Backus Hospital
Connect to healthier.

Medical Control Administrative Policies and Procedures
TABLE OF CONTENTS

OBTAINING PARAMEDIC MEDICAL CONTROL AUTHORIZATION..................................................2
REQUIREMENTS TO MAINTAIN MEDICAL CONTROL..............................................................7
REGAINING MEDICAL CONTROL.............................................................................................8
REMEDIATION............................................................................................................................8
PRECEPTOR PROGRAM...............................................................................................................9
DISCIPLINARY ACTION GUIDELINES.......................................................................................10
OBTAINING PARAMEDIC MEDICAL CONTROL AUTHORIZATION

Purpose:
Provide a defined process for individual EMS providers to obtain medical authorization to practice independently at the paramedic level.

Scope:
Connecticut licensed paramedics requesting authorization to practice at the paramedic level as an employee of an EMS organization sponsored by Backus Hospital.

Procedure:

Step 1 - Application:
Email Backus Hospital’s EMS Coordinator the following documents. It is preferred that all required documents be sent together as a single submission in .pdf format.

- Application for Medical Authorization at the paramedic level (at the end of the policy).

- Letter or email from the candidate’s sponsored service, verifying the candidate’s status as an employee and the EMS organization’s request that the candidate be authorized by the EMS Sponsor Hospital to precept at the paramedic level.

- Written recommendation from the candidate’s most recent sponsor hospital EMS Coordinator or Medical Director attesting the candidate has (or had) medical authorization to practice at the paramedic level, is (or left) in good standing and when the authorization was granted/terminated. Acceptable forms of documentation include a signed recommendation on hospital letterhead or email directly from the sponsor hospital EMS Coordinator or Medical Director to the Backus Hospital EMS Coordinator.

- Continuing Education log demonstrating at least 24 hours of EMS continuing medical education in the last calendar year. This requirement may be waived or modified for newly licensed (within the last year) paramedics. Paramedics with an active National Registry certification should add Backus Hospital as an affiliated service.

- Copies of current certification cards to include:
  - Connecticut Paramedic License
  - American Heart Association: BLS, ACLS, PALS
  - PHTLS
  - NREMT (if applicable and recommended)
  - CCEMTP, CCP-C, or FP-C (if applicable)
  - Results of any pre-employment background checks of the candidate. This must be submitted directly from the sponsored EMS Organization.
Step 2 – Meet with EMS Coordinator:
Upon submission of all required documents, the EMS Coordinator will schedule a meeting with the candidate to:

• Review expectations, policies and procedures.

• Review focused areas of clinical concern.

• Successfully complete the Protocol Exam. This exam tests knowledge of the Connecticut EMS Patient Care Protocols (which may be accessed at: http://portal.ct.gov/DPH/Emergency-Medical-Services/EMS/Statewide-EMS-Protocols). In addition, questions may address clinical knowledge, appropriate medical decision making, medication calculations, ECG rhythm interpretation and 12 lead ECG interpretations.
  
  ▪ A score of 80% or better defines successful completion.

  ▪ Candidates who fail will be allowed to retake a different version of the exam at a later date.

  ▪ Candidates who fail the exam a second time may be required to complete remedial education prior to a third and final attempt at the exam.

• Demonstrate competency in the following skills:
  
  ▪ Difficult airway management including decision making, basic adjuncts and ventilation, orotracheal intubation and supraglottic airways.

  ▪ Other practical skills assessment at the discretion of the EMS Coordinator/EMS Medical Director
Step 3 – Service-Specific Equipment Training and Competency Validation
The candidate will successfully complete training and competency validation on all service-specific equipment and clinical procedures prior to start of precepting. The EMS organization will maintain records of this competency validation and submit copies to the EMS Coordinator. Service-specific equipment and clinical procedures may include but is not limited to:

- Monitor/Defibrillator/External Pacer/12 Lead ECG transmission
- Ventilator operation
- Continuous positive airway pressure device unit
- Intraosseous insertion device (both tibia and humeral head insertion sites)
- ‘Safety’ needles/catheters
- Intravenous infusion pumps (service devices and common hospital pumps)
- Mechanical CPR devices
- Commercially manufactured tourniquets
- Supraglottic airways
- Video laryngoscopes
- Quicktrach (adult, pediatric)
- e-Bridge mobile messaging, EMS radios, med patch procedures
Step 4 – Field Clinical Performance Evaluation:
Having successfully met the requirements of steps 1-3, the paramedic may be issued provisional authorization to practice as a paramedic. This authorization will be on Backus Hospital EMS letterhead and signed by the EMS Coordinator. Copies will be sent to both the paramedic and his or her employer. With this provisional authorization, the paramedic may only perform ALS assessment and treatment under the supervision of a Backus Hospital authorized preceptor who will provide education on service-specific equipment and procedures, evaluate his or her performance, offer guidance for improvement and submit written reports to the EMS Coordinator.

