

Policy Title: System ENTRY: Credentialing and Practice Privileges

No. E - 3

Board approval: 3/14/24

Effective: 4/1/24

Supersedes: 9/11/23

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I. National and State standards regarding EMS credentialing

- A. The practice of EMS is complex, dynamic, and diverse. It is historically built upon the domains of education, certification, licensure, and credentialing. The public is best served when EMS providers receive externally accredited education, are nationally certified, state licensed, and credentialed by the local EMS MD (Ntl Scope of Practice Model, 2021).
- B. While EMS personnel in Illinois are licensed by IDPH, they must be credentialed and awarded practice privileges by the local EMS Medical Director (EMS MD). The diversity of education, performance expectations, clinical and operational protocols, scopes of practice, and equipment used across various EMS Systems requires local verification of the practitioner's clinical and operational competencies.
- C. (210 ILCS 50/3.55) Sec. 3.55. Scope of practice.
(a) Any person currently licensed as an EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may perform emergency and non-emergency medical services as defined in this Act, in accordance with his or her level of education, training and licensure, the standards of performance and conduct prescribed by the Department in rules adopted pursuant to this Act, and the requirements of the EMS System in which he or she practices, as contained in the approved Program Plan for that System. The Director may, by written order, temporarily modify individual scopes of practice in response to public health emergencies for periods not exceeding 180 days.
- D. The EMS MD has the final authority and accountability for credentialing and providing medical direction to all EMS clinicians in the NWC EMSS and shall be actively involved in the clinical credentialing process.
- E. EMS credentialing follows a process that substantively helps to promote the practice of paramedicine on par with the legitimacy that hospital medical staff credentialing promotes for the practice of hospital-based medicine.
- F. **Credentialing involves at a minimum**
1. Demonstrating cognitive knowledge that meets or exceeds minimum standards;
 2. Demonstrating mature and responsible affective competency/emotional intelligence;
 3. Demonstrating competency performing key psychomotor skills; and
 4. Demonstrating the ability to integrate higher order thinking, problem solving, and acting responsibly during the provision of clinical care.

II. Policy

- A. All EMS personnel functioning within the NWC EMSS must be appropriately licensed by IDPH and credentialed and granted practice privileges by the EMS MD or his designee.
- B. The EMS credentialing processes shall be fair, consistent, objective, unbiased, and based on clearly communicated, evidence-based performance standards that are accessible to any EMS clinician seeking practice privileges within the NWC EMSS.
- C. After verifying System employment or intent to hire, generating a complete file, and completing appropriate education, assessment and measurement of competency, successful candidates will be credentialed by Dr. Matthew T. Jordan, EMS MD as an approved EMS clinician in the NWC EMSS with a scope of practice commensurate with their level of licensure.
- D. A member of a fire department's or fire protection district's collective bargaining unit shall be eligible to work under a silver spanner program for another EMS System's fire department or fire protection district that is not the full-time employer of that member, for a period not to exceed 2 weeks, if the member: (1) is under the direct supervision of another licensed individual operating at the same or higher licensure level as the member; (2) made a written request to the EMS System's Medical Director for approval to work under the silver spanner program, which shall be approved or denied within 24 hours after the EMS System's Medical Director received the request; and (3) tests into the EMS System based upon appropriate standards as outlined in the EMS System Program Plan. The

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EMS System within which the member is seeking to join must make all required testing available to the member within 2 weeks of the written request. Failure to do so by the EMS System shall allow the member to continue working under a silver spanner program until all required testing becomes available. (Public Act 103-0521 eff. 1-1-24.)

