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Regional Credentialing and Continuing Medical Education Policies and Procedures

Developed by the
Hudson Valley Regional Emergency Medical Advisory
Committee

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Regional Credentialing and Continuing Medical Education Policies and Procedures

Index

| | | |
|-------------------|---|---------------|
| Section 1: | Program Administration | Pg. 3 |
| Section 2: | Regional Credentialing Criteria | Pg. 3 |
| Section 3: | Regional Credentialing Process | Pg. 3 |
| Section 4: | Maintaining Regional Credentials | Pg. 4 |
| Section 5: | Accruing CME Credit | Pg. 5 |
| Section 6: | CME Approval and Tracking Process | Pg. 9 |
| Section 7: | Pro-Rating CME Credit Requirements | Pg. 10 |
| Section 8: | Re-Certification Process | Pg. 12 |
| Section 9: | Non-Compliance of CME Requirements | Pg. 13 |

Section 1:

PROGRAM ADMINISTRATION

Candidates for pre-hospital Advanced Life Support credentials will be evaluated by criteria established by the Hudson Valley Regional Medical Advisory Committee (HVREMAC) and are only eligible to obtain applicable Medical Control privileges as indicated in the Hudson Valley Regional EMS Council Medical Control Plan. Candidates may be any of the following:

- New York State Certified EMT-Intermediate, EMT-Critical Care, or EMT-Paramedic personnel who are sponsored by a certified ALS agency authorized to operate in the Hudson Valley Region;
- Aero-Medical personnel affiliated with a helicopter service domiciled within the Hudson Valley Region;
- Any Physician, Physician's Assistant, or Nurse Practitioner sponsored by a Hudson Valley Regional Medical Control Facility.

Section 2:

REGIONAL CREDENTIALING CRITERIA

Criteria for Regional credentialing will be derived from the standardized Hudson Valley Regional Advanced Life Support Protocol Manual and Medical Control Plan. The evaluation will consist of a written examination focusing on medical treatment protocols, medical control system function, and ALS system composition.

Section 3:

REGIONAL CREDENTIALING PROCESS

1. Written examinations are administered at the Hudson Valley Regional EMS Newburgh office. Off-site exams will be conducted for large groups upon request. Pre-registration is required. Exams are only administered to those who are sponsored by an ALS agency or Medical Control Facility authorized by the HVREMAC to operate in the Hudson Valley Region.
2. An application must be completed prior to the exam being administered.
3. Each applicant must submit the following prior to the exam being administered:
 - A. Verification of New York State certification/license or On-Site scoring verification
 - B. Photo ID
 - C. EMS Agency/Medical Control Facility affiliation confirmation form

4. A passing grade of 80% or better must be obtained by all candidates. If the candidate does not achieve a passing grade initially, he/she may take the exam a second time. The retest must be at least five (5) business days after the initial exam date. If the score is still below 80%, he/she must be remediated by an agency representative and wait 5 additional business days to retest. Written documentation of remediation must be presented to the Regional office prior to their next exam. A third failure will result in a retest waiting period of 90 days. Prior to the administration of a fourth exam the candidate must submit written documentation of remediation that is signed by the EMS agency medical director. A fourth failure results in a one (1) year wait for a retest.

5. After meeting the credentialing requirements, a letter of successful completion will be issued to the candidate. Regional credentials are only valid when written documentation confirming a candidate's affiliation with a Regional ALS agency or Medical Control Facility is submitted to the Regional Office. Upon receipt of this submission, a HVREMAC ID Card, and identification number will be issued to the candidate.

6. A listing of all HVREMAC credentialed providers will be maintained on the Regional data management system and will be posted on the Regional website at www.hvremaco.org.

Section 4:

MAINTAINING REGIONAL CREDENTIALS

1. All Advanced Emergency Medical Technicians and Aero Medical personnel (ALS Providers) operating under Medical Control in the Hudson Valley Region will be required to accrue 24 Continuing Medical Education (CME) credits on an annual basis. A minimum of 8 of these CME credits (Medical Control Contact credits) must be presented by a HVREMAC credentialed Physician, Physician's Assistant or Nurse Practitioner (Medical Control representative). CME credit awarded for pre-approved CME programs (figure 1, pg. 7) presented by a Medical Control representative will be applied to both the total annual CME requirement and Medical Control Contact requirement.