Provisionally authorized paramedics must consistently demonstrate competence in all evaluated aspects of their performance prior to being considered for full authorization to practice as a paramedic. Performance should be evaluated in the management of a variety of clinical conditions and acuities. The following are guidelines for minimum precepting time. Precepting requirements may be waived, modified or extended by the EMS Medical Director and/or EMS Coordinator in consultation with the preceptor and EMS agency management.

- Newly Graduated (≤6 months paramedic field practice)
  - 5 observation calls. Minimum 30 ALS calls, minimum 3 preceptors
- Minimally Experienced (>6 months but less than 1 year recent, active paramedic field practice)
  - 5 observation calls. Minimum 20 ALS calls, minimum 2 preceptors
- Experienced (>1 year recent, active paramedic field practice)
  - Minimum 5 ALS calls
  - Following absence (>90 days, <6 months)
    - Minimum 5 ALS calls
  - Following absence (>6 months)
    - Minimum 10 ALS Calls
- Any candidate who has not been actively practicing (at least 32 hours per month) as a paramedic for greater than 180 days immediately preceding the submission of their application will be assigned the field performance evaluation requirements of the next lower experience category than they would otherwise be eligible for.

Preceptees will meet with the EMS Coordinator to receive feedback and remediation at 15 call intervals throughout the precepting process. Meetings may be held earlier than the 15 call interval, as needed, at the request of the EMS Medical Director, EMS Coordinator, or sponsored service.

The EMS Coordinator, in consultation with the EMS Medical Director, will review the candidate’s performance evaluations and patient care reports during the field clinical performance evaluation period. If the Candidate’s evaluations have received favorable review by the EMS Coordinator and EMS Medical Director, the EMS Coordinator or EMS Medical Director may schedule and conduct a final field evaluation of the candidate.
Step 5 - Review and EMS Medical Director Decision

Once all applicable preceding steps have been completed to the satisfaction of the EMS Medical Director / EMS Coordinator, the paramedic may be issued full authorization to practice as a paramedic. This authorization will be on Backus Hospital letterhead and signed by the EMS Medical Director and EMS Coordinator. Copies will be sent to both the paramedic and his or her employer. With this full authorization, the paramedic may only perform ALS assessment and treatment while acting in his or her official capacity as an employee of the specified Backus Hospital sponsored EMS agency.

Once granted medical control, 100% QA by sponsored service is required for the first 30 days. Any deviations from protocol or generally accepted care standards must be reported to the EMS Coordinator.

Authorization to practice may be suspended or withdrawn by the EMS Medical Director or EMS Coordinator at any time through notice to the paramedic’s EMS Organization. Authorization to practice immediately terminates upon the paramedic's separation from employment with the sponsored EMS organization.

The Backus Hospital EMS Medical Director has the final authority to grant, deny, or revoke medical control authorization for EMS providers under his/her oversight.

If medical control authorization is denied, the EMS Medical Director, EMS Coordinator, and sponsored EMS agency will work together to identify a plan to develop the paramedic's skills prior to any further precepting attempts.
REQUIREMENTS TO MAINTAIN MEDICAL CONTROL

Paramedics must comply with all state and hospital regulations pertaining to continuing medical education and licensure. They include:

- 24 hours of CME hours annually. The calendar year, January–December will be used to verify annual CME hours.
  - Backus Hospital offers 24 hours of CME education through scheduled monthly lectures.
  - At a minimum, 16 hours per year of CME must be completed at Backus Hospital
  - An additional 8 hours may be completed in a variety of ways including: seminars, courses and agency sponsored medical training.
  - On-line CME credit will be awarded on a case-by-case basis via submission to the EMS Coordinator.
  - Teaching CME classes may count towards CME credit with prior approval of the EMS Coordinator.
- Successful completion of the annual skills assessment.
- Current CPR certification.
- Current ACLS certification.
- Current PALS certification
- Current PHTLS certification
- Bi-annual paramedic refresher is encouraged but not required. The paramedic refresher may be used to supplement the continuing education requirement.

