



Northwest Community EMS System EMS Coordinator/Educator Guidelines 2011

Hospital EMS Coordinators/Educators collaborate with the Resource Hospital EMS staff to plan, organize, implement, and evaluate Northwest Community EMS System (NWC EMSS) activities. This document shall serve as a reference guide for all Hospital Coordinators/Educators in the NWC EMSS. It has been created after discussion among the Coordinators and will be amended as necessary.

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Foundational assumption:

To function as a unified System, we **MUST BE CONSISTENT** in how all policies, procedures and guidelines are implemented and applied from one hospital Coordinator/Educator to another. We must never knowingly or intentionally appear to show preference to or adversely discriminate against any EMS provider agency or individual.

Approved by unanimous vote of EMS Educators: 9/24/99; rev. 7/28/00; 3/03; 7/23/04; 6/30/06; 8/22/08

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I. COMPUTER AIDED REPORTING SYSTEM

- A. EMS Coordinators serve as the CARS Superuser for their hospital. They shall ensure that all hardware ~~and software~~ for the computer-generated patient care reporting program is present and operational at all times and shall ensure that Information Systems (IS) support, HIPAA compliance, and failure recovery procedures are in place and known to the ED staff.
- B. After June 30, 2011, all NWC EMSS members are required to complete electronic patient care reports using the Image Trend Field Bridge platform. This software resides on a specific PC and allows a report to be generated even if internet connectivity is temporarily disrupted. The EMS Agencies are responsible for purchasing their own portable computers and Field Bridge licenses. System hospitals are requested to have at least one desktop PC with access to Image Trend Service Bridge software (requires internet connectivity) so EMS providers can complete a report if they have a malfunction with their portable computer and to connect their laptops and post runs after completion using Field Bridge. Hospitals may elect to make their paramedic chart rooms "hot spots" with wireless internet connectivity and provide docking stations so the portable computers have a power source and reports can be directly uploaded from the laptops.
- C. Hospitals are asked to have adequate printers and printer cables available for rapid printing of reports. Due to the wide variety of EMS portable computers in use, work collaboratively with the EMS agencies and hospital IS/IT representatives to ensure compatibility of print drivers for each agency that generally transports to your location. In the future, scanners may be helpful to import EMS written documents into the electronic patient file if the hospital allows.
- D. EMS Coordinators/Educators shall be given Administrative Access to the System Image Trend database so they can pull patient reports and query data and/or provide QI notes on all patients that were transported to their hospital. They are also given administrative rights to view all records that are generated by the EMS agencies assigned to their hospital. As such, all EMS Coordinators/Educators shall sign a confidentiality agreement and forward it to the Resource Hospital EMS Office prior to gaining Administrative access privileges.
- E. Coordinators should attend training ahead of deployment of any new ePCR system. While CARS committee members attend meetings, coordinators are expected to be able to answer routine questions, even though ensuring user expertise in completing the reports is the responsibility of the employing agency.
- F. If a problem is encountered that cannot be corrected by the hospital's IS/IT department, notify the EMS Administrative Director (cmattera@nch.org) , the CARS Committee chair Rick Nosek (nosek@villageofschillerpark.com) and the Region XIII/IX Image Trend Administrator (Patrick Sennett – psennett@gmail.com).

II. Website

- A. Each hospital is invited to place information relative to their involvement with the EMS System on the System website.
- B. Content to be submitted shall be submitted to the EMS Administrative Director in publishable form for review prior to posting.
- C. All System hospitals who supported the cost of the website development shall have full access to the website, including members only pages.

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III. **QUALITY MANAGEMENT)**A. **Patient run reviews and coaching notes**

1. Each EMSC/Educator is expected to review PCR's for patients transported to their location and patient care provided by agencies assigned to them that are transported to non-system hospitals or who refuse care and/or transportation, evaluating the completeness, appropriateness, and timeliness of assessment, care, and documentation. Feedback is to be provided to the EMS crew and/or the Provider EMSC and Administrative Director using a form and/or method that allows you to give praise for excellent performance or to point out opportunities to improve and to track the EMS agency response to your feedback.
2. As with the Communications Logs, a 100% review of the patient care reports is optimal, but a minimum of 60 runs must be reviewed monthly, pulling equitably from ALS and BLS levels of care and proportionately from each of the Provider Agencies that transport to your hospital.
3. If you expect a response from the paramedics and do not receive one within ~~30~~ 10 days, recontact the Provider EMSC and also inform the Agency Chief/EMS CEO and the EMS Medical Director.
4. A Paramedic can receive up to 30 minutes of CE time for each run reviewed orally. Time is not generally awarded for a rapid e-mail response to a QI request.

B. **Provider Based Performance Improvement (PBPI):** The System is committed to excellence and operating from an evidence-based perspective whenever possible. To achieve that goal, hospital EMS Coordinators/ Educators will be asked from time to time to provide patient outcome data as part of the PBPI process. Turn around time on requested information shall be reasonable and mutually defined. Please provide the requested data by the stated deadlines so the System is able to generate valid reports using a population that accurately reflects the entire System and is sufficiently powered to reach statistically sound conclusions.

C. **QM confidentiality:** All information contained in or relating to any medical audit performed by the EMS MD (or his designee) of care rendered by System personnel, shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure. Disclosure of such information to IDPH shall not be considered a violation of that Code. Please make the following notation on all Requests for Clarification (RFCs), Run Feedback Forms, CE classes using a case-study format, and/or coaching notes:

"This report is not part of any patient's permanent medical record. All information provided, including any appended materials, is furnished as a report of quality management and is privileged and confidential, to be used solely in the course of internal quality control for the purpose of reducing morbidity and mortality and improving the quality of patient care in accordance with Illinois Law (735ILCS 5/8-2004 et seq)."

