



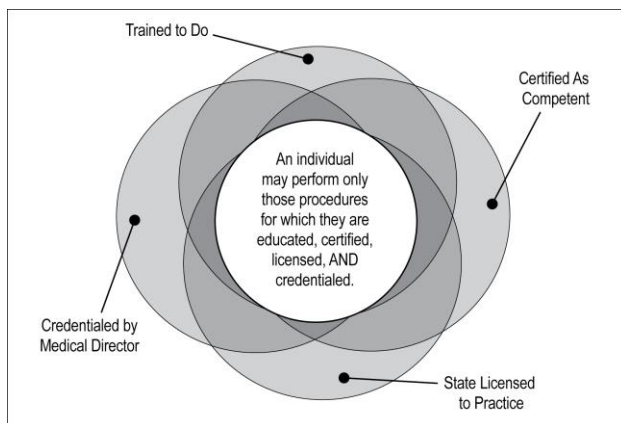
EMS Provider Credentialing Policy for Agencies Utilizing Dr. Brian Walters

Background

In order to provide the highest quality of emergency medical care in the pre-hospital setting, EMS providers must demonstrate ongoing clinical competency for their given level of care. A valid EMS certification card alone is not adequate to provide patient care. In addition to initial provider field training, maintenance of state EMS certification, recertification through continuing education requirements or retesting as specified by the Bureau of EMS, and agency quality assurance reviews, providers must also show proficiency through annual skills credentialing to be considered “on-line” for their level of care.

The National EMS Scope of Practice Model states, “an individual may only perform a skill or role for which that person is:

- educated (has been trained to do the skill or role), AND
- certified (has demonstrated competence in the skill or role), AND
- licensed (has legal authority issued by the State to perform the skill or role), AND
- credentialed (has been authorized by medical director to perform the skill or role).



educated, certified, licensed by a State, and credentialed.

This is the only acceptable region of performance, as it entails four overlapping and mutually dependent levels of public protection: education, certification, licensure, and credentialing.

The center of Fig 1, where all the four elements overlap, represents skills and roles for which an individual has been

Individuals may perform those procedures for which they are educated, certified, licensed, AND credentialed.”ⁱ

Similarly, under NYS Bureau of Emergency Medical Services (BEMS) Policy 11-05: Medical Control & Oversight, the Regional Emergency Medical Advisory Committees have the responsibility to develop policies for the credentialing of all pre-hospital care providers in the region.”ⁱⁱ

The following are minimum requirements that must be met. Completion of minimum standards does not guarantee a provider is immediately placed online. EMS Captains/Officers or the medical director may require additional precepted calls or remediation if they feel the new provider has not yet the minimum competencies. Agencies may also develop policies that have additional requirements that exceed those laid out here. Current providers moving from another region, providers with prior experience whose certification lapsed and have recertified, or providers with other extenuating circumstances may have these requirements modified at the discretion of the medical director on an individual basis. Providers already online in another agency within the region may be placed online immediately at the discretion of the medical director with verification of online status and other credentialing records. Critical Care Technicians (CC) already online in the region who complete a Paramedic course or bridge course may be placed online as a paramedic immediately upon certification with medical director approval and upon submitting a WREMAC Provider Privilege Application (PPA) with the level of care change.

Initial Credentialing Requirements

In accordance with the National EMS Scope of Practice Model, new EMS providers at a given level will have to meet the initial credentialing requirements outlined below in the attached checklist. This policy is meant to ensure all providers meet a given level of competency for their certification level, ensure they are adequately trained, oriented, and prepared to respond to calls by their agency, and maintain a high standard of medical care which we provide to the public. The process may be streamlined as outlined in the **Credentialing Checklist** below to be most efficient and place the provider online as soon as appropriate after their initial certification while still providing for ongoing continuous quality improvement for all providers.

