

Johnson County EMS System Medical Director Clinical Credentialing Policy

Version 4

January 2023



Credentialing

EMS providers provide clinical care under the supervision of the EMS Medical Director. The EMS Medical Director (or designee) is responsible for the credentialing of all licensed EMS Providers in the Johnson County EMS System who provide direct patient care. An individual EMS Provider is “authorized/credentialed to practice” when he or she successfully attains and maintains the defined credentialing requirements as set forth by the Office of the Medical Director.

Credentialing is a dynamic, on-going process that will require periodic revision in order to maintain relevance in the Johnson County EMS System. Appropriate changes to assessments and skills verification will be made as needed by the Office of the Medical Director in order to accommodate changes in medical evidence, updates in provider scope of practice and to ensure both the Johnson County EMS System and community needs are met.

Credentialing Designations in JOCO EMS System

Credentialing assigns a local scope of practice to be utilized during care in the out-of-hospital setting. Local scope of practice shall not exceed the provider’s certification level, but may be narrower than the national or Kansas scope of practice. The authorized local scope of practice is unique to our EMS System’s needs both logistically and clinically.

There are currently four credentialing designations within the Johnson County EMS System:

- **Chief Officer/Administrative**
- **EMT**
- **AEMT**
- **Paramedic**

Providers are encouraged to credential at a level that most closely matches their routine clinical practice, which may or may not be the same as their state license level. The decision regarding what credentialing designation a provider should attain will need to be approved by the provider’s agency.

LOCAL SCOPE OF PRACTICE (Authorized Activities) BY CREDENTIAL DESIGNATION

AIRWAY/VENTILATION/OXYGENATION	CO/A	EMT	AEMT	PM
Chin lift/Jaw-Thrust	Yes	Yes	Yes	Yes
Nasal Airway Insertion	Yes	Yes	Yes	Yes
Oral Airway Insertion	Yes	Yes	Yes	Yes
Suction Upper Airway	Yes	Yes	Yes	Yes
Suction Tracheal/Stoma	No	No	Yes	Yes
Gastric decompression with I-Gel	No	Yes	Yes	Yes
Nasal Cannula	Yes	Yes	Yes	Yes
Non-Rebreather Face Mask	Yes	Yes	Yes	Yes
FBAO-Basic Infant/Child/Adult	Yes	Yes	Yes	Yes
FBAO-Advanced (Laryngoscopy/Magill's)	No	No	No	Yes
BVM (Adult/Child/Infant)	Yes	Yes	Yes	Yes
ETCO2- colorimetric device	No	Yes	Yes	Yes
ETCO2-waveform/capnometry/interpret	No	No	Yes	Yes
Pulse oximetry	Yes	Yes	Yes	Yes
CPAP Application	No	Yes	Yes	Yes
Supraglottic Airway Insertion	No	Yes	Yes	Yes
Endotracheal Intubation	No	No	No	Yes
Cricothyrotomy (Adult)	No	No	No	Yes
Needle Decompression-chest	No	No	No	Yes
Cardiovascular/Circulation	CO/A	EMT	AEMT	PM
CPR (Adult/Child/Infant)	Yes	Yes	Yes	Yes
Compressions (Mechanical Device)	No	Yes	Yes	Yes
Automated Defibrillation (AED)	Yes	Yes	Yes	Yes
Manual Defibrillation	No	No	Yes	Yes
Cardiac Monitor-Limb lead acquisition	No	Yes	Yes	Yes
Cardiac Monitor-12-lead acquisition	No	Yes	Yes	Yes
Cardiac Monitor-rhythm interpretation	No	No	Yes	Yes
Cardiac Monitor-12-lead interpretation	No	No	No	Yes
Synchronized Cardioversion	No	No	No	Yes
Transcutaneous Pacing	No	No	No	Yes
Trauma/SMR/Splinting/Patient Restraint	CO/A	EMT	AEMT	PM
Hemorrhage Control-TQ application	Yes	Yes	Yes	Yes
Hemorrhage Control-Direct pressure	Yes	Yes	Yes	Yes
Hemorrhage Control-Wound Packing	Yes	Yes	Yes	Yes
Application of Spine Clearance Protocol	No	Yes	Yes	Yes
C-collar application	Yes	Yes	Yes	Yes
Long Spine Board/Scoop Stretcher	Yes	Yes	Yes	Yes
Extremity Splinting	Yes	Yes	Yes	Yes
Traction Splints	No	Yes	Yes	Yes
Manual Patient Restraint/Hold	Yes	Yes	Yes	Yes
Mechanical Patient Restraints application	No	Yes	Yes	Yes