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IV. **CONFIDENTIALITY OF RECORDS - HIPAA compliance**

- A. All Coordinators/Educators have access to confidential information regarding patients, EMS Agencies, EMTs/PHRNs, ECRNs, students, and measurement instruments such as exam and post-test keys. Such information may only be read, taken, used, copied, and discussed in conjunction with the direct performance of one's duties and shared only with those who have a need to know. See System Policies C-7: Confidentiality of Patient Records, E-5: Code of Ethics, and R-2: Review and Maintenance of EMS Personnel Files. NCH employees should also reference HR Policy 138.
- B. **Documents considered confidential**
1. Student file information. Students must sign a written release before records are forwarded or confidential information is released to any other party (The Family Educational Rights and Privacy Act of 1974).
 2. All active file information with respect to test scores, coaching notes, RFCs, suspensions, and/or disciplinary action.
 3. EMS patient information, either in written, taped, or electronic form. Access to records with protected or private health information (PHI) must comply with all Health Insurance Portability and Accountability Act (HIPAA) guidelines. System agents must have written consent from patient/guardian to release a patient care report unless requested by subpoena or court order.
 4. Payroll records for those receiving remuneration for services rendered to the EMS System.
 5. Performance improvement unblinded data. Reports citing bundled or roll-up data are public information. Drill down reports with confidential information are assigned a level of administrative access prior to posting on the website or distribution to the System.
 6. Current and former quizzes, post-tests, and exam instruments and keys.
- C. **Confidential documents must be stored and disposed of in a manner that protects their privacy as much as is reasonably possible**
1. Draft copies of patient care reports (PCRs) must be shredded or placed in containers that may not be accessed by any other personnel in the chart room.
 2. Exams, answer sheets/keys, and copies of PCRs shall be stored or disposed of in a manner that protects them from scrutiny (shredded or placed in special recycling containers that disallow tampering or stored in locked cabinets).
 3. PCRs, student records and former EMS personnel files may be ~~microfilmed or~~ electronically scanned for permanent storage. They must be saved for a minimum of seven years after generation. Associate hospitals should return files for all EMTs/~~Paramedics~~/PHRNs/ECRNs who no longer have System privileges Prior to that time, files shall be stored in a manner that ensures record privacy and allows rapid but controlled access; either in locked file cabinets or in cabinets located in space that is locked while unoccupied, and accessible only to EMS staff.
 4. System financial information and CQI data may be disposed of as general waste per each hospital's waste management plan.

V. **EMS PERSONNEL FILE CONTENTS & PROCESSING; Letters of verification**

- A. The System is responsible for maintaining student transcripts and EMS personnel files on all students, active, and inactive Paramedics, Prehospital Registered Nurses (PHRNs), Emergency Communication Registered Nurses (ECRNs) and Emergency Medical Dispatchers (EMDs). Student files shall remain at the Resource hospital. Active paramedic, PHRN, and ECRN files shall be located at the System hospital to which the provider agency is assigned or where the ECRN is employed. All EMT files shall be maintained by the Provider Agencies.
- B. An active paramedic/PHRN file shall be initiated by the Resource hospital and forwarded to the EMS Coordinator of the system hospital assigned to the individual's EMS Provider Agency as soon as System privileges are awarded. Each hospital shall initiate and maintain active files for their own ECRNs. **Files shall contain at a minimum:**
 - 1. Demographic fact sheet that includes at a minimum the person's name, mailing address, System employer, primary and secondary System affiliations if applicable; date of birth, social security and driver's license numbers and IDPH license/certification number and expiration date; and contact information.
 - 2. Copy of EMT-P/PHRN/ECRN diploma/transcripts from training program
 - 3. Copy of current IDPH license
 - 4. Copies of system entry paperwork, if applicable
 - 5. Copy of current CPR card for healthcare provider (front and back) (not for ECRNs)
 - 6. Paramedic/PHRN: Letter from NWC EMSS authorizing ALS practice privileges (temporary or permanent)
ECRNs: The Resource Hospital shall send an e-mail approving ECRNs for System privileges after complete paperwork has been submitted and approved. Confirm verification of new licenses with the nurse after it is received. The System does not get any verification from IDPH but can check the state database to confirm that a license has been issued.
 - 7. CE hours accrued in the current licensure period, including CE certificates from offerings conducted outside of the NWC EMSS.
 - 8. Examination scores accrued to date in the current licensure/recognition period
 - 9. Coaching notes; praises
 - 10. Sustained complaints with corrective action plans
 - 11. Inactive/suspension/reinstatement/extension request letters
 - 12. Copies of certificates of merit, service anniversary certificates/letters
 - 13. Anecdotal notes to the file
- C. **Returning files to the Resource Hospital:** When a paramedic/PHRN/ECRN retires, leaves the System, drops his or her status to EMT-B, or drops all licensure/certification; return their file to the Resource Hospital EMS Office for archiving.
- D. **Non-System members:** If an EMT-P/PHRN/ECRN has no current affiliation with a NWC EMSS hospital or provider agency, we have no legal jurisdiction over their function or license. Files of former EMS System members shall be archived at the Resource Hospital. We will not hold active files, monitor CE hours, nor re-license any person who is not a current system member in good standing unless extenuating circumstances apply and approval is granted by the EMS Administrative Director.
- E. **Moving files from one hospital to the other:** If an EMT-P/PHRN/ECRN changes or adds employers within the System, the active file shall be forwarded to the hospital EMS Coordinator who is responsible for the primary agency of employment. Active files are never to be given to an individual for their personal possession nor mailed to a non-system hospital. Active paramedics who are employed by more than one System Provider Agency must claim the one where they work more hours as their primary affiliation.
- F. **Letters of verification:** If a system member needs a letter verifying EMS privileges in the NWC EMSS, the assigned hospital EMS Coordinator is authorized to create the letter using the System-approved template and forward to the EMS System specified by the PM/PHRN. Place a copy of the letter and the date sent in the person's EMS file. (See appendix)
- G. For additional information on purging information or releasing information from files, refer to **System Policy R-2 Review and Maintenance of EMS Personnel Files**