2. Medical Control representatives must acknowledge proficiency with the Regional Medical Control Plan, treatment and transport protocols, and associated policies and procedures by engaging in a written agreement with the HVREMAC, annually, or upon any revisions, additions, deletions or changes to such documents, whichever may occur sooner.

Section 5:

ACCRUING CME CREDIT

1. Credit will only be issued for HVREMAC approved CME courses. The Hudson Valley Regional Medical Director or designee must approve any courses not included on the pre-approved CME programs list (figure 1, pg. 7). The Regional Medical Director may award credits for programs outside of the Hudson Valley Region if deemed to meet Regional CME standards. However, it is mandatory that detailed documentation of program content, date, duration, and attendance be submitted to the Regional office in advance, in order to be eligible for potential credits for such programs. Upon review of the program documentation, the applicant will be advised of any possible CME credit.

2. CME credit will be awarded for all pre-approved Regional programs as indicated (figure 1 , pg 7). Only Pre-approved CME programs that are performed by a Medical Control representative will satisfy the Medical Control Contact credit requirement.

3. Medical Control representatives and ALS providers can review and discuss ALS calls and PCRs regarding patients that were transported to the Medical Control facility for CME credit. This credit would be applied towards the 8 Medical Control Contact credits required for the year that the ALS calls took place.

- The Medical representative must be comfortable with the review that has occurred and he/she has the sole discretion to award or not to award contact credits, as well as elect not to review calls due to volume in the emergency department.
- Each review will receive 0.25 credit provided a HVREMSCO CME form is signed by the by the Medical Control representative, is attached to a copy of the PCR, and is submitted to the Regional office. A maximum of 2.0 credits (8 reviews) per year will be permitted by this method.

4. ALS providers will be eligible for CME credit for completion of all HVREMAC approved Quality Improvement data collection forms. This credit would be applied towards the 8 Medical Control Contact credits required for the year that the ALS calls took place.

- Each data collection form must be complete, including a Medical control representative's signature, must be attached to the research copy of the PCR, and must be submitted to the Regional office.
- Each data collection form will receive 0.25 credits. A maximum of 4.0 credits (16 forms) per year will be permitted by this method.

5. ALS providers may request CME credit for Quality Improvement (QI) Committee participation that involves direct interaction with a Medical Control representative. This credit would be applied towards the 8 Medical contact credits for the year that the QI participation took place.

- CME credit will be awarded on a 1 credit per hour basis up to a maximum of 4.0 credits per year.

NOTE: CME credit for QI Committee participation will be awarded only if the following requirements are fulfilled:

- Written documentation that includes the Medical Control representative's signature verifying the ALS provider's active QI Committee involvement is submitted to the Regional office.
- The agency that utilizes the ALS provider as a QI Committee member submits a current HVREMAC approved QI plan to the Regional office.
- A completed approved HVREMSCO CME attendance form that includes the Medical Control representative's signature verifying the ALS provider's attendance to QI committee meetings is submitted to the Regional office.

6. Teaching seminars or other continuing medical education sessions relating to the field of pre-hospital advanced life support care in the Region can fulfill an ALS provider's CME obligation, provided the educational content is approved by the HVREMSCO Medical Director.

- In order to receive CME credits through instruction, you must be a certified instructor. Personnel certified as instructors by the American Academy of Pediatrics, American Heart Association, American Red Cross, American Safety and Health Institute, National Association of Emergency Medical Technicians, National Safety Council, or the New York State Department of Health (CLI or CIC only) are pre-approved to claim CME credit through instruction.
- Personnel with instructor credentials not listed above may seek approval through the HVREMSCO Medical Director by submitting a detailed course description and organizational overview to the Regional office.
- In order to be eligible for CME credit, the instructor must receive a HVREMSCO CME authorization form signed by the HVREMSCO Medical Director. This authorization form is then to be attached to a copy of the course attendance roster which must be verified by and co-signed by a representative from the certifying organization (i.e. – CIC, Course Director, etc) prior to being submitted to the Regional office.