Vascular Access/IV Therapy	CO/A	EMT	AEMT	PM
IV Initiation-peripheral	No	No	Yes	Yes
IO Initiation (approved sites)	No	No	Yes	Yes
Pre-Existing Central line Access	No	No	No	Yes
Implanted Port-a-Cath Access	No	No	No	No
Fluid Administration (Crystalloid)	No	No	Yes	Yes
Fluid Administration (Blood Products)	No	No	No	Yes
IV line troubleshooting	No	No	Yes	Yes
IV Pump Operation (approved meds only)	No	No	No	Yes
Medication Administration- Routes (Approved Medications Only)	CO/A	EMT	AEMT	PM
Auto-Injector	Yes	Yes	Yes	Yes
Medicated Inhaler-Patient Assisted	Yes	Yes	Yes	Yes
Oral (PO)	No	Yes	Yes	Yes
Sublingual	No	Yes	Yes	Yes
Nebulized/aerosolized	No	Yes	Yes	Yes
Intramuscular (IM)	No	No	Yes	Yes
IV/IO Push	No	No	Yes	Yes
IV/IO medication drips	No	No	No	Yes
Intranasal (IN)	No	Yes	Yes	Yes
Intranasal (IN)-unit-dosed/pre-measured	Yes	Yes	Yes	Yes
Topical/Transdermal	No	No	No	Yes
Miscellaneous	CO/A	EMT	AEMT	PM
Assisted Childbirth/Delivery	Yes	Yes	Yes	Yes
Blood glucose monitoring	Yes	Yes	Yes	Yes
Irrigation/Decontamination	Yes	Yes	Yes	Yes
Medication Cross-Check	Yes	Yes	Yes	Yes
Phlebotomy	No	No	Yes	yes
Cincinnati Stroke Screening	Yes	Yes	Yes	Yes
Large Vessel Occlusion Screen	No	No	No	Yes
Destination/Routing Determination (TCD)	No	No	No	Yes

Credentialing Requirements by Designation

Chief Officer/Administrative (CO/A)

- Successful verification of CO/A psychomotor skills
- Successful completion of EMS System Protocol assessment

Emergency Medical Technician (EMT)

- Successful verification of the EMT psychomotor skills
- Successful completion of EMS System Protocol assessment

Advanced Emergency Medical Technician (AEMT)

- Successful verification of the AEMT psychomotor skills
- Successful completion of EMS System Protocol assessment

Paramedic (PM)

- Successful verification of the Paramedic psychomotor skills
- Successful completion of EMS System Protocol assessment

Credentialing Process

Psychomotor Skills Verification

Every EMS provider must demonstrate minimum competency (entry level) in their ability to perform the essential skills associated with their credentialing designation. It is not logistically feasible to evaluate every skill that an individual EMS provider may be called upon to perform. A subset of core skills for each credentialing level has been selected and will be considered sufficiently representative of competent practice. These skills are subject to revision by the Office of the Medical Director as equipment, knowledge, and practices change. By demonstrating the skills listed for a given credentialing designation, the EMS Medical Director is confident that the provider being supervised is:

- (1) Proficient at routine skills expected to be utilized on a frequent basis.
- (2) Competent at high risk, low frequency skills.