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VI. **ECRNs** (See System Policies E-7 ECRN Recognition and R-5 Recertification: ECRNs for details)

Each hospital EMSC is responsible for the following with respect to ECRNs:

- A. Verifying that all RNs providing on-line medical control (OLMC) to System EMS personnel are qualified, credentialed, and competent for that role according to the EMS Act and System Policy.
- B. Providing lectures and serving as lab and exam preceptors for the ECRN training program when requested (1-2 classes/year).
- C. Scheduling field observation time for each ECRN candidate from your hospital.
- D. Facilitating the internship process for Provisional ECRNs from your hospital in compliance with system policy. Ensure that all objectives have been achieved prior to recommending them for certification. Inform the Resource Hospital about any nurse who departs from the usual and customary internship progress. Request an extension for those Provisional ECRNs who do not complete their internship requirements within one year of class completion.
- E. Ensuring that ECRNs have completed at least 8 hours of EMS-related CE per year. This may be achieved by presenting monthly ECRN CE classes as prepared by the Resource hospital or presenting content adapted by the EMS Educator based on the topics being offered to field personnel, or encouraging ECRNs to attend In-station classes. See System Policies C-2 and C-9.
- F. Ensuring that all ECRNs have successfully completed mandatory classes within System-specified timelines.
- G. Administering modular exams/post-tests, prepared by the Resource hospital, during the same general time period as field testing. Each educator is responsible for maintaining the validity and confidentiality of the exam.
- H. Facilitating the System entry process for certified ECRNs. See System Policy.
- I. The ECRN challenge exam instruments are distributed annually after the ECRN course. Each educator is responsible for maintaining the integrity of the exam instruments. If an exam cannot be found or there is a possibility that exam integrity has been compromised, immediately notify the EMS Administrative Director so appropriate steps can be taken to immediately retire the missing or compromised element.
- J. Providing/or arranging remediation for those who fail an exam on the first attempt.
- K. Monitoring compliance with education and testing requirements for those ECRNs employed by your hospital and forwarding exam make-up/intent to suspend letters as determined collectively by the EMS Coordinators/Educators.
- L. Maintaining EMS CE records for those ECRNs employed by your hospital. Coordinate with the Resource hospital to provide appropriate notice when CE hours are due and forward intent to suspend letters when hours or compliance with mandatory CE are delinquent.
- M. Forwarding verification of completed CE hours and signed Child Support Statement including the date of birth, social security and driver's license numbers for ECRN recertification to the Resource Hospital at least 45 days prior to the certificate lapse date.
- N. Providing notice to the Resource Hospital of name, address, or employment status for all ECRNs within 20 days of a change.

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VII. **EDUCATION PROGRAMS**

Each hospital EMSC is responsible for the following with respect to EMS education programs:

A. **EMT students**

1. Provide ED availability to the EMT Course Lead Instructor, coordinate ED orientation for EMT students at their hospital, and coordinate scheduling of EMT student clinical rotations in the ED.
2. Inform the EMT Course Lead Instructor of any incidents or concerns relating to EMT student while in their facility.

B. **Paramedic Students**

1. Assist the Resource hospital in providing lectures and serving as lab and exam preceptors for the EMT-Paramedic program when requested.
2. Provide unit availability to the Course Clinical Instructor, coordinate clinical orientation for Paramedic students at their hospital, and coordinate scheduling of Paramedic student clinical rotations with their respective clinical units.
3. **Preceptor approval:** EMS Provider Agencies must submit an application for Paramedic/PHRN Preceptor approval to their assigned Hospital EMS Coordinator/Educator. Review each candidate in light of Policy P-1 and forward your approval/denial to the Paramedic Course Coordinator. If you have a concern about a preceptor candidate, contact the Chief/EMS Director to explain your objections and reach a consensus.
4. **Field Internships:** Counsel and mentor student paramedics employed or sponsored by EMS agencies assigned to your hospital during their field internships by conducting the phase meetings in compliance with System student policy to ensure that all objectives have been achieved prior to submitting a recommendation for licensure. Work with the student, EMS agency, and Course Coordinator to craft corrective action plans as necessary.
5. Inform the Course Clinical Instructor about any individual who is not meeting the clinical and/or Field Internship objectives.

C. **Peer I-IV education programs:** Each System hospital agrees to assist with these classes as requested.D. **Continuing education program**1. **Scheduling criteria**

- a. **Number of classes:** Each System Hospital agrees to conduct a minimum of **6** CE visits per month as part of their System plan. No more than two times a year, each EMS educator may be asked to flex up to 8 visits in one month to help cover schedule gaps. The remaining visits shall be conducted by the CE Coordinator, Resource Hospital EMSS educators, or by approved independent contractor educators.

b. **Location of classes**

- (1) Educators from the Resource Hospital EMSS Office may be scheduled at any of the Provider Agencies to maintain System connectivity with all members.
- (2) Hospital EMSCs and educators shall be scheduled at agencies that are listed as primary or secondary for their hospital whenever possible. If an EMSC/Educator is to be scheduled at a non-primary and/or non-secondary EMS agency, it may only be done with the educator's prior verbal or e-mail consent.
- (3) Some EMSCs present many more than the mandatory 6 classes and the System greatly appreciates their service. Whenever possible, educators shall be scheduled for these extra visits at agencies listed as primary for their hospital. If a Resource

Hospital educator is scheduled to teach one of the extra classes usually conducted by an Associate Hospital, the Associate Hospital RN has the option of doing fewer visits that month (not less than 6) or to consent in advance to being scheduled at an agency that transports to their hospital or one on their Secondary List. Private ambulances are included on each hospital's secondary list.