NOTES

- Students in various medical classes (RN, PA, etc.) may be excused from CME (without make-ups) with prior approval, but must resume attendance at CME after completion of the class.
- Paramedics that fail to comply with the CME requirements and/or allow their certifications to lapse are subject to suspension of their medical control privileges. Grace periods may be considered but are subject to prior approval from the Prehospital Medical Director. Remedial education will be at the discretion of the Backus Hospital Prehospital Medical Director and the EMS Coordinator
REGAINING MEDICAL CONTROL

Prior Medical Control or Prolonged Absence

Any individual with previous Medical Control privileges, from Backus Hospital who has had a period of prolonged absence, must complete the following to regain their Medical Control privileges:

If the absence is greater than 90 days, but less than six months:

- He/she must precept for a minimum of five (5) ALS calls.
- Evaluations & PCR will be completed by individual/preceptor and submitted to the EMS Coordinator.
- Meeting with Medical Director as required or following completion of calls.
- Medical Director may require additional calls or may decline granting medical control.

If the absence is greater than six months:

1. Submit an application for Medical Control with the Backus Hospital EMS Coordinator.
   a. Present copies of all current certifications prior to precepting including: a valid CT Paramedic License, CPR, ACLS, PALS and PHTLS.
2. Completion of the Backus Hospital Paramedic Guideline exam with a minimum score of 80%.
3. Have an interview with a medical control representative.
4. He/she must demonstrate proficiency at performing paramedic skills in a controlled environment, i.e., IV therapy, endotracheal intubation, etc. and may be required to participate in a practical skills evaluation which will be provided by a medical control representative. These may be skipped with permission from the Prehospital Medical Director on an individual basis.

- He/she must precept for a minimum of ten (10) ALS calls.
- Evaluations & PCR will be completed by individual/preceptor and submitted to the EMS Coordinator.
- Meeting with Medical Director following completion of calls.
- Medical Director may require additional calls or may decline granting medical control.

REMEDICATION

The need for remediation will be based on documented field performance in a given area of patient care that is poor. Perceived poor performance is not grounds for remedial consideration. Only documented cases are. At any point, remediation may be deemed necessary to avoid or correct potential problems. During this time, it is the discretion of the Prehospital Medical Director as to whether or not the paramedic may continue to practice. The Prehospital Medical Director is also responsible to determine the remediation process for the paramedic.
PRECEPTOR PROGRAM

Credentialed Preceptors

Only licensed, medically authorized paramedics, credentialed as paramedic preceptors through the W. W. Backus Hospital medical control will provide field supervision for preceptees. The precepting program exists only because individual paramedics have agreed to act as preceptors. The preceptor is expected to treat the preceptors and all EMS personnel with the respect due them as health care professionals.

Becoming a Paramedic Preceptor

Selection for preceptorship is based upon the following criteria:

1. The preceptor candidate will complete an application to become a paramedic preceptor.
2. Candidate must be a State of Connecticut licensed paramedic, having medical control for at least two (2) years.
3. Candidate must be an employee in good standing with their service and Backus Hospital Medical Control.
4. Candidate must never have had medical control privileges suspended or revoked.
5. Candidate must demonstrate above average documentation, skill competency and compliance with Medical Control requirements.
6. Candidate must have favorable results on an interview with Medical Control.
7. Successful completion of a preceptor training program.

The preceptor candidate will be reviewed by the Backus Hospital medical control and the precepting team during the monthly Preceptor meeting. If the review is favorable, the candidate will be offered a position as it becomes available.

Paramedic Preceptor Responsibilities

1. Evaluate, educate, mentor, and train paramedics seeking medical control authorization through Backus Hospital.
2. Provide a positive environment, conducive to learning.
3. Provide guidance to preceptees on Backus Hospital’s alert criteria, communication procedures, and familiarize preceptees on obtaining online medical direction.
4. Complete fair and impartial evaluations for each call the preceptor completes. This evaluation should be based on an entry-level practitioner. Discuss those evaluations with the preceptor, provide feedback as needed, and be prepared to answer the preceptee’s questions.
5. Complete and submit all required documentation to the EMS Coordinator.
6. Maintain open and ongoing communication with EMS Medical Director and EMS Coordinator. Attendance at monthly preceptor meetings is recommended.