The initial credentialing process will meet the requirements at the following levels as laid out in the **Credentialing Checklist**:

- NYS EMS course completion
- New York State EMS Certification
- Regional Credentialing (WREMAC PPA/Collaborative Protocol Test)
- Agency Orientation/Operational Credentialing
- Agency Medical Credentialing (including minimum call number verified by preceptor/medical director)
- Ongoing quality assurance (QA) review

NOTE: WREMAC PPA Skills & Collaborative Protocol Test should be sent to STEMS & the Medical Director after receiving certification, and before a provider begins responding to calls as an EMS provider who is working towards becoming an online provider (beginning their required precepted calls)

Minimum Call Requirements for Initial Agency Medical Credentialing:

All EMS providers must complete a required number of calls with another online provider for their given level of care prior to be placed online. Providers must be present for the duration of

the call and participate in evaluation, treatment, and clinical decision making to be given credit for the call. Call requirements may be met anytime during the 2nd half of their EMS course or after certification. Given the large increase in clinical hour obligations and PCR writing that is required during AEMT and Paramedic courses, fewer calls are required after provider certification at these levels. Minimum call requirements to be placed online are as outlined below:

CFR: 5 calls total under the supervision of an EMT
Basic EMT: 5 calls total. With a minimum of 2 calls with written PCR's after certification
AEMT: 10 ALS calls total. With a minimum of 3 calls with written PCR's after certification
Paramedic: 25 ALS calls total including written PCR's for all calls (may include phase 3 clinical calls). With a minimum of 15 being the primary ALS provider in charge for the call.

The initial credentialing requirements must be completed before a provider can respond as the sole EMS provider on a call. Prior to this the new provider may respond to calls in accordance with agency policies, however, they may not provide any EMS care without supervision of another online EMS provider from their agency or a mutual aid agency. If the provider is increasing their level of care, the provider may not provide EMS care at their newly certified level of care without supervision of an online EMS provider who is certified at that provider's newly achieved level of care or higher.

Annual Ongoing Credentialing Requirements

To remain online, EMS providers at all levels must satisfy the didactic and skills requirements set forth in WREMAC Policy 2013-01: Provider Privileges and Continuing Medical Education Policy annually for their level of care.ⁱⁱⁱ All providers must also complete the most recent Collaborative Protocol updates as required by the WREMAC. Additional credentialing or inservices may be occasionally required by the NYS BEMS, WREMAC, or medical director as protocols change and for advanced credentialing in specific skills (ex: ketamine or rapid sequence intubation for paramedics).

Online Process

After completing all necessary requirements outlined in this policy and having the EMS Captain's/Officer's approval for being placed online, the EMS Captain/Officer shall submit the completed **Credentialing Checklist** to the medical director for online approval. The completed WREMAC PPA form, WREMAC skills evaluation forms, EMS certification cards, additional certifications as required (CPR, ACLS, etc.), Collaborative Protocol Test certificates, and PCR's (if not using ePCR's in your agency) should be submitted with the checklist. After medical director review, approval, and signature, these forms and checklist should be kept in the providers personnel file in the agency and required documentation must be sent to the WREMAC via the Program Agency (STEMS).

Providers Changing Level of Care

Increase in Level of Care: If an online provider who meets all current credentialing requirements for their initial level of care achieves NYS certification at a higher level of care, that provider can continue to respond as the sole EMS provider and practice at their initial level of care. The provider can't respond as the sole EMS provider and practice at their newly certified level of care until they have completed the requirements that are outlined in this policy. The calls they respond to as the sole EMS provider at their previous level of care shall not count towards the call requirements outlined in this policy.

Decrease in Level of Care: If an online provider who meets all current credentialing requirements chooses not to maintain their current level of care and decrease their level of care, that provider can be the sole EMS provider on calls and practice at the lower level of care without going through the initial credentialing process. There must not be a lapse in certification for this to occur. The provider will need to have a WREMAC Provider Privilege Application completed and submitted for the lower level of care, and their annual skills and credentialing requirements must remain up to date.

References:

ⁱ National Highway Traffic Safety Administration. *National EMS Scope of Practice Model*. Washington, DC: US Department of Transportation, 2007.

ⁱⁱ NYS Bureau of Emergency Medical Services (BEMS) Policy 11-05: Medical Control & Oversight.

