



CREDENTIALING POLICY

Adopted: February 2002
Amended: November 2002
January 2003

ALS CERTIFICATION/RE-CERTIFICATION

The Westchester Regional Emergency Medical Advisory (REMAC) will certify providers for three (3) year periods.

Advanced level providers shall be required to pass a two-part REMAC protocol exam. The first part of the exam shall be scenario based. It will test the comprehension of the REMAC protocols. An oral exam will be administered by a REMAC certified physician. Advanced providers graduating from Paramedic or Intermediate Training Programs shall be given credit for an oral graduation test if given by a REMAC certified physician. No tests will be administered to providers recertifying if they have satisfied all protocol update, call audits and continuing medical education requirements to the satisfaction of his/her Primary Agency and its Medical Director.

Photo-identification cards will be issued by the REMAC to all advanced providers. The cards will indicate level of certification and ability to perform Special Procedures, as defined by the REMAC. The advanced provider's primary EMS agency shall be printed on the back.

Original and re-certifying advanced providers shall complete the appropriate application and provide copies of required documentation to the REMAC. The expiration date of the REMAC card shall coincide with the NYS certification card. To qualify for recertification, an advanced provider must complete forty-eight (48) continuing medical education (CME) hours and twenty-four (24) call audit (CA) hours every three (3) years. These numbers shall be prorated if the provider has been certified for less than three (3) years. A recommended minimum of 25% of the required CME and CA should be completed yearly.

Advanced providers are responsible for ensuring that all CME/CA documentation is filed with their Primary Agency. EMS agencies designated by a provider as Primary Agency shall be responsible for recording and confirming his/her records of CME/CA completed. An annual report shall be sent by the primary EMS agency to the agency's medical director for review and signature. The medical director will sign and forward the report to the REMAC by January 1st of each year. All records shall be maintained by the agency for five (5) years. REMAC will conduct periodic sample auditing of agency records.

An advanced provider, who fails to fulfill the required CME/CA by the end of his/her certification period, shall be suspended from practicing in the region by the REMAC for two (2) months or until the deficiency is rectified, whichever is sooner. Any CME/CA completed in this time frame will not be applicable to the next certification period. Advanced providers will be reinstated after documentation has been provided to the Credentialing Committee, signed by the Primary Agency and its Medical Director, attesting to the fact that all the re-certification requirements have been met. The provider shall be revoked from practicing in the region if the deficiency is not made up in the suspension period. The provider shall not be allowed to retest for 90 days after a revocation of REMAC certification.

An advanced provider who is unable to meet the required CME/CA for re-certification, due to unforeseen or special circumstances, may appeal to the Credentialing Committee. A written petition,



requesting re-certification or an extension of the deadline, must be filed not less than thirty (30) days prior to the termination of the provider's certification period. The petition must include letters of support from an officer of the provider's Primary Agency and its Medical Director. The Credentialing Committee will review the petition, and may request to have the provider, an agency representative and the Medical Director present during the review. If the Credentialing Committee denies the application, the agency Medical Director may appeal to the REMAC Chair to have the full REMAC consider the petition. The determination of the REMAC shall be final. Action to suspend or revoke REMAC certification of the provider shall be deferred until completion of the committee review and appeal process, if any.

Advanced providers must choose a primary EMS agency. The agency is required to track CME/CA for the provider. Providers are not required to be employed by a primary EMS agency to sit for a protocol exam. An ID card will not be issued however until proof of association with a primary EMS agency is documented. Change of a provider's primary EMS agency must be reported to the REMAC by the provider, in writing, within ten (10) days. The advanced provider is responsible for ensuring the transference of all CME/CA records from his/her former Primary Agency to the new Primary Agency. A letter must be sent to the REMAC by the new Primary Agency accepting responsibility for tracking the provider's CME/CA. The provider's ID card must be returned to the REMAC and destroyed before a new card will be issued.

BLS CERTIFICATION/RECERTIFICATION

BLS providers shall be required to complete three (3) call audit (CA) hours per year. BLS providers who participate in Special Procedure programs, as defined by the REMAC, shall complete one (1) continuing medical education (CME) hour per year for each special procedure. The subject matter shall be determined by the special procedure's educational requirements established by the REMAC and the NYS DOH.

Photo-identification cards will be issued by the REMAC to all BLS providers. The ID will indicate level of certification and ability to perform special procedures, as defined by the REMAC. The BLS provider's primary EMS agency will be printed on the back.

Original and recertifying BLS providers shall complete the appropriate application and provide copies of required documentation to the REMAC. The expiration date for the REMAC card shall be the same as the NYS certification. To re-certify with the REMAC, a BLS provider must have completed her/his yearly-required CME/CA for the preceding three (3) years. These requirements shall be prorated if the provider has been certified for less than three (3) years. No tests for special procedures will be administered to providers recertifying if they have satisfied all protocol update, call audits and continuing medical education requirements to the satisfaction of his/her Primary Agency and its Medical Director.

BLS providers are responsible for ensuring that all CME/CA documentation is filed with their Primary Agency. EMS agencies designated by a provider as primary agency shall be responsible for recording and confirming his/her records of CME/CA completed. An annual report shall be sent by the primary EMS agency to the agency's medical director for review and signature. The medical director will sign and forward the report to the REMAC by January 1st of each year. All records shall be maintained by the agency for five (5) years. REMAC will conduct periodic sample auditing of agency records.