Maintaining Preceptor Status

1) Maintain Backus Hospital medical control as a paramedic in good standing.
2) No significant protocol deviations or deviations from generally accepted standards of practice.
3) Meet minimum attendance standards for Backus CMEs.
4) Maintain ACLS, PALS, BLS, and PHTLS certifications.
DISCIPLINARY ACTION GUIDELINES

PURPOSE

1. To ensure a fair process for problem resolutions in the event(s) that standards of care and/or threat to public health and safety is questioned.

2. To ensure the right of the public to receive quality care from Mobile Intensive Care (MIC) personnel sponsored by Backus Hospital.

3. To ensure that MIC technicians and services are notified of problems, potential problems or areas in need of improvement in a timely basis and provide documentation for quality assurance and due process purposes.

4. To provide pre-hospital providers with an avenue to assure them fundamental fairness and substantial justice when their actions have come under investigation and an opportunity to justify his/her actions and exonerate himself/herself should the complaint prove false.

GUIDELINES

Mobile Intensive Care or "MIC" means prehospital care involving invasive or definitive skills, equipment, procedures, and other therapies.

MIC technicians are expected to follow established protocols, guidelines, and standards of care. Deviations from these may result in corrective, remedial, or disciplinary actions. It should be noted that the purpose of these actions is to improve and assure the quality of care delivered to patients and not to punish MIC technicians or services for deviations. Examples of corrective and remedial actions that may be required include:

- Re-testing of protocols and guidelines
- Skills assessment
- Scheduled clinical time for remediation at Backus Hospital or other approved site/service
- Attendance and successful completion of prescribed courses or training programs.

Serious or repeated deviations will result in the technician being placed on probation until appropriate corrective or remedial actions are taken. Failure to comply with required corrective or remedial actions may result in the suspension or withdrawal of medical control authorization. Those instances that may require corrective or remedial actions include:

- Deviations from established protocols and guidelines
- Deficiencies in quality of care delivered or care delivered which does not meet the standard of care
- Complaints from patients, bystanders, ED staff, or other EMS providers
- Discourtesy to patient, staff, and emergency service personnel
- Inability to meet established performance standards for skills and procedures
- Failure to comply with Backus Hospital requirements for medical control such as applicable certifications, CME requirements, mandated in-service training, etc.

In the event that a MIC technician or service fails to comply with the necessary corrective or remedial actions, or hinders requests from the Backus Hospital to facilitate investigations, the
Backus Hospital Prehospital Medical Director may suspend medical control authorization until compliance is accomplished or medical control authorization is withdrawn.

In the event of allegations of gross misconduct, gross negligence, or situations that threaten health or safety, the Backus Hospital Prehospital Medical Director may, in the interest of patient care, withdraw medical control authorization immediately.

**PROCESS**

**Notification of Deficiencies**

1. Verbal or written notice will be given to the service chief and/or MIC technician who fail to follow established protocols, guidelines, and standards of care. This notice will also include actions required by the technician/service and recommendations, if any. A copy of this will be sent to the EMS service chief and one copy will be kept on file with the Backus Hospital EMS Coordinator. The service/technician may offer a written explanation for any deficiencies that will be included in this file.

2. In those instances where remediation is required, the MIC technician will contact the EMS Coordinator and/or Prehospital Medical Director to make the necessary arrangements.

3. Repeated occurrences of the same or similar actions may warrant further actions including probation, suspension, and revocation of medical control authorization.

**Probation**

1. Upon recognition that a problem or potential problem exists, the EMS Coordinator will discuss the situation with the Backus Hospital Prehospital Medical Director.

2. If the Prehospital Medical Director finds sufficient cause, a verbal request will be made or letter will be sent to the MIC technician and/or service requesting that written, verbal, or in person meetings be held to discuss the situation.