- c. **Scheduling requests** must be submitted to the CE Coordinator (Diana Neubecker) by the 4th Friday two months prior (Faculty meeting) to the month in which the request occurs. For example, requested times off in Sept must be submitted by the July meeting. Each System Hospital EMSC/Educator agrees to limit their scheduling requests to five per month separate from vacation time. A request is considered to be one class. If the Coordinator/Educator submits more than 5 requests in one month, they agree to do visits for EMS agencies other than those on their primary and secondary lists with their prior consent. The more requests that are submitted, the more flexible the Educator needs to be.
- d. Each EMSC/Educator is entitled to spread a maximum of 4 weeks of vacation time (no more than 1 week in any given month) throughout the year with no penalty on in-station scheduling. Any vacation request exceeding 1 week/month or 4 weeks/year will require the educator to accept alternate scheduling assignments based on program needs.
- e. Requests that are made and/or turned in to the EMS Office after the deadline may not be honored as the calendar should be complete.
- f. Each educator will communicate with other hospital EMS Coordinators/Educators approved to conduct CE classes to find a replacement if they are unable to conduct an assigned visit. With the advent of the exam exemption option, **no visit may be canceled or rescheduled by the educator without a prior phone call or page to the CE Coordinator**. If he or she cannot be reached, page the EMS Administrative Director.
- g. Changes to standing CE class dates, times, locations or number of classes/EMS agency must be approved in advance by the CE Coordinator to ensure that the change(s) are able to be accommodated in the master schedule and effectively communicated to the appropriate persons.

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2. Conducting classes

- a. New Hospital EMS Coordinators/Educators shall be approved to independently conduct CE classes after an orientation program in which the new educator observes a class, then participates as a co-instructor and is monitored by the CE Coordinator or designee. They will be scheduled to teach classes independently after EMS knowledge and instructional competencies have been validated by the CE Coordinator.
- b. Educators are expected to conduct CE classes as prepared by the Resource hospital in a manner that adheres to adult education principles and meets or exceeds the standards of excellence established by EMS best practice models and for the System. It is vitally important to maintain as much consistency as possible between educational offerings. Educators are not authorized to delete content or modify teaching methods unless approved by the module author in advance. This includes a prohibition on changing or eliminating post-test questions, changing keys or changing the manner in which measurement tools are distributed, graded, or collected unless approved by the Continuing Education Coordinator.

- c. Classes in which new mandatory skills are being introduced or practical exams are being conducted are limited to a student instructor ratio of 10:1 unless an exception is announced by the Resource Hospital.
- d. If class would not be needlessly delayed, educators are encouraged to go on EMS runs that occur during class to maintain field skills.

3. **Class interruptions; missed time; make-up options & post-tests**

- a. **Non-test exempt paramedics/ECRNs:** If a class is started, but interruptions cause attendees to miss more than 30 minutes of content, they have two options: complete the class credit questions for the information missed or attend that portion of another class for full CE credit.
- b. In all cases, the **post-test** must be completed to maintain System privileges. While the post-test should be taken after class credit questions are submitted or missed content is made up (See Policy C2 III D 1) it may be taken at the beginning of the follow month's class before make-up requirements have been satisfied, based on the individual's choice given that the test bank is published in advance.
- c. For policy re: missed time for those desiring exam exemptions, see below under Modular Exams.

4. **CE verification**

- a. EMS agencies must ensure the availability of annual CE verification forms at class for all participants. Educators shall verify each person's attendance and completion of post-tests in colored ink (not black).
- b. Educators need to document on the CE roster the time and class content missed by each participant so accurate CE time can be awarded and made up appropriately.
- c. As a check and balance, CE rosters shall be brought by the educator to the visit and signed by all attendees. Educators should indicate the post-test score on the copy of the form provided to the Resource Hospital and the Hospital responsible for that EMS Agency, but not the copy left with the EMS Agency. Copies of this form are to be distributed as marked on the bottom of the form. Copies to the assigned Hospital EMSC/Educator should be forwarded within **two** ~~one~~ weeks of the class.
- d. If an agency does not have their CE verification forms at the location where class is held, make a bold notation on the roster so the Provider EMSC and Hospital EMSC/Educator are made aware.
- e. If a participant attends a class at an agency/hospital as a guest, complete the (NCR) CE form (½ sheet). Return one copy to the participant and one to the educator who holds their file within **two** ~~one~~ weeks of the class.
- f. **ANNUAL CE HOURS/COMPETENCY VERIFICATIONS:** Verification of an actual or simulated intubation shall be submitted quarterly on forms prepared by the Resource Hospital. An initial accounting of CE hours, including documentation of mandatory requirements and submission of CPR cards is due to the assigned hospital EMSC/Educator by May 15th of each year. A final accounting of requirements is due to the hospital EMSC/educator by June 20th of each year (one week after May make-up dates are finished) so suspension notices can be processed in a timely manner. See pg. 18 and also Policy R-1.
- g. **See System policy C-2 (Continuing Education) for more details.**