EMS Protocol/Guideline Testing

EMS providers require protocols/guidelines in order to provide patient care. It is therefore important every EMS provider be knowledgeable of the most current version of protocol to ensure the safe practice of EMS medicine. This will require at a minimum, verification that every provider has successfully completed EMS System Protocol assessments which impact how the EMS System provides care for patients. In addition, the EMS Medical Director may assign required education for clinically important issues that may arise that requires EMS provider awareness from time to time (ex. emerging infectious diseases, opioid epidemic, introduction of a new medical device).

Mandatory education may have different requirements depending on credentialing designation of provider. Successful completion of mandated education deemed clinically important by the EMS Medical Director for patient safety will be required to maintain credentials.

Sequence of Credentialing Requirements

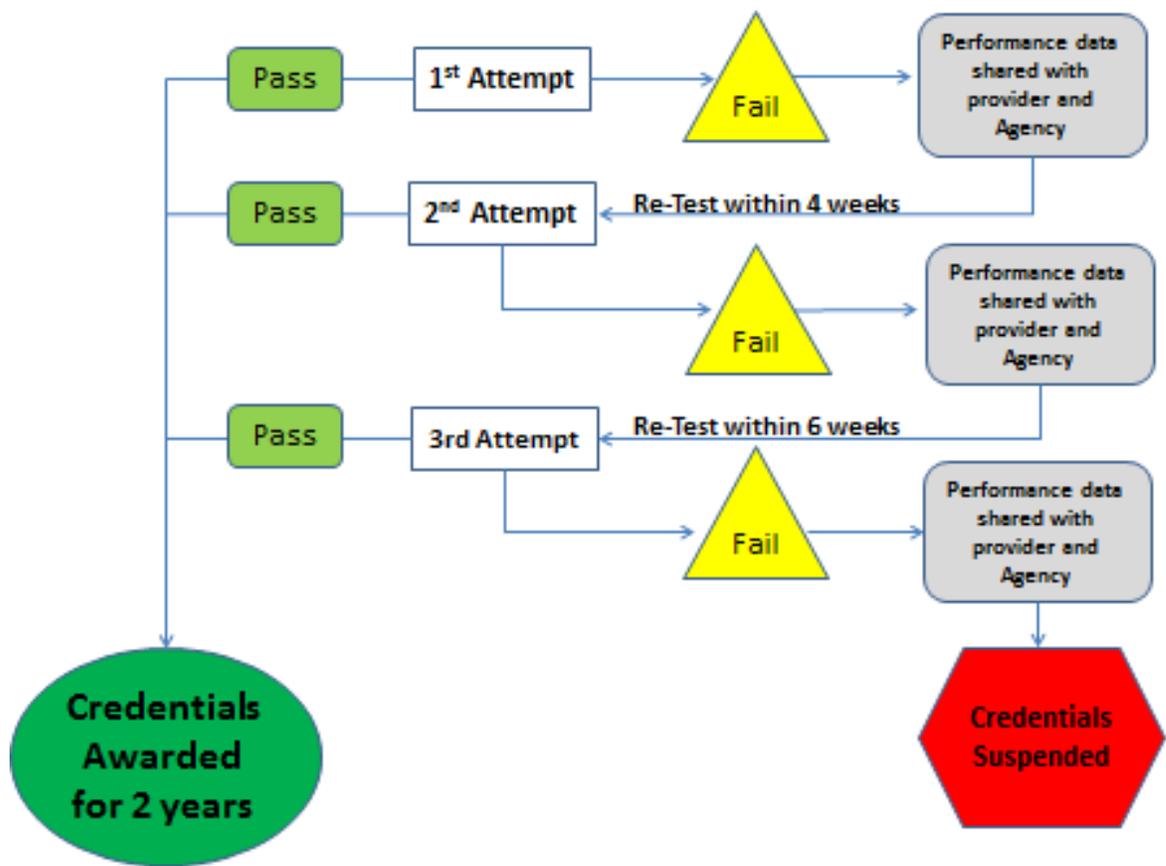
Psychomotor skills verification and Protocol Testing may be completed in any order prior to expiration of credentials.