3. At any information exchange where issues are discussed, the individual and/or service is given the opportunity to respond. The MIC technician and/or service may bring any documentation or other persons to corroborate his/her/their findings regarding the issue(s). Exchanges will take place at the discretion of the Prehospital Medical Director and within reasonable period of time following the incident. The MIC technician and/or service, the EMS Coordinator and Backus Hospital Prehospital Medical Director, will agree to a plan of corrective action.

4. A letter will be sent to the MIC technician and/or service following the meeting which formally places the individual and/or service on probationary status. The letter will also include the following:
   a. Summary of any restrictions
   b. Actions which must be taken to correct deficiencies and/or
   c. The thresholds which must be met to regain full medical control authorization
   d. The date by which the required actions must be completed and/or thresholds met.

For MIC technicians, a copy will be kept on file with the Backus Hospital EMS Coordinator and a copy sent to the EMS service.
5. On the date set for completion of corrective actions, the Backus Hospital Prehospital Medical Director may take one of the following actions:
   a. Reinstate full medical control authorization
   b. Extend the period of probation
   c. Request an additional meeting to discuss the situation and further actions which are required
   d. Move to suspend or withdraw medical control authorization

Suspension of Medical Control Authorization

1. Upon recognition that a serious problem exists, a problem exists which has not been corrected through remedial actions, or recommended remedial actions have not been completed, a MIC technician’s and/or service’s medical control authorization may be suspended without first completing probation.

2. A meeting to discuss the problem(s), which may result in suspension of medical control authorization, will be scheduled. The individual and/or service shall be notified of:
   a. The reason(s) for the suspension
   b. Any supporting documentation for the action
   c. The time and place of a meeting to discuss the suspension

Participants shall include the technician(s) involved, the EMS Service Chief or representative, the Backus Hospital Prehospital Medical Director, and the EMS Coordinator.

3. At the meeting, the issue(s) are discussed and the individual and/or service is given the opportunity to respond. The MIC technician and/or service may bring any documentation or other persons to corroborate his/her/their findings regarding the issue(s). This conference will take place at the discretion of the Prehospital Medical Director and within reasonable period of time following the incident.

4. A written report of the findings will be completed within a reasonable period of time following the conference. The report will indicate one of the following:
   a. The Prehospital Medical Director accepts the individual’s and/or service’s explanation of the problem or issue and the matter is considered closed. This may include recommendations to avoid similar incidents in the future, but no further disciplinary action is necessary.
   b. The Prehospital Medical Director finds the explanation of the circumstances to be unacceptable and the individual and/or service will be advised of the measures to be taken to correct the identified problem. If the individual and/or service agrees with the measures to be taken, the following items will be documented: fact that the meeting was held as well as the date, time, place, and those present; the agreed upon measures; and time frame for compliance.
   c. If no mutual agreement can be reached, and/or the problem is such that the safety, health, and welfare of the general public is deemed to be in imminent danger, the Prehospital Medical Director may summarily suspend medical control of the individual/service, notify OEMS of the circumstances, and request an immediate investigation. When dealing with a service, withdrawal of medical control authorization does not affect the service’s ability to provide the basic level of emergency care. In dealing with an individual, the service should
re-assign the individual to work in a non-medical control capacity until the situation is resolved.

5. If the MIC technician and/or service fails to take the necessary action(s) by the established date, medical control authorization will be suspended.

6. The MIC technician and/or service will be sent a letter informing them of the suspension.

Withdrawal of Medical Control Authorization

1. Upon recognition that a serious problem exists, a MIC technician’s and/or service’s medical control authorization may be withdrawn.

2. The individual and/or service shall be notified of:
   a. The reason(s) for the withdrawal of medical control
   b. Any supporting documentation
   c. The time and place of a meeting to discuss the withdrawal of medical control, and

3. Participants shall include the technician(s) involved, the EMS Service Chief or representative, the Backus Hospital Prehospital Medical Director, the EMS Coordinator, and any other directly involved parties.

4. At the meeting, the issue(s) are discussed and the individual and/or service is given the opportunity to respond. The MIC technician and/or service may bring any documentation or other persons to corroborate his/her/their findings regarding the incident. This conference will take place at the discretion of the Prehospital Medical Director and within reasonable period of time following the incident.