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5. **Continuing Education reschedules:** All educators must follow these provisions to ensure program uniformity throughout the System.
 - a. Classes are designed for 2 hours of content with no break time included, but each class is given a 3 hour window within which class activities are to be accomplished. If a class is not ready to start within 45 minutes of the scheduled start time, it may not be finished as designed if any calls or breaks occur and may be canceled for that day unless the educator and the officer on duty mutually agree that class will go over by the same time frame that it is delayed in the beginning. Content shall not be cut to get the class done on time.
 - b. If the educator has other commitments for that day, they are not obligated to end a class late (beyond the three hour class window). If the educator must leave after 45 minutes, it is with the understanding that the makeup must be at the mutual convenience of the agency *and* the educator.
 - c. If you start a class, but lose all participants for over 45 minutes, the class must be rescheduled unless all parties are willing to stay and conduct the class in its entirety.
 - d. Please notify the CE Coordinator if any class is rescheduled so we can bill for the appropriate date(s) of service.
- E. **MANDATORY CLASSES:** The System must have an accurate accounting of those who missed a mandatory class and appropriately schedule make-up classes.
 1. Provider EMSCs shall account for their personnel who missed a mandatory class after the last class day for that provider agency and again after the last offering of that class in the System.
 2. The System will not bundle make-ups nor extend the makeup period over several months of time.
 3. Administrators will be asked to cooperate in getting all personnel to one of the regular offerings to minimize the need for makeup classes. They should be informed by their P/EMSC regarding those who missed a mandatory class.
 4. **Make-up classes** will be held on each shift based on the number of persons who missed a class. Class size may be limited to a manageable number based on the material to be covered and/or the skills to be performed in keeping with usual and customary student/instructor ratios. Each hospital agrees to do one make-up if necessary. ECRNs shall not displace guest PMs in attending a mandatory make-up class at an EMS agency if the PM called in advance to confirm their attendance. ECRNs and guest PMs shall not displace PMs from the host agency for classes with limited instructor/student ratios if the ratio would exceed 1:10 due to the presence of guests.
 5. All PMs are of equal standing when it comes to mandatory reviews. It does not matter if the NWC EMSS is their primary or secondary system. They must all complete CE classes within the policy parameters.
 6. No educator is to schedule "personalized" make-ups for mandatory classes unless extenuating circumstances apply that are discussed in advance with the EMS Administrative Director. If you schedule another class, make this known to the System so it can be posted as an offering for all who may have missed a class.
 7. If no participants have signed up for a make-up class 24 hours in advance of the class, it may be cancelled by the EMSC/Educator with advance notice to the Resource Hospital CE Coordinator.
 8. For more information, see System Policy M-2 (Mandatory Reviews).
- F. **Faculty evaluation:** As in all academia, each educator may be monitored at least once a year by the EMS Administrative Director, EMS MD, or CE Coordinator using the same format as the Harper college deans when they monitor the EMT and paramedic class educators. Feedback shall be timely and conveyed in person along with a written report.

G. **MODULAR EXAMS & POST-TESTS**

1. EMSCs/Educators are responsible for maintaining the validity of all exam instruments entrusted to them. For example:
 - a. Exams and keys shall be stored in a secure location so that access to them by an unauthorized person would constitute academic dishonesty and be the grounds for disciplinary action;
 - b. All examinees must be in the same room as the educator when exams are out so they can be immediately precepted;
 - c. The question bank and its answers are not to be reviewed in total right before the post-tests are distributed. With the question banks sent out in advance, individuals should be contacting the EMSC/Educator before class to confirm an answer. If one or two items are not understood by a majority of participants, a brief review so accurate learning is reinforced is appropriate;
 - d. When exams are distributed at the classes, all study materials must be closed and off of the desk surfaces;
 - e. No talking or sharing of answers is allowed during the testing.
2. If it is possible that exam integrity has been compromised, immediately page the CE Coordinator. If he or she cannot be reached, page the EMS Administrative Director.
3. EMSCs/Educators administer, score, and review modular exams created by the Resource hospital with examinees during Continuing Education classes. They must notify the appropriate chief/EMS CEO of all failures (but not individual scores) on the day of testing. Each educator is responsible for maintaining the confidentiality of exam results.
4. Monitor compliance with exam requirements for those EMS agencies assigned to your hospital. Inform the CE Coordinator of any System participant who is non-compliant with testing requirements or who has double failed an exam.
5. Maintain a four year archive of all exam scores for each paramedic assigned to your hospital. This may be accomplished electronically or by placing evidence of successful completion in their individual EMS file. All scores are to be logged by the last day of make-up testing so department-specific test completion reports (not individual scores) can be sent to each chief/EMS CEO. After test results are electronically entered into a file and the answer sheet is scanned, the hardcopy original answer sheets may be shredded or placed in secured recycling receptacles.
6. At the end of the make-up period, original modular exams or extra post-tests may be shredded or placed in secured recycling receptacles if available
7. Upon request by the Resource Hospital, EMSCs/educators may conduct a retrospective item analysis and prepare exam statistics on all initial testing attempts for distribution to the System within four weeks of the last exam offering. The exam statistics shall include the number of examinees, measures of central tendency, ranges, and percentage of pass vs. no pass for each provider assigned to your hospital.
8. Paramedics and ECRNs who successfully completed all written System entry exams on the first attempt and all continuing education classes/post-tests subsequent to their System entry, may be exempted from that year's written exam (E4: XV G).