ⁱⁱⁱ WREMAC Policy 2013-01: Provider Privileges and Continuing Medical Education Policy.
<http://www.wremac.com/uploads/2/8/3/6/28361089/2013-1.pdf>

Name: _____

Provider's EMT # _____

Agency: _____

Credentialing Requirement	Date Completed
<u>NYS EMS Provider Certification</u> – by successfully completing a NYS EMT/AEMT or Paramedic Course	
<u>Agency Specific Orientation</u> Orientation to agency SOP's, radio policies, equipment, apparatus, driver requirements, PCR writing, etc. Providers who are already members of an agency may complete these during their EMS course if they have not done so prior.	
<u>WREMAC Provider Privilege Application (PPA) & WREMAC Skills Complete</u> PPA skills tested during NYS course certification skills stations may be used toward this if signed off by course CIC/CLI. Additional requirements & skills may be completed by a WREMAC approved preceptor while awaiting NYS certification results. (attach copies of certifications including CPR, ACLS, etc.)	
<u>Collaborative Protocol Update Test</u> This should not be completed until after the NYS test so as to avoid confusion between NYS and regional protocols. This may be completed after the NYS exam but before the provider has received their certification card. (attach protocol update certificates)	
A copy of the completed WREMAC PPA, skills, Collaborative Protocol Update Certificates, EMT card, CPR Card, and any other required ancillary cards (ITLS, ACLS, PALS, etc) should be sent to STEMS & Dr. Walters prior to responding to calls as an EMS provider who is working towards becoming an online provider (beginning their precepted calls as outlined below). Email above documents to: STEMS@STHCS.org and emergency.services@cattco.org	
<u>Precepted Calls</u> Must be completed under the supervision of another online EMS provider at the same level of care. Agencies may require only specific providers, EMS officers, or field training officers precept calls with new providers. These calls may be completed anytime in the 2nd half of the EMS course, clinical time for ALS courses, or after course completion. • CFRs must complete 5 calls under supervision of an EMT. • EMT (Basic) must complete 5 calls (minimum 2 with written PCR's after certification) • AEMT 10 ALS calls (minimum 3 with written PCR's after certification) • Paramedics 25 ALS calls (minimum 15 as ALS provider in charge).	
PCR numbers must be recorded below.	
<u>Continuous Quality Improvement (to be completed after being placed online)</u> The next 10 calls for BLS/AEMT providers, & 15 calls for Paramedics must undergo mandatory QA by the EMS Captain/Officer/agency. Any QA issues identified should be addressed with the provider and forwarded to the medical director as well. After these calls if no issues are identified, the provider will undergo the standard agency QA review process.	Ongoing

The initial credentialing requirements must be completed before a provider can respond as the sole EMS provider on a call. Prior to this the new provider may respond to calls in accordance with agency policies, however, they may not provide any EMS care without supervision of another online EMS provider from their agency or a mutual aid agency.

PCR Numbers for Precepted Calls

(if using paper PCRs without PCR #s, you can enter the date, or run number of the call)

CFR EMT AEMT Paramedic	1.	AEMT Paramedic	8.	Paramedic	15.	Paramedic	22.
	2.		9.		16.		23.
	3.		10.		17.		24.
	4.	11.	18.		25.		
	5.	Paramedic	12.		19.		
6.	13.		20.				
AEMT Paramedic	7.		14.	21.			

After the provider completes the steps above to be placed online, the EMS Captain/Officer must forward the following documents to the Office of Emergency Services for the Medical Director to review, approve & sign.

- WREMAC PPA, WREMAC Skills, Collaborative Protocol Update Certificates, EMT Card, CPR Card, Ancillary cards (as required), if not submitted previously
- Copies of completed PCRs noted above (if agency isn't using e-PCRs)
- This checklist

Upon review and approval of the Medical Director, the checklist will signed and the documents will be returned to the agency. Emergency Services will forward any required documentation to the Program Agency.

The above provider meets the minimum credentialing requirements and should be placed online.

Agency EMS Captain/Officer

Date

Medical Director

Date

Date submitted to Program Agency _____ (Emergency Services to complete)

Mandatory Quality Assurance

The above provider has met the ongoing mandatory QA requirements for their level of care. All feedback was given to the provider. Any significant concerns have been forwarded to the medical director and addressed. There are no outstanding QA issues. The provider will be placed into the normal agency QA process.

Agency EMS Captain

Date