Figure 1: Hudson Valley Pre-approved CME Programs

Educational programs have been listed by subsection for classification purposes only and do not have to be achieved in any one specific subsection

| Subsection 1 - Medical | | |
|---|---|--------------------------------|
| Certification | Certifying Organization | CME Credits |
| Advanced Cardiac Life Support (ACLS) - Original | American Heart Association (AHA) | 8 |
| ACLS - Refresher | AHA | 2 |
| Critical Care Transport Program (CCEMTP) – Original Only | University of Maryland Baltimore County | 16 |
| Advanced Medical Life Support (AMLS) - Original | National Association of EMTs (NAEMT) | 8 |
| AMLS - Refresher | NAEMT | 2 |
| CME Refresher – Medical Core Content | NYS DOH, Bureau of EMS | 1 credit per hour (18 Maximum) |
| CME Refresher – Airway Management Core Content | NYS DOH, Bureau of EMS | 1 credit per hour (6 Maximum) |
| Geriatric Education for EMS (GEMS) - Original | National Council of State EMS Training Coordinators | 8 |
| Pediatric Advanced Life Support (PALS) – Original | American Heart Association (AHA) | 8 |
| PALS - Refresher | AHA | 2 |
| Pediatric Education for Pre-hospital Professionals (PEPP) | American Academy of Pediatrics (AAP) | 8 |
| PEPP - Refresher | AAP | 2 |
| Pediatric Pre-hospital Care (PPC) | NAEMT | 8 |
| PPC - Refresher | NAEMT | 2 |
| Neonate Advanced Life Support (NALS) - Original | AHA | 8 |
| NALS - Refresher | AHA | 2 |
| CME Refresher – Special Considerations Core Content | NYS DOH, Bureau of EMS | 1 credit per hour (6 Maximum) |
| Medical Control Contact / Regionally Approved Content | Hudson Valley Regional Emergency Medical Advisory Committee | 1 credit per hour |

Subsection 2 - Trauma

| Certification | Certifying Organization | CME Credits |
|---|---|--------------------------------|
| Pre-hospital Trauma Life Support (PHTLS) - Original | NAEMT | 8 |
| PHTLS - Refresher | NAEMT | 2 |
| Basic Trauma Life Support (BTLS) – Original | Basic Trauma Life Support, International (BTLIS) | 8 |
| BTLS - Refresher | BTLIS | 2 |
| CME Refresher – Trauma Core Content | NYS DOH, Bureau of EMS | 1 credit per hour (10 Maximum) |
| Medical Control Contact / Regionally Approved Content | Hudson Valley Regional Emergency Medical Advisory Committee | 1 credit per hour |

Subsection 3 - Operations

| Certification | Certifying Organization | CME Credits |
|---|---|-------------------------------|
| Incident Command System | NIIMS/FEMA/USFA | 8 |
| Weapons of Mass Destruction Awareness | FEMA/DOD/DOJ | 8 |
| HAZMAT | OSHA/USDOT/EPA | 4 |
| Certified Lab Instructor (CLI) | NYS DOH, Bureau of EMS | 8 |
| Certified Instructor Coordinator (CIC) | NYS DOH, Bureau of EMS | 8 |
| Emergency Vehicle Operations Course (EVOC) | USDOT Based | 4 |
| Certified Emergency Vehicle Operators Course (CEVO) | NYS DOH, Bureau of EMS | 4 |
| CME Refresher – Operations Core Content | NYS DOH, Bureau of EMS | 1 credit per hour (2 Maximum) |
| CME Refresher – Preparatory Core Content | NYS DOH, Bureau of EMS | 1 credit per hour (6 Maximum) |
| Regionally Approved Content | Hudson Valley Regional Emergency Medical Advisory Committee | 1 credit per hour |

Note: It is the responsibility of all ALS providers to submit documentation of valid certifications to the Hudson Valley Regional EMS office. Certifications are only eligible for CME credit when issued during the appropriate corresponding calendar year.