- III. **BLS Privileges:** All EMS clinicians with an unencumbered licensed in Illinois will be granted BLS practice privileges upon their date of hire into the NWC EMSS. They may perform BLS assessments and interventions in accordance with Policy A3 ALS to EMR Services, the SOPs, and the System Procedure Manual. If Temporary ALS Privileges have not been awarded within nine months of hire to those eligible for ALS practice, the BLS privileges will be revoked and the individual may restart their application for System privileges.
- IV. **ALS Privileges: PARAMEDIC (PM) / PREHOSPITAL RN (PHRN)/PHAPRN/PHPA licensed in Illinois**
- A. **The complete System entry process is required for the following:**
1. Educated and licensed outside of the NWC EMSS; never held System privileges
 2. **Former System members:**
 - a. Not employed by a System Agency for seven months or longer
 - b. Did not leave in good standing, left with an incomplete corrective action plan, or left due to patient care issues no matter how long they have been unaffiliated with a System Provider Agency
- B. **Modified System entry: Former member left in good standing - gone for 6 months or less**
1. **File and practice privileges may be reinstated without testing** if they meet full active licensure requirements and have completed all NWC EMSS CE (including all mandatory elements due) since leaving. Considered on a case by case basis.
Recent graduates of the NCH paramedic program are considered System members in good standing even without an NWC EMSS employer for six months following graduation if they have completed all NWC EMSS CE and competency requirements since graduation.
 2. **If former members and recent PM class grads have not attended all NWC EMSS CE/ completed all mandatories in last six months since leaving:** Complete and submit CE credit questions for all non-mandatory classes missed, pay all applicable fees, and complete mandatory classes/elements. The applicant may be required to attend the SE skills lab to verify current competency in high risk skills.
- V. **ALS System Entry Procedure** – Documents/forms posted to www.nwcemss.org under the System Entry tab
- A. **Step #1: To Open a File**
1. Provider Agency submits completed “System Entry Authorization Form” to NWC EMSS office (via e-mail to Pamela Ross pross@nch.org or fax 847-618-4489)

Do not open a file until testing is ready to begin. Once a file is opened, the entire **process culminating in full practice privileges must be completed within 3 months**. If not completed within that time, the file will be inactivated and archived (unless extenuating circumstances apply and are approved by the EMSS). The applicant may be required to reapply, submit updated paperwork/fees, and retake expired exams.
 2. **Submit current and legible copies of the following to the NWC EMSS office:**
 - a. **Illinois PM / PHRN / PHAPRN/ PHPA license:** A National Registry of EMTs certificate is not an Illinois license and is not a substitute for a State license for those that were educated and licensed in Illinois. It is acceptable for temporary practice privileges under the IDPH Reciprocity Rules (See section VI below). Out-of-state licensees must seek and be awarded reciprocity b IDPH.
 - b. **Current AHA CPR for healthcare provider card or electronic verification of rolling competency credential from RQI.**
 - c. Driver’s license; home address, SS#, DOB; phone #; e-mail address

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- d. **Letter of verification (or good standing)** from the candidate's most recent EMS System attesting to the following: Name; practice privileges awarded; dates of affiliation if not currently in good standing and any known practice issues that would prevent the individual from being considered for privileges in that System now.
If newly graduated and never employed in EMS, submit a letter from the education Program Director verifying date of program completion, competencies that were assessed and measured, and whether the program is accredited or under a Letter of Review by the CoAEMSP.
 - e. All EMS **CE hours** accumulated in the current licensure period.
- B. **Step #2: Prerequisites:** Complete the **SOP Self-assessments** (Cardiac/Fundamentals/Medical/Trauma). These tools highlight important practice points in the 2022 NWC EMSS SOPs and prep candidates for successful SE testing. All answers are found within the 2022 SOPs.
1. Each self-assessment must be reviewed for completeness and accuracy and signed off by the Agency PEMSC or assigned Peer educator prior to submission.
 2. **Submission:** Submit completed self-assessments for the next scheduled exam section(s) electronically or in paper format to [Nichole Junge \(njunge@nch.org\)](mailto:njunge@nch.org) for review and scoring.
 3. **Due dates:** At least 1 week prior to testing (Ex. Test scheduled on 1-9-24, submissions due by TU, 1-2-24 by 1730 hrs) to ensure time for grading / feedback.
 4. **Scoring:** If submitted late and/or have ≥ 25 of the questions left blank or answered incorrectly without resubmission and approval, the candidate is not eligible to test at the next sitting.
 5. The Policy manual self-assessment is temporarily suspended pending policy updates. It will be reinstated during 2024 after notification to all System members.
- C. **Step #3: WRITTEN TESTING**
1. Four exams mirror the content divisions of the self-assessments and SOPs:
 - a. **Fundamentals** – SOPs tested: Introduction; General Assessment/IMC; Pain mgt; Radio report/Communications policy; Withholding or withdrawing resuscitation; Elderly; Extremely obese pts; Airway obstruction, Advanced airways/DAI; Allergic Reactions/anaphylactic shock; Asthma/COPD; Pts with Trachs/laryngectomy; Respiratory emerg; OB and Peds (whole sections)
 - b. **Cardiac** (all cardiac SOPs)
 - c. **Medical** (all medical SOPs)
 - d. **Trauma** (all trauma SOPs)
 2. **Study:** SOPs, Changes and Rationale document; self-assessments, and ECG study guide (pm). ECGs are embedded in the cardiac exam. A separate ECG strip test is no longer given.
 3. **Structure:** Each exam consists of 70 multiple choice (single response) questions keyed to the SOPs, procedure manual or policies.
 4. **Scoring:** Exams are graded immediately. Passing score for each: 75%
 5. **Timing:** Candidates are allowed a maximum of 1 min/question to complete each exam. An ADA request for accommodation for additional time must be submitted and approved in advance per the policy followed in the entry level EMS classes. Copy available upon request.
 6. **Scheduling:** Written tests are offered on the **2nd and 3rd Tuesdays** of each month (unless a holiday) by prior appointment from 0900 to 1200. Each candidate shall take 2 exams at one sitting unless returning for a single retest exam.
 7. **Retest policy**
 - a. If an applicant fails an exam, they will be informed regarding the general area(s) needing further study. **No retests may be done on the original day of testing.**
 - b. The applicant's employer (or potential employer) will be informed of the initial failure in writing on the System Entry Status Form.
 - c. The applicant is responsible for scheduling retest appointments and completing independent study and focused review to prepare for the retest(s).