VIII. **EQUIPMENT/SUPPLY RESOURCE MANAGEMENT**

- A. Monitor and insure the maintenance of EMS radio/phone/recording equipment to strive for optimal communication clarity with system providers. Notify the NCH Hospital EMS Coordinator if communication problems are of an acute or recurrent nature and cannot be corrected by your hospital or at least 48 hours in advance if the Resource Hospital will need to take calls for your hospital during a scheduled radio downtime.
 - 1. If there are apparent malfunctions in radio signal import or export between the Resource and an Associate Hospital, each hospital shall have their telecommunications department or an agent of their choosing conduct initial troubleshooting, including an analysis of outgoing phone line integrity to the other hospital. All costs for their own initial investigation shall be borne by the individual facilities.
 - 2. If the problem cannot be solved with the initial investigation, an independent contractor may need to be consulted to do further analysis. Before further costs are incurred, notify the EMS Administrative Director and a joint decision will be made on the need and form of further action. If it is determined that an independent contractor's services are required, the costs will be shared equally by both hospitals, unless it is determined that the problem should have been discovered during the initial line investigation. In that case, the cost of the independent contractor and line repairs shall be borne by the hospital responsible for the line.
- B. Ensure an adequate inventory of all EMS drugs/supplies/equipment **in compliance with the System Drug and Supply List** for exchange with EMS personnel.
 - 1. If any item cannot be provided in compliance with State/System standards, the individual hospital can submit a Variance request outlining the cause of the temporary inability to comply, stating the steps and are being taken to rectify the problem and identifying a projected time during which the variance is requested. Variance requests will be considered by the EMS MD and EMS Administrative Director on a case by case basis and may or may not be granted based on the nature of the request.
 - 2. Hospitals are asked NOT to substitute alternative products/manufacturers without prior System authorization in order to maintain our safe harbor status for resupply under the Office of Inspector General (OIG) regulations. An exception to this stipulation would be a drug or product that is on back-order and an approved alternative is supplied during the inventory shortage.
 - 3. If any item on the Drug & Supply List is not available for exchange in the ED, special inventory management procedures must ensure the availability of restock supplies immediately following a run. EMS personnel should not need to restock their ambulance from another hospital because they did not have access to an item at the receiving hospital (if that hospital is a member of the NWC EMSS). If this does occur, the resupplying hospital should first contact the EMS Coordinator of the receiving hospital to inform them of the situation that resulted in the exchange irregularity and to agree upon an equitable solution. This may include an Interfacility transfer of stock up to billing the receiving hospital for the item. One exception to this policy involves stock that is in System-wide short-supply due to inventory shortfalls. In this case, inter-facility sharing of items is encouraged and supported.
- C. Facilitate the stocking of consumable supplies on new ambulances, MedEngines, and alternative response vehicles.
- D. Facilitate the transition of ambulance inventory stock when the System Drug and Supply List is updated in compliance with System policy. **D3: APPROVING / ISSUING / EXCHANGING DRUGS & SUPPLIES**

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IX. FORMS/DOCUMENT MANAGEMENT

- A. EMSCs are responsible for making available an adequate number of current documents and selective forms that may be used by ECRNs and/or EMS personnel including the following:

1. Current copies of the SOPs, Policy & Procedure Manuals, Bypass Notification Worksheets (Policy B-1) and disaster plans/logs in compliance with System, Region IX and IDPH State plans at the radio.
2. **Communication Logs**
 - a. Hospital EMS Coordinators are responsible for ensuring an adequate supply of Communications Logs for documenting on-line medical control (OLMC). These forms may be printed by each hospital with hospital-specific imprints or information as long as they use the System template.
 - b. Communication Logs must be archived at each hospital for a minimum of seven years so they are readily retrievable when requested by the Resource hospital, IDPH, or by subpoena. They are an official medical record and must be stored for a minimum of seven years unless other criteria apply, i.e., pediatric patient, significant exposure occurred, or local protocols require a longer time. Telemetry recordings are to be saved a minimum of 90 days subsequent to the call. This time may be extended at the hospital's discretion (System Policy C8: Communications).
 - c. Logs shall be reviewed as part of the System's ongoing QM process and feedback provided to the ECRNs regarding their documentation and/or compliance with System standards of practice. While a 100% review is preferred, random sampling techniques may be used for those hospitals with large numbers of calls, but no less than 30 reports are to be reviewed monthly.
3. **Clinical forms**
 - a. Direct Patient Care Evaluation Form
 - b. Direct Patient Care Case Study Form
 - c. Clinical Unit Feedback Form (Policy C-2)
4. Non-disposable Equipment Exchange Receipt (Policy E-2)
5. Resource hospital: Override Report Form
6. Petition for Involuntary/Judicial Admission Forms (Policy E-1)
7. Request for Clarification (RFC) Forms (Policy G-1)
8. Written Confirmation of Suspected Child Abuse/Neglect Report: Medical Professionals

B. CONTROLLED SUBSTANCE LOGS

1. EMS Coordinators/Educators are responsible for monitoring and archiving the monthly controlled substance logs submitted by each provider agency assigned to them.
2. If the logs are not submitted or are incorrectly completed, contact the Provider EMS Coordinator to correct the problem.
3. Logs should be stored in compliance with your hospital's DEA procedures. For more information see System Policy C-6 (Controlled Substances on EMS Vehicles).