Section 6:

CME APPROVAL AND TRACKING PROCESS

1. All CME programs conducted throughout the Hudson Valley Region must be pre-approved. Programs that are run routinely are approved for CME credit as indicated in figure 1 of this document. New programs are eligible for approval after a detailed course outline, including educational content and schedule, is submitted to the Regional office. The HVREMSCO Medical Director or designee will review the submitted information and will assign CME credits as appropriate. Applicants will be issued a Regional CME approval form indicating any approved CME credits. Approved programs will be maintained for future reference at the Regional office and need not be submitted for approval again unless there is a change to the course content.

2. County Medical Advisory Committees, Course Sponsors, EMS Agencies, and Medical Control Hospitals shall coordinate CME programs with the HVREMAC throughout the year. The HVREMAC will identify interesting trends and/or issues through the Regional Quality Improvement process and make recommendations for core educational content throughout the year.

3. All current and future courses or programs that are developed by the following organizations will be given primary consideration when a request is made to the Regional office for CME credit:

American Academy of Pediatrics
American Heart Association
American Red Cross
American Safety and Health Institute
National Association of Emergency Medical Technicians
National Council of State EMS Training Coordinators
National Safety Council
New York State Department of Health
FEMA – Emergency Management Institute

4. For ALS providers to receive CME credit, an official HVREMSCO attendance roster must be mailed by the agency, institution, or instructor to the Regional office. Rosters must be completed in their entirety and must be legible. Faxed attendance rosters which are incomplete or illegible will not be processed. The Regional office will keep track of all information submitted. In addition, individual providers should secure documentation of their attendance either by way of a completion certificate or preferably on a HVREMSCO approved CME form. This document must be submitted to the primary agency that the ALS provider is affiliated with and must be maintained in the Regional CME file. At the end of the CME period, an agency representative will be scheduled to meet with the Regional office staff to review the files.

5. All ALS agencies operating within the Hudson Valley Region will be furnished with one CME file for each ALS provider that designates the agency as their primary affiliation. The ALS provider's CME file will be used to maintain all associated CME documentation and any applicable HVREMSCO related records throughout the ALS provider/agency affiliation. At the end of a CME period the ALS agency will submit all ALS providers' CME documentation contained within the CME files. ALS agencies are responsible for notifying the Regional office of all new ALS provider/agency affiliations prior to any provider practicing ALS skills in the field on behalf of said agency. **If an ALS provider/agency affiliation should end, regardless of the reason, the agency will be required to send the ALS provider's CME file and its contents to the Regional office.**

6. At the conclusion of the CME period the HVREMSCO will review the following for accuracy and compliance:

- All ALS providers who aren't shown to be in compliance as per the HVREMSCO data management system or who demonstrate discrepancies (examples include: duplications of CME documentation, illegible or incomplete documentation, etc.)
- An additional 20% random selection of all remaining ALS provider's CME documentation.

Although, all EMS agencies must monitor their own personnel for compliance, the HVREMAC will be the definitive governing body for determining whether ALS provider are active, in "good standing" and subsequently are credentialed to practice ALS privileges in the Hudson Valley Region. It is strongly suggested that ALS agencies contact the Regional office to verify the status of all ALS provider's HVREMAC credentials. Hudson Valley Regional suspensions of practicing privileges will be listed by January 15 following the end of the CME certification period.

Section 7:

PRO-RATING CME CREDIT REQUIREMENTS:

1. Obtaining HVREMAC credentials after the start of the calendar year:
 - a. ALS providers that obtain HVREMAC credentials and begin to function in the Hudson Valley region after the start of the annual CME period will receive pro-rated CME requirements based on the date they have successfully fulfilled the initial HVREMAC credential process indicated in section 3 (pg 3).

2. Requests for periods of inactivity:

- a. ALS providers that become inactive or anticipate becoming inactive in the Hudson Valley Region for 90 days or more, regardless of the reason, must notify the Regional office in writing of their request to become inactive.
- b. This written notification should be made as soon as possible and must include the requested date for the inactivity to begin as well as the estimated duration.
- c. Upon receipt of this notification, the requesting ALS provider and all affiliated agencies will receive written confirmation of such from the Regional office and the requestor will be placed on the inactive ALS provider list.
- d. Inactive ALS providers may request in writing to become active again at anytime provided their HVREMAC credentials have not expired during the period of inactivity. If the ALS provider's HVREMAC credentials expire during the period of inactivity or if the period of inactivity exceeds a continuous 12-month duration, the ALS provider will be required to complete the HVREMAC credentialing process in its entirety.
- e. Inactive ALS providers must provide written documentation of all CME(s) obtained during the respective inactive period as well as a current letter of employment/agency verification, prior to becoming re-activated.
- f. Upon receipt of this information, the ALS provider and all affiliated agencies will receive written confirmation of reactivation from the Regional office and the ALS provider will be returned to active status.
- g. The ALS provider will be responsible for obtaining only CME credits for the time period that they were active in the Hudson Valley Region as indicated in figure 2 (pg 12).