Attempts at Credentialing Requirements

The Office of the Medical Director is tasked with providing medical oversight for the EMS system and will be responsible for validating that EMS providers have completed the necessary requirements for credentialing. The Office of the Medical Director will not provide or require specific remediation plans for providers for failed attempts, but it is highly recommended that individual EMS agencies engage in the credentialing process of their respective employees and define their own internal triggers that may prompt remediation and additional training within the credentialing process

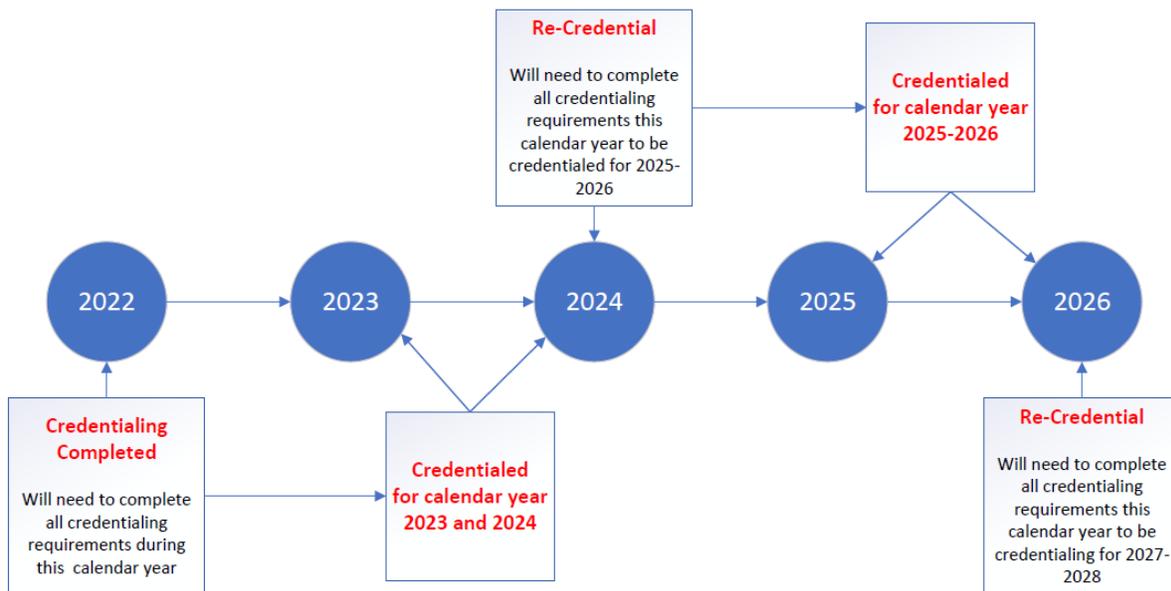
Each credentialing component is allowed a **maximum of three attempts**. Only the failed components require reassessment. (See figure on next page).

- After one failed attempt at a credentialing component, the provider will be provided feedback and must take their second attempt no more than four weeks after the first failed attempt.
- After the second failed attempt at a credentialing component, the provider will be provided feedback and must take their third attempt no more than six weeks after the second failed attempt.
- Same day repeat testing is not allowed. The agency should ensure that the EMS provider has ample opportunity to prepare for any areas of improvement that led to the initial failing of a component. Rapid re-testing out of frustration may inadvertently lead to another failed attempt due to lack of preparation.
- At the point that a provider has failed a component three times, the EMS System Medical Director believes that this is a marker of significant deficit, to the point that the provider should not be engaged in patient care. The provider's existing credential will be suspended. Additional attempts will be considered if special circumstances exist. The EMS System Medical Director will consider an individualized process in collaboration with the Agency that employs the provider on a case-by-case basis.



Length of Credentialing Validity

Credentialing is valid for a period of two calendar years (calendar year=January 1st-December 31st). EMS providers have one calendar year to complete all credentialing requirements. Re-credentialing requires all EMS providers to successfully complete all requirements before expiration of credentials. See diagram below.