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- d. If an applicant fails one or more sections of the retest, it is the employer's decision as to whether or not the candidate is approved to take a second retest. If approved, further remediation must be completed with a Peer II or higher educator or approved preceptor and verified prior to scheduling a 3rd and final testing attempt.
- e. Third attempt failures will be handled on a case-by-case basis. A call will be convened with the EMS MD/designee and agency Chief/EMS CEO to determine further action.

D. Step #4: SKILLS LAB

1. **Must be completed within 60 days of receiving Temporary ALS Privileges** unless extenuating circumstances apply. An applicant may request an extension, for cause, that will be reviewed by the EMS MD or designee.
 2. **Prerequisites:** Completed file, approved self-assessments, written exams all passed
 3. **Scheduling:** Held monthly on the first Monday (unless a holiday) by prior appointment
 4. **Lab capacity:** Generally cap lab at 10 registrants but may expand for cause
 5. **Performance expectations:** Candidates will competently demonstrate the essential steps of select ALS skills without critical error. **Skill sheets for each are found in the System Procedure Manual** (posted under Standard of Practice tab on the System website: www.nwcemss.org). Practice using these skill sheets prior to the lab is strongly advised. Candidates will also be verbally questioned on the pathophysiology related to major illnesses and injuries and the profile of drugs included in the System SOPs.
 6. **Additional preparation:** Required videos to view in advance of the skills lab are posted on the System website under the System Entry tab. These will change as procedures and products are updated.
 7. **Skills tested:**
 - a. **DAI** using currently approved System videolaryngoscopy equipment and procedure. (drugs: ketamine, etomidate, midazolam, and fentanyl); i-gel
 - b. **Surgical cric** (Bougie assisted)
 - c. **IO:** tibial, proximal humerus, distal femur sites (unconscious and conscious pt - use of lidocaine pm)
 - d. **12 L ECG:** Skin prep; lead placement; tracing acquisition; transmission; interpretation of ischemia/infarction and documentation
 - e. **C-PAP** (all indications); in-line nebulization of drugs for asthma
 - f. **Cardiac arrest management (bundled care approach):** Performing minimally interrupted high perfusion manual CPR transitioning to automated device; BLS airway mgt; assessing EtCO₂, O₂ delivery, use of ResQPod; real-time CPR feedback device; appropriate PPV technique/apneic oxygenation when indicated; defib pad placement & defibrillation, vascular access; drug administration; ALS airway considerations; resuscitation of the Hs and Ts; recognition/Rx of ROSC; administration of norepinephrine, and considerations in TOR. Each applicant will demonstrate competency as the team leader, in medication administration, and airway management.
- E. **CE hours:** Hour for hour up to 8 hours of CE credit may be awarded for successfully completing the SOP self-assessments and prepping for the lab. Hours must be verified by the PEMSC documenting the dates/times that prep was accomplished; Practical lab: 3 hrs
- F. **Fees**
1. A per person processing fee of \$75 will be assessed (payable by cash, check, or EMS agency purchase order to Northwest Community Hospital).
 2. **NOTE ON CHECK:** NCH Resource Hospital EMS. **Account #1201101532.**