3. Process for pro-rating CME credits:

- a. CME credit will be pro-rated as indicated in figure 2 (pg 12).
- b. Pro-Rated CME credit will only be awarded if all of pro-rating CME requirements (section 7) are met.

Figure 2: Pro-Rated CME Credits

| HVREMAC credentials Implementation Date / Length of Leave of Absence | Total Required CME Credits | Medical Control Contact Credits |
|---|-----------------------------------|--|
| On/After February 1 st / 1 month | 22 | 8 |
| March 1 st / 2 months | 20 | 8 |
| April 1 st / 3 months | 18 | 8 |
| May 1 st / 4 months | 16 | 8 |
| June 1 st / 5 months | 14 | 7 |
| July 1 st / 6 months | 12 | 6 |
| August 1 st / 7 months | 10 | 5 |
| September 1 st / 8 months | 8 | 4 |
| October 1 st / 9 months | 6 | 3 |
| November 1 st / 10 months | 4 | 2 |
| December 1 st / 11 months | 2 | 1 |

Section 8:

RE-CERTIFICATION PROCESS

1. ALS provider HVREMAC credentials are offered on an annual basis becoming effective on January 1 and continuing through the evaluation period (January 1-January 31) of the following year. All HVREMAC credentials will expire 31 days after the end of the CME period (January 31). ALS providers that complete all of the mandatory HVREMAC CME requirements, maintain current New York State ALS provider certification, remain in “good standing”, and maintain an affiliation with a HVREMAC approved ALS agency will be eligible to receive updated HVREMAC credentials prior to February 1 of the next CME period.

2. ALL CME verification will be maintained and coordinated by the ALS provider’s primary affiliated agency. It is the responsibility of the ALS provider to complete all mandatory HVREMAC CME requirements and to provide their primary affiliated agency with all verification of CME completion. **The ALS provider will not be notified by the Hudson Valley Regional EMS Office to do so.**

3. HVREMAC credentials are only valid when accompanied by current New York State ALS provider certification. **It is the responsibility of the ALS provider to submit updated contact information as well as current verification of their valid New York State ALS certification, letter(s) of employment/agency verification, and photo identification or any changes of such to the Hudson Valley Regional EMS Office. Failure to do so may result in an immediate suspension of HVREMAC credentials.**

4. Medical Control representative credentials are offered on an annual basis becoming effective on January 1 and continuing through the evaluation period (January 1-January 31) of the following year. All HVREMAC credentials will expire 31 days after the end of the CME period (January 31). Medical Control representatives must acknowledge proficiency with the Regional Medical Control Plan, treatment and transport protocols, and associated policies and procedures by engaging in a written agreement with the HVREMAC, annually, or upon any revisions, additions, deletions or changes to such documents, whichever may occur sooner.

Section 9:

NON-COMPLIANCE OF CME REQUIREMENTS BY CREDENTIALLED ALS PROVIDERS

At the end of the credentialing period and beginning of evaluation period (occurring on January 1st, of the year following the year the initial credentialing has become effective), the reporting individual must have completed all required CME. The individual, following the specific reporting requirements of their primary agency, will have furnished all required documentation subject to review by the HVREMSCO. The following actions will then take place:

1. **Voluntary Suspension of Advanced Life Support Privileges.** If on or after January 1st of the evaluation period an individual has been found to be deficient in the required CME credits to maintain his or her credentials, the agency must notify the HVREMSCO prior to the agency's scheduled mandatory CME evaluation. Individuals and agencies making formal notification of CME deficiencies will then be given fifteen (15) days, until January 15th, to complete all deficient CME areas. Once CME deficiencies are completed and verified, the primary agency will forward said documentation to the HVREMSCO Training Coordinator. Agencies may voluntarily restrict the ALS privileges of their personnel identified with CME deficiencies. If this option is chosen, the HVREMSCO must be notified in writing and the individual must be restricted to providing BLS level care only. An individual placed on voluntary suspension may not be used as the qualifying staff member on an EMS unit that qualifies it as an ALS unit. Upon receipt of the required CME documentation the suspension will be revoked, and the individual shall be returned to a normal credentialed status without restriction. CME secured between January 1st and January 15th for the expressed purpose of completing deficient CME requirements may only be applied to the previous credentialing period, and may not be used in the new credentialing period.

2. **Involuntary Suspension of Advanced Life Support Privileges.** If an agency does not formally notify the HVREMSCO of any individual(s) known to be deficient in required CME contact credits, it may result in mandatory suspension or termination of all HVREMAC credentials.

If during the mandatory CME evaluation each primary agency will schedule between January 1st and January 15th, it is determined that an individual or multiple individuals from that service have failed to meet the CME requirements, the following will occur:

- a. The Primary Reporting Agency will immediately submit to a mandatory audit of all of their ALS credentialed staff, instead of the percentage sample they had been undergoing.
- b. All individuals found during the audit to be deficient in their CME requirements will be immediately suspended until February 1st. During this time the individual cannot work as, or be counted as, an ALS provider in the HVREMSCO Region.
- c. Individuals suspended in this manner will have until February 1st to make up all required CME credits, and must schedule and successfully pass the current HVREMAC protocol exam before applying for reinstatement.
- d. Individuals, who fail to re-qualify by February 1st, may complete their CME requirements no later than 45 days into the new CME year, must schedule and pass the current HVREMAC protocol examination, but will not be eligible for reinstatement until their service Medical Director has met with the Medical Director of the HVREMSCO, and both Physicians agree to the reinstatement.
- e. Any individual who has gone through an involuntary suspension will be subject to a mandatory CME audit on the next reporting cycle.

3. **Termination of Advanced Life Support Privileges.** Any individual failing to re-qualify for their ALS privileges in the aforementioned manner by the 45th day of the new CME year will have all privileges terminated. Termination of privileges will result in a mandatory period of six (6) months (after the 45th day) before the individual can re-apply for privileges. The HVREMAC Chair, the HVREMSCO Medical Director, and the Medical Director of the individual's Primary Agency will meet to determine if the individual has satisfied all CME requirements for the preceding reporting cycle, as well as completing any other educational requirement the Medical Directors feel is appropriate prior to allowing the individual to sit for a new Protocol examination.

4. **Disciplinary Action against an Agency using suspended individuals to provide ALS care.** Any agency found to be using suspended individuals to provide ALS level care, will be immediately reported to the HVREMSCO Executive Director, Medical Director and to the HVREMAC Chair. The Medical Director will ensure that the service immediately ceases to utilize the suspended individuals, and a mandatory meeting will be scheduled for no more than five (5) business days after the reported violation is received by the HVREMSCO. The meeting must involve the HVREMSCO Medical Director, the HVREMSCO Executive Director, the Medical Director of the Service in question, the Chief Operating Officer of the agency in question, the HVREMAC Chair and two additional HVREMAC members appointed by the HVREMAC Chair and are not

affiliated with the agency and/or the agencies primary county of operation. At this meeting the involved service must provide a written plan of corrective action for review by the HVREMSCO and the HVREMAC. The HVREMAC Chair, in consultation with the HVREMSCO and HVREMAC representatives present, will decide if any further action is indicated, or if the matter is to be remanded to the full HVREMAC for possible revocation of the service's qualification to provide ALS level care.

5. Notification of the Suspension or Revocation of an Individual's ALS privileges. Any individual, who has had either an involuntary suspension or a mandatory revocation of their privileges, will have their name/I.D. number removed from the list of credentialed providers listed on the HVREMSCO website. In addition, a letter will be sent to both the agency and the agency Medical Director of the individual's primary service announcing his/her suspension. Upon successful re-qualification the individual's name/ID will be returned to the listing.

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