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X. VEHICLE INSPECTIONS

- A. The EMSC/educator assigned to each agency shall complete the BLS & ALS inspections for all new vehicles and at least bi-annually for ambulance re-inspections. ~~EMS Providers can self-inspect BLS non-transport vehicles every year unless the EMSC has cause to participate in the inspection. EMSCs should do the ALS portion of a non-transport vehicle inspection at least bi-annually. All other inspections are done at the prerogative of the Region IDPH EMSC and Provider EMSCs must contact Linda Reimel or the IDPH designee for permission to do a System or self-inspection.~~

B. Process

1. **Scheduling:** Provider EMS Coordinators shall notify their assigned hospital EMS Coordinator/Educator when IDPH notifies them that their annual inspections are due to schedule the inspection if they are not eligible for self-inspection. Self-inspections are authorized by the NWC EMS every other year for existing vehicles.
2. **Fees:** Fees shall be mailed by the Provider Agency directly to the Accounting Office in Springfield to the address on the bottom of the cover letter. They should NOT wait until the inspection is done to mail the check to IDPH.
3. **New ambulances:** PEMSCs should contact Linda Reimel to determine if she wishes to do the inspection. If she cannot, a System Coordinator/Educator shall do the inspection. Self-inspections are not authorized for new vehicles.
4. **Inspection forms:**
 - a. Ambulances (new and annual)
 - (1) Electronic BLS form – See appendix:
 - (a) Carefully note the complete VIN number and license plate number on the form. Even 1 number or letter difference between the form and the state database will delay the ambulance approval.
 - (b) In the comments section, note ALS OK and on file with your initials.
 - (c) Quickly check the lights, flood lights, turn signals, brakes, reverse horn and siren at the start of the inspection. Write lights/sound OK with your initials in the comments section. This step is NOT necessary if a safety sticker is present on the windshield. It may be necessary with new vehicles. Note the safety sticker expiration date instead.
 - (2) System Drug & Supply List (ALS)
 - b. Ambulances (new only): KKK spec inspection form must also be completed – See appendix
 - c. Non-transport vehicles:
 - (1) NCR IDPH form (BLS)
 - (2) System list from MedEngine policy (ALS)
 - d. **Waivers:** Ask the Provider if an equipment waiver is needed and attach the waiver to the inspection form (unless a System-wide waiver exists). If there is a System-wide waiver (e.g., backboards on MedEngines, baby bottles on anything), write SWW in CAPITAL LETTERS on the form over that piece of equipment. If the waiver is specific to that provider only, write a capital W over the name of the equipment.

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5. All need a current agency personnel **roster** listing names, license numbers, level of licensure, and license expiration dates. Quickly check the roster to make sure there are NO lapsed license dates listed. If there are lapsed dates, write in the correct date or have the Provider agency correct the roster. An incorrect or incomplete roster can delay the process of ambulance relicensure.
6. **Sys-Mod form:** Determine if a System-modification form is needed: any change at all in vehicle level of service (ALS/BLS), going out of service, coming into service, moving from one System to another, etc. An authorized member of the Provider Agency must sign the form.
7. Forward completed inspection forms, roster, and Sys-Mod form (if necessary) to the EMS Administrative Director for processing with the IDPH Regional Coordinator.

XI. **PLAN AGREEMENTS**

- A. EMS Coordinators are responsible for submitting their hospital's EMS Plan Amendments when updates are necessary. Plan modification letters are required for changes in the following
 1. Hospital name
 2. Hospital level of participation: Associate or participating
 3. Hospital designations: EDAP, Trauma Center, replantation center, etc.
 4. EMS Medical Director
 5. EMS Coordinator
- B. The Resource Hospital will provide a template and cover checklist to facilitate the process when the overall plan must be updated for IDPH.

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XII. **SYSTEM STANDARDS OF PRACTICE**

- A. The following documents serve to provide legal authority to operate and/or the basis of the System's standards of practice and must be thoroughly understood and complied with by all EMS Coordinators/Educators:
1. National EMS Scope of Practice model and DOT curricula until they are replaced by National Education Standards and Guidelines (12/31/2012).
 2. **Federal EMS Act**
 3. **Illinois EMS Act and Trauma Center Code**
 4. **Illinois EMS Rules and Regulations**
 5. **NWC EMSS Standard Operating Procedures:** Updated at least every 2-3 years by Region IX. Full-size copies are printed by the Resource Hospital and should be available at the radio consoles for use by the ECRNs. Reduced size copies are printed each time the SOPs are updated and are available for purchase.
 6. **NWC EMSS Policy Manual:** Approved by the Advisory Board and gives guidelines for day to day operations. Copies of the policy manual are distributed electronically. It is the EMSC's responsibility to ensure that a current edition of the manual is printed and available at the radio console for reference by OLMC personnel.
 7. **NWC EMSS Procedure Manual:** The System procedure manual is distributed electronically and serves as the official guideline on how ALS and BLS procedures are to be performed in the NWC EMSS. Please do not vary from the steps as outlined in this document when providing education/coaching. If you would like a change to any procedure, please contact the EMS Administrative Director and your suggestion will be considered by the EMS MD.
 8. System memos and education updates that present or clarify standards
 9. **Emergency Preparedness**
 - a. Region X and NWC EMSS Plan last updated April 2006. The NWC EMSS did not sign on to the Region X plan updated in 2008.
 - b. SMART triage tag use as specified in System education materials distributed in Feb. 2008.
 - c. Region IX planning as Coordinated by Sherman Hospital and JoAnn Foley and System planning coordinated by Mary Casey-Lockyer and the Emergency Preparedness Committee.
 - d. Hospitals are encouraged to participate in State, Regional, County and System planning forums.