Expired Credentials

If an EMS provider has not completed all credentialing requirements successfully prior to the expiration date, an EMS provider’s credential will expire. It is the EMS provider’s responsibility to ensure they allow enough time to successfully complete all requirements prior to expiration date including any repeat attempts. If an EMS Provider’s credential expires, the Agency that employs the EMS provider will be notified that the provider has not been validated as minimally competent and is no longer meeting supervision requirements of the Medical Director and should not provide direct patient care until credential is renewed.

New Hires into EMS System

To ensure that every EMS provider has the requisite knowledge and skills to competently practice EMS medicine, all newly hired individuals will need to complete the appropriate credentialing requirements during the course of their orientation and integration into the EMS System (no more than 3 months from date of hire)

NREMT Renewal Applications

Only credentialed providers will receive an attestation of competence required for NREMT Renewal applications. The Medical Director will **not** provide an attestation of competence for NREMT recertification for non-credentialed providers as the EMS Medical Director will have no knowledge of the provider's competence.

Suspension/Revocation of Credentials and Clinical Investigations

The EMS Medical Director may withdraw credentials of an EMS provider if they fail to meet all credentialing requirements. If a credential is withdrawn, the EMS Medical Director will make the recommendation to the agency chief to remove the EMS provider from patient care activities until credentials are regained.

In the matter of a substantiated clinical protocol violation, the Office of the Medical Director and/or Agency staff will immediately contact the appropriate Agency leadership and Office of the Medical Director and make them aware of the situation with full disclosure. The Agency leadership and Office of the Medical Director will reconcile the matter through an appropriate investigative process (*which may include established Quality Review, if applicable*) and will remedy the matter based on the investigation. If the result of the event investigation, using Just Culture, reveals that a provider has engaged in reckless behavior or repetitive at-risk behaviors, that individual EMS provider credential may be suspended by the EMS Medical Director with a recommendation to the agency chief to be removed from patient care activities until the issue is resolved.

If an EMS provider's credentialing status is suspended, the EMS provider and Agency leadership will both be notified immediately of the change in status. In order to regain a suspended credential and be authorized to practice, a pathway for re-credentialing will be determined via cooperation between the EMS provider Agency and the Office of the Medical Director depending on the event on a case-by-case basis.

Investigations and investigation materials and records shall be confidential to the extent allowed by law.

Non-Credentialed Providers

A credentialed provider has the support and formal endorsement of the EMS Medical Director. The EMS Medical Director can attest to the competency of credentialed EMS providers if their knowledge or skills are ever questioned.

EMS Providers who do not obtain/maintain credentialing within the EMS System do not have the endorsement of the EMS Medical Director for the care they provide to the public. The EMS Medical

Director will not have any knowledge of a non-credentialed provider's psychomotor skills or any assurance of protocol awareness and therefore cannot attest to their competence if questioned.

If an EMS provider is not credentialed, but continues to provide patient care in the field without EMS Medical Director authorization they will be considered by the EMS Medical Director to be practicing EMS Medicine without any Medical Oversight or appropriate medical supervision and the KS Board of EMS will be notified as well as Agency leadership.

Accommodation of Disabilities

Every attempt will be made in the credentialing process to accommodate those individuals with documented disabilities recognized by the provider's agency.

*****Nothing in this credentialing document is intended to restrict any EMS agency from continuing established internal, agency-specific requirements mandated by the EMS agency on its providers regarding EMS training and/or competency assessments.*****

Appendix:

Process for becoming Approved-Skills Verifier

Agencies may designate individuals to become Psychomotor Skill Verifiers for credentialing purposes.

Skills Verifiers must:

- 1) Be chosen by their agency and approved by EMS Medical Director.
- 2) Maintain their own credentialing status at or above anyone they will be evaluating (ex. an EMT cannot verify an AEMT or Paramedic on skills)
- 3) Meet with the Office of the Medical Director staff to discuss the skills verification process and expectations:
 - Skill Verifiers must attend a train-the-trainer session hosted by the Office of the Medical Director, focused on expectations of skill verification.
 - Skill Verifiers must comply with documentation requirements for skill verification as laid forth by the Office of the Medical Director.