A BLS provider who fails to fulfill the required CME/CA by the end of his/her certification period, shall be suspended from practicing special procedures in the region by the REMAC for two (2) months, or until the deficiency is rectified, whichever is sooner. Any CME/CA completed in this time frame will not be applicable to the next certification period. BLS providers will be reinstated after documentation has been provided to the Credentialing Committee, signed by the Primary Agency and its Medical Director, attesting to the fact that all the re-certification requirements have been met. The provider shall be revoked from practicing special procedures in the region if the deficiency is not made up in the suspension period. The provider shall not be allowed to re-apply for special procedures for 90 days after a revocation of REMAC certification.

A BLS provider who is unable to meet the required CME/CA for re-certification, due to unforeseen or special circumstances, may appeal to the Credentialing Committee. A written petition, requesting re-certification or an extension of the deadline, must be filed not less than thirty (30) days prior to the termination of the provider's certification period. The petition must include letters of support from an officer of the provider's Primary Agency and its Medical Director. The Credentialing Committee will review the petition, and may request to have the provider, an agency representative and the Medical Director present during the review. If the Credentialing Committee denies the application, the agency Medical Director may appeal to the REMAC Chair to have the full REMAC consider the petition. The determination of the REMAC shall be final. Action to suspend or revoke REMAC certification of the provider shall be deferred until completion of the committee review and appeal process, if any.

BLS providers must choose a primary EMS agency. The agency is required to track CME/CA for the provider. An ID card will not be issued to providers until proof of association with a primary EMS agency is documented. Change of a provider's primary EMS agency must be reported to the REMAC by the provider, in writing, within ten (10) days. The advanced provider is responsible for ensuring the transference of all CME/CA records from his/her former Primary Agency to the new Primary Agency. A letter must be sent to the REMAC by the new Primary Agency accepting responsibility for tracking the provider's CME/CA. The provider's ID card must be returned to the REMAC and destroyed before a new card will be issued.

BLS CALL AUDITS

BLS call audits can be conducted by an EMT-P or EMT-I if approved by a REMAC certified physician. A BLS audit shall be counted a required audit for advanced providers providing it is conducted by a REMAC certified physician.

BLS call audits shall be conducted in a manner similar to grand rounds, with case presentation by the BLS providers. REMAC has established the following guidelines for BLS call audits:

1. All cases should be presented by BLS providers
2. Cases should be rotated among BLS providers
3. Hospital follow-up is encouraged as an educational tool
4. Call audits should address an academic theme (i.e. chest pain)
5. Call audits should be a minimum of one (1) hour in duration
6. Call audits should be paired with a CME topic

All BLS audits shall be reported to the REMAC. An approved sign-in sheet documenting the attendance will be forwarded to the REMAC upon the completion of the audit.



ALS CALL AUDITS

ALS call audits must be conducted by a REMAC certified physician.

ALS call audits shall be conducted in a manner similar to grand rounds, with case presentation by the ALS providers. REMAC has established the following guidelines for ALS call audits:

1. All cases should be presented by ALS providers
2. Cases should be rotated among ALS providers
3. Hospital follow-up is encouraged as an educational tool
4. Call audits should address an academic theme (i.e. chest pain)
5. Call audits should be a minimum of one (1) hour in duration
6. Call audits should be paired with a CME topic

All ALS audits shall be reported to the WREMAC. An approved sign-in sheet documenting the attendance will be forwarded to the REMAC upon the completion of the audit.

Effective November 1, 2002.

An Agency Medical Director may accept up to fifty (50) percent of the required number of Call Audits conducted by Medical Control physicians from other than the Westchester Region. Please note the following:

1. The Agency Medical Director has the option of either accepting or not accepting out of region Call Audits.
2. Physician contact hours, described and utilized in the NYC and Hudson Valley Regions are not acceptable. The policy requirement remains for the Call Audit format as described above.
3. Out of region Call Audits are only acceptable if conducted on or after November 1, 2002.
4. Out of region Call Audit participation sheets must be endorsed by the Agency Medical Director and maintained on file consistent with the current requirements for agency maintenance of CME and Call Audit documentation.

The provider attending the out of region call audit is responsible to have a Westchester REMAC student participation sheet completed and endorsed by the conducting physician.

Effective January 1, 2003

A provider may also gain ALS Call Audit credit hours by completing "Bed-Side Call Audits" with a Westchester Regional Medical Control Physician in the ER immediately following an emergency transport. The Westchester REMAC has established the following guidelines regarding "Bed-Side Call Audits":

1. Each occurrence is worth .25 hours ALS Call Audit hours.
2. The maximum number allowed is sixteen (16) occurrences, or four (4) ALS Call Audit hours.
3. A "Bed-Side Call Audit" must take place within the Westchester Regional EMS system.
4. A "Bed-Side Call Audit" must be properly documented on a Westchester REMAC student participation sheet completed and endorsed by the conducting Westchester Regional Medical Control Physician.



CONTINUING MEDICAL EDUCATION (CME)

Quality assurance and quality improvement (QA/QI) shall be addressed in all CME topics.

Advanced providers shall be required to complete a mandatory minimum CME requirement in specific topics.

A short exam shall be prepared for protocol updates and rollouts. All advanced providers shall be given CME credit for taking an ALS protocol update exam. BLS providers will be given CME credit for taking a BLS protocol update exam.

The Westchester REMAC accepts the definition of a CME as defined by the policies of the National Registry of Emergency Medical Technicians and/or the NYS DOH Re-certification program.

GENERAL NOTES

The Westchester County Department of Emergency Services Training Center shall coordinate minimal topics, updates and standardized courses for pre-hospital providers.

The REMAC website shall serve as a link between EMS agencies and the Westchester Region. The objective is to have all CME/CA records posted directly to the site. The data shall be made available to all hospital ER physicians to verify the current status of prehospital providers.