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XIII. REQUESTS FOR CLARIFICATION (RFCs)

- A. The System believes that a person is innocent until valid evidence is gathered to sustain a complaint. Anyone may file a written complaint in the form of a Request for Clarification with a System EMS office. An RFC may also be initiated after a Reportable Incident occurs. No action shall be taken on anonymous complaints unless made to the State complaint hotline and IDPH requests that the System do an investigation. System representatives shall listen to the grievance, affirm to the complainant that we will investigate the matter and get back to them. If possible, encourage direct communication between the persons involved in the incident rather than acting as an intermediary.
- B. **Preliminary considerations**
1. Any immediate concerns to be addressed prior to commencing a full investigation.
 2. Is the nature of the alleged misconduct such that the person's continued presence in the class/work place would be inappropriate?
 3. Does the person pose a risk of injuring others or compromising sensitive information?
 4. Would the person's presence intimidate others who may be asked to give information?
 5. Is the person's alleged misconduct so egregious that their continued presence in the work place/class would constitute a foreseeable harm to public safety or negative media coverage?
 6. Are there grounds for an immediate suspension/dismissal?
 7. Is sufficient information available about this incident and/or similar ones in the past to support any proposed disciplinary actions? Consult with other resources as needed.
 8. Are there mitigating circumstances that would impact your findings?
 9. What are the standards to test? Review all relevant system policies, procedures or protocols to weigh the facts against system guidelines. Refer to System Grievance Policies (G1) and D-1 to review due process rights and reporting obligations.
- C. **Conducting an investigation**
1. When investigating a complaint, talk directly with all parties involved to get their recollection of the facts using the following tactics: (1) focus the discussion on the information needed; (2) use open-ended questions to expand the discussion and closed-ended questions to prompt for specifics; (3) encourage communication through eye contact and facial expression; (4) state your understanding of what you are hearing and (5) summarize before closing the discussion (Zenger-Miller).
 2. Get their statements in writing.
 3. Determine whether the complaint appears to be sustained or non-sustained. If unclear, seek counsel from the EMS MD or EMS Administrative Director. Before any decision that imposes disciplinary action or would have a potentially adverse impact on agency operations is communicated to a provider, it must be approved by the EMS MD. Suspension/dismissal is a defamatory act and one must have reasonable grounds to warrant such action per System policy or EMS Rules. Suspension/dismissal must be considered against prior practices and the informal and formal policies of the System to ensure that they are not being administered discriminatorily.

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4. It is essential to maintain a "paper trail" documenting all investigations and complaint resolutions. While individual discretion may be used to a certain degree in format, the following minimum elements must be present in the final written report:
 - a. Date, time, and location of incident and date complaint filed.
 - b. Person making complaint; and call back number.
 - c. Complaint/allegation/situation needing clarification.
 - d. Facts determined, root causes, and any mitigating circumstances.
 - e. Suggested resolution and corrective action plan, if applicable.
 - f. Disciplinary action recommended, if applicable.
 - g. Policy revision recommended, if applicable.
 - h. Consultations made during course of investigation.
 - i. System leaders notified (EMS MD, Ad. Dir., Chief).
 - j. Date matter closed.
 - k. Signature of primary investigator.
 - l. See System Policy G-1 for details. The suggested RFC investigation form is offered to facilitate your follow-up.

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XIV. SIGNIFICANT EXPOSURES TO BLOOD AND/OR BODY SECRETIONS

- A. Each hospital is responsible for appropriately following up per system policy after a possible exposure event based on the request of the agency designated infection control officer (DICO). an EMT reports a significant exposure to blood and/or body secretions and after a diagnosis is made of one of the reportable communicable diseases.
- ~~B. Coordinators can facilitate this follow-up by making sure that there is an adequate number of the current Communicable Disease Exposure Forms readily available in the ED or the chart room. Forward completed exposure forms to the Resource hospital for central monitoring and data purposes.~~
- C. See System Policy I-2 (Infection Control Measures/Communicable Disease Follow-up) for more details.

XV. STATISTICS

- ~~A. Forms documenting selected cardiac outcomes are due in the Resource Hospital EMS Office by the 15th day of the following month.~~
- B. EMS Coordinators/Educators may be requested to participate in special projects requiring data collection, tabulation, and/or analysis as the need arises.

XVI. SUSPENSIONS

- A. Intent to suspend notices shall be generated by the hospital EMSC/educator using a form issued by the System and sent by June 1st and Dec. 1st to those who are noncompliant in meeting a System requirement.
- B. Notices suspending EMS privileges due to persistent non-compliance with continuing education, CPR, or mandatory requirements after the warning notice shall be generated by the hospital EMSC/educator using a form issued by the System by the date requested by the Resource Hospital.
- C. Copies of suspension and reinstatement notices must be forwarded to the Resource Hospital EMS Office as soon as they are issued so the members' status may be changed in the System databases.
- D. It is absolutely critical that all of these letters are issued in compliance with System Policy D-1 (Due Process: System Participation Suspensions) in order to provide consistent due process to all System members.

**NWC EMSS Continuing Education Continuing Education Program
Educator Assignment List**

Hospital	Name	Primary EMS Agencies	Secondary EMS Agencies
Alexian Brothers	Georgene	Bloomingtondale Elk Grove Township/MP Elk Grove Village Itasca Wood Dale	Schaumburg Rolling Meadows Private providers
Glen Oaks	Cindy	Fermilab	Bloomingtondale Itasca Roselle Wood Dale Schaumburg Private providers
Good Shepherd	Kathi/Beth	Barrington Lake Zurich Long Grove Rescue Eight	Arlington Hts Buffalo Grove Lincolnshire Palatine Palatine Rural
Lutheran General	Robyn	Des Plaines Superior	BLFPD, Itasca, WDFD, PFD, Pal Rural, LZFD, AHFD, BGFD, PHtsFPD, EGV, Schiller Park Private providers
NCH	Noreen	Arlington Heights Buffalo Grove Palatine Palatine Rural Rolling Meadows	Schaumburg Mount Prospect/EGT Elk Grove Township Prospect Heights Private providers
NWC EMSS	Diana Jen Susan Peg/Colin Connie	Lincolnshire Prospect Heights Mount Prospect	All providers
Resurrection	Ginny/Cindy	Advantage Schiller Park	Des Plaines Mount Prospect/EGT
Saint Alexius	Karin/Candi	Hoffman Estates Schaumburg	Elk Grove Village Palatine Palatine Rural Barrington Private providers