5. A written report of the findings will be completed within a reasonable period of time following the conference. The report will indicate one of the following:
   a. The Prehospital Medical Director accepts the individual’s and/or service’s explanation of the circumstances and the matter is considered closed. This may include recommendation to avoid similar incidents in the future, but no further disciplinary action is necessary.
   
   b. The Prehospital Medical Director finds the explanation of the circumstances to be unacceptable and the individual and/or service will be advised of the measures to be taken to correct the identified problem. If the individual and/or service agrees with the measures to be taken, the following items will be documented: fact that the meeting was held as well as the date, time, place and those present; the agreed upon measures; and time frame for compliance.

   c. If no mutual agreement can be reached, and if the problem is such that the safety, health, and welfare of the general public is in imminent danger, the Prehospital Medical Director may summarily suspend the medical control of the individual/service, notify OEMS of the circumstances and request and immediate investigation. When dealing with a service, withdrawal of medical control authorization does not affect the service’s ability to provide the basic level of emergency care. In dealing with an individual, the service should re-assign the individual to work in a non-medical control capacity until the situation is resolved.
6. If the MIC technician and/or service fails to take the necessary actions(s) by the established date, medical control authorization will be suspended.

7. The MIC technician and/or service will be sent a letter informing them of the suspension.

Immediate Withdrawal of Medical Control Authorization

In the event of allegations of gross misconduct, gross negligence and/or serious deviations from established medical procedures and protocols, the Backus Hospital Prehospital Medical Director may, in the interest of patient care, public health or safety, withdraw medical control authorization from any Backus sponsored individual or service.

1. The issue in question is deemed to be a threat to the public health and safety.

2. All information concerning the issue is submitted in writing to the EMS Coordinator. Based on a review of this information and in consultation with the Backus Hospital Prehospital Medical Director, the decision is made whether to pursue a formal investigation.

3. The EMS Coordinator will gather other information as deemed necessary to conduct the investigation (i.e. CMED transcripts, statements from witnesses, etc.)

4. Notification of the formal investigation will be made to the individuals involved. The individual and/or service shall be notified of the facts, the time and place of a meeting(s) to discuss the incident. Participants shall include the technician(s) involved, the EMS Service Chief or representative, the Backus hospital Prehospital Medical Director, the EMS Coordinator, and any other directly involved parties.

At the meeting, the problem is described and the individual and/or service is given the opportunity to respond. The MIC technician and/or service may bring any documentation or other persons to corroborate his/her/their findings regarding the incident. This meeting(s) will take place at the discretion of the Backus Hospital Prehospital Medical Director within a reasonable period of time following the incident.

5. A written report of the findings will be completed following the meeting(s). The report will indicate one of the following:

   a. The Prehospital Medical Director accepts the individual’s and/or service’s explanation of the circumstances and the matter is considered closed. This may include recommendations to avoid similar incidents in the future, but no further disciplinary action is necessary.

   b. The Prehospital Medical Director finds the explanation of the circumstances to be unacceptable and the individual and/or service will be advised of the measure to be taken to correct the identified problem. If the individual and/or service agrees with the measures to be taken, the following items will be documented: fact that the meeting was held as well as the date, time, place and those present; the agreed upon measures; and time frame for compliance.

   c. If no mutual agreement can be reached, and if the problem is such that the safety, health, and welfare of the general public is in imminent danger, the Prehospital Medical Director may summarily suspend the medical control of the individual/service, notify OEMS of the circumstances, and request an immediate investigation. When dealing with a service, withdrawal of medical control authorization does not affect the service’s ability to provide the basic level of emergency care. In dealing with an individual, the service should re-assign the
individual to work in a non-medical control capacity until the situation is resolved.

6. The EMS Service Chief will submit a report to the Prehospital Medical Director to indicate that the necessary corrective actions may have been taken.

7. Any individual or service who fails to attend the conference risks the suspension or loss of medical control authorization.

**Grievance Procedure**

1. Should disciplinary action be taken against a MIC technician and/or service, the technician or service may request, in writing, a conference with the EMS Coordinator, the Backus Hospital Prehospital Medical Director, and the Chief of Emergency Services to discuss the disciplinary action(s).

2. The MIC technician and/or service may bring documentation or other persons to corroborate his/her findings regarding the incident(s) or problem(s) resulting in disciplinary action(s).

3. It should be understood that the Backus Hospital Prehospital Medical Director makes all final decisions regarding Mobile Intensive Care sponsored by Backus Hospital.