his/her designee shall do the following:

1. Complete the SCT Registry Form. The Registry Form shall be forwarded to the Office of Prehospital Care (OPC) for addition of the new provider to the SCT Registry.
2. Complete and sign the SCT Internship Completion Form and present the form to the SCT Committee at the next scheduled meeting. The SCT Paramedic's name and affiliation will be entered into the meeting minutes.
3. All pertinent data will be provided to the SCT Central Registry Database.

Appeals

Appeals to this procedure shall be directed to the System Medical Director's Office, and will be handled in accordance with current appeals procedures.

QUALITY ASSURANCE/QUALITY IMPROVEMENT

Due to the critical nature of the patients transported by the Specialty Care Transport teams, each agency must devise and implement a 100% QA/QI program and submit the program to the REMAC SCT Sub-Committee for review.

Each agency providing SCT Level transports within the MLREMS region shall submit, yearly, a summary of their QA/QI program for review by the SCT Committee. This review is due to the committee by July 30th of each year.

CONTINUING EDUCATION

The policy establishes a uniform requirement of annual training for Specialty Care Paramedics within the MLREMS region. Continuing education requirements include didactic, interactive skills labs and medical articles totaling at least 28 hours per year, including the following:

1. SCT Paramedics must obtain at least 4 hours of clinical CME with up to (no more than) 20 hours counting toward the 28 hour goal with at least 4 hours of respiratory clinical CME for all levels
2. SCT Paramedics must obtain at least 12 hours of didactic CME with up to (no more than) 24 hours counting toward the 28 hour goal
 - a. Up to 4 hours of Self Study
 - b. No more than 8 hours of OPC or MLREMS sponsored/approved lectures
 - c. No more than 12 hours of Agency Sponsored Lectures
 - d. SCT Committee approved classes (such as ACLS-EP, MLREMS RSI Class, certification and certification review classes such as for FP-C)
 - e. No more than 12 hours of Hospital sponsored events/vendor events/conferences.

The training year for SCT Continuing Education is July 1 through June 30. The Agency SCT Medical Director must sign off on each SCT Paramedic's Continuing Medical Education Requirements at the end of each year. An update must be filed with REMAC / Specialty Care Transport Subcommittee by July 30 of each year reflecting the activities of the prior year July 1 through June 30.

SCT PRECEPTOR

An SCT Preceptor is a knowledgeable person, cleared to practice as an SCT Paramedic in the MLREMS region, who meets the qualifications listed below. The Preceptor serves as an evaluator who identifies areas of excellence and areas of required improvement on the performance of a SCT Intern. The Preceptor should “refrain from acting” unless patient care may be compromised. The Preceptor is a teacher to the student / Intern.

For consideration, a candidate must inform the SCT Supervisor of his/her intent to become a preceptor. The preceptor candidate may then be recommended by the SCT Supervisor and Agency Medical Director, and appointed by the System Medical Director in accordance with the following guidelines:

Preceptor Qualifications

- Has served as a cleared Senior Specialty Care Paramedic for a minimum of 1 year.

The following are subjective in nature, and are to be assessed by the SCT Supervisor and Medical Director:

- Demonstrates ability for instruction and guidance of those persons training under them.
- Demonstrates exceptional initiative and competency in knowledge and skills.
- Excellent communication skills.
- Excellent documentation skills.

Preceptor Approval

Preceptors should refer to the document: PRECEPTOR GUIDELINES for guidance on the responsibilities of the SCT Preceptor. Preceptors must be aware that they are ultimately responsible for permitting an Intern to practice SCT when they recommend they be cleared. This document should be studied by the preceptor candidate and reviewed with the SCT Supervisor or his/her designee.

The SCT Supervisor must submit the completed PRECEPTOR RECOMMENDATION form to the SCT Committee to be entered into the minutes. This form will then be forwarded to the Medical Director for final approval. The Specialist’s status as a Preceptor will be updated in the EMS Registry Database.

Maintenance of Preceptor Status

Preceptor status for all SCT Preceptors will be reviewed annually by the SCT Supervisor, and will be re-submitted to the Central Registry. Review criteria will consist of:

- Preceptor is actively participating as an SCT provider.
- Compliance with established Continuing Medical Education (CME) requirements.
- Record in good standing as a preceptor.
- Teaching Continuing Education courses each year.

SCT Paramedics who have practiced outside the Monroe-Livingston system can be qualified as a Preceptor without being a cleared SCT provider for one year with the approval of the agency medical director and the SCT Subcommittee.