



## CREDENTIALING OF PARAMEDIC PRACTITIONERS

### **PURPOSE**

To outline the procedure by which Paramedic practitioners are credentialed to practice in the Monroe-Livingston Emergency Medical Services (EMS) System.

### **POLICY**

Paramedics wishing to practice in the Monroe-Livingston Region shall be credentialed according to the following policy established by the Monroe-Livingston Regional Emergency Medical Advisory Committee (REMAC). It is the responsibility of the Regional Medical Director to enforce this policy. Any appeal of this policy will be heard by the REMAC.

### **ELIGIBILITY**

Paramedics are expected to maintain the following to practice as a Paramedic in the Monroe-Livingston Region:

- Be certified by the New York State Department of Health Bureau of EMS at the Paramedic level.
- Maintain any certifications as required by the New York State Department of Health Bureau of EMS.
- Maintain affiliation with an ALS service in the Monroe-Livingston Region.

Paramedics are expected to maintain active practice at the level of a Paramedic while practicing in the Monroe-Livingston Region. Active practice is ideally a minimum of thirty primary patient contacts per rolling 12-month period as documented by being the primary care practitioner on a patient care record. Alternatively, a simulation program may be used in lieu of up to fifty percent of the expected primary patient contacts per rolling 12-month period. Compliance with this expectation is at the affiliated agency(ies) discretion. The agency should maintain a policy or written expectations outlining any performance and/or competency expectations of Paramedic skill performance while practicing at the agency.

### **CREDENTIALING PROCEDURE**

The ALS agency with which the Paramedic desires to practice at the Paramedic level shall, upon onboarding:

- Verify all required certifications.
- Verify familiarity with the NYS Collaborative EMS Protocols.

The ALS agency must then verify the Paramedic's competency for independent practice through a clearing process:



- The clearing process must be documented and the expectations for clearance available to the Paramedic.
- The clearing process should be competency-based, and will vary in duration based on the practitioner's previous experience (e.g. newly certified Paramedic versus a seasoned Paramedic).
- The clearing process must use at least two different MLREMS credentialed preceptors to evaluate the Paramedics' ability to meet independent practice expectations.
- A "workup" used to evaluate the Paramedic's performance is defined as patient care that involves ALS skills such as medication administration, diagnostic data acquisition and interpretation (e.g. 12-lead EKG, EtCO<sub>2</sub>), or procedure (e.g. cardioversion/defibrillation, CPAP, intubation, intravenous access).
- In addition to verifying the Paramedic's clinical competency, the agency is expected to provide an orientation to include, but not be limited to, a review of agency-specific tasks, BLS and ALS equipment, vehicle operation, quality improvement, and controlled substance policies.
- The agency is expected to obtain and document its Medical Director's approval of the Paramedic's independent practice at the completion of the clearing process.

The Paramedic must meet any additional requirements established by the agency for continued practice as a Paramedic at that agency.

### **EXPECTED NOTIFICATIONS**

Within five business days, an agency official or officer is expected to notify the MLREMS Program Agency via email ([mlrems@mlrems.org](mailto:mlrems@mlrems.org)) of:

- A Paramedic that is newly credentialed for independent practice at the agency.
- A Paramedic that has been removed from independent practice at the agency.

### **SUSPENSION AND REINSTATEMENT**

#### **Suspension of Privileges**

- The responsible official or officer of an agency shall notify within five business days the REMAC Patient Safety Committee of any patient care issues leading to removal of the practitioner from practice at that agency. The Regional Medical Director, Chair of the Regional Patient Safety Committee and the Regional Patient Safety Coordinator will work with the agency Medical Director to determine the appropriate course of action.
- Any practitioner who has their certification revoked or suspended by the State of New York (NYCRR Title 10 Part 800.16) must notify their agency Medical Director and the agency retains the responsibility to notify the MLREMS Program Agency.



- The Regional Medical Director, in conjunction with agency Medical Director, shall have the ability to suspend a credentialed practitioner's ability to provide any level care due to any patient care concerns, or failure to meet the requirements as outlined in this document. The responsible agency official/officer and agency Medical Director shall be notified of such a decision within twenty four hours. Any suspension shall automatically be forwarded to the REMAC Patient Safety Committee.
- In the event that the Regional Medical Director or the Regional Patient Safety Committee are notified of a patient care concern independently, they will notify the Agency Medical Director per the Regional Patient Safety Policy and Procedure.

#### **Reinstatement of Privileges**

In order to have their privileges reinstated, the Paramedic must:

- Provide the agency and MLREMS with documentation indicating the resolution of their certification being revoked or suspended by the State of New York (if applicable), and
- Have satisfactorily completed any performance improvement plans required by the agency and/or the REMAC and its Patient Safety Committee.
- Complete a competency-based re-credentialing process consistent with the above section "Credentialing Procedure" which will vary in duration and focus based on the practitioner's reasons for leave.

Approved by the Monroe-Livingston REMAC 2/22/2021