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3. Fees may be logged as an offset to an agency's EMS escrow account. Please inform the EMS Admin regarding the agency's choice of payment option.
4. A bundled fee shall be assessed when an entire agency joins the System (see below).

G. **System ALS privileges**

1. **Temporary ALS Privileges** are awarded after all written exams are successfully completed and the file is complete. The clinician is authorized to provide ALS assessments/care as long as they are partnered with clinicians who have full System ALS privileges. Two clinicians with temporary ALS privileges do not meet the System's staffing requirements for an ALS call.
2. **Full ALS Privileges** are granted after successful completion of all written tests and the skills lab. If Full ALS Privileges are not granted within 90 days of file opening, the temporary privileges will be revoked unless an extension has been granted.

H. **An electronic file** shall be created and forwarded to the Agency's assigned hospital EMSC/E when Full System privileges are awarded. **Files shall contain at a minimum:**

1. Demographic information: Clinician's name, home address, System employer, if primary or secondary System affiliation; date of birth, driver's license, social security number, phone #, and e-mail address.
2. Current Illinois EMS license | AHA CPR for Healthcare Provider card or RQI equivalent.
3. Letter of verification from most recent EMS System or letter verifying graduation from a PM education program if this is the candidate's first employment
4. Authorization of ALS practice privileges in the NWC EMSS
5. CE hours accrued in the current licensure period

I. **System status and CE requirements:** All EMS practitioners are required to begin meeting System CE and annual mandatory competency requirements upon receiving Temporary privileges. They will receive CE hours during the System entry process that may be used towards the first year's annual requirements. They are encouraged to attend In-station CE classes from date of hire.

VI. **TRANSFERRING FROM OUT OF STATE | RECIPROCITY** (EMS Rules Section 515.610)

- A. EMD, EMR, EMTs, paramedics, PHRNs, PHAPRNs, PHPAs licensed or certified in another state, territory or jurisdiction of the United States who seeks licensure in Illinois may apply to IDPH for licensure on a form prescribed by the Department available on the Department's Division of EMS website. <https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/licensing.html#forms>
- B. The reciprocity application must include the information listed in Section 515.610 b) 1-4 of the EMS Rules. Follow instructions on the form for submission and payment of fees.
- C. IDPH will review requests for reciprocity to determine compliance with the application provisions in the Rules. CE hours from the state of current licensure will be prorated based on the expiration date of the current license.
- D. Individuals who meet the requirements for licensure by reciprocity will be State licensed consistent with the expiration date of their current license but not to exceed a period of four years.
- E. Following licensure by reciprocity, the individual must comply with the requirements of this Part for relicensure
- F. IDPH shall permit immediate reciprocity to all EMS personnel who hold an unencumbered National Registry of Emergency Medical Technicians (NREMT) certification for EMTs, AEMTs, or Paramedics, allowing such individuals to operate in an EMS System under a provisional system status until an Illinois license is issued:
 1. To operate on an EMS System transport or non-transport IDPH licensed vehicle under provisional system status, an individual must have applied for licensure with the Department and meet all requirements under the Act and this policy. All Department-required application materials for submission must be provided to the EMS System for review prior to system provisional reciprocity approval.
 2. The EMS System must validate National Registry Certification of each individual.

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3. An individual with a Class X, Class 1 or Class 2 felony conviction or out-of-state equivalent offense, as described in Section 515.190, is not eligible for provisional system status.
- G. Following licensure by reciprocity, petitioners for NWC EMSS System privileges must obtain and submit the same information and complete the same entry testing as Illinois licensed paramedics.

VII. EMS PROVIDER AGENCIES JOINING THE SYSTEM

- A. **Contact the Resource Hospital EMS Administrative Director** to inform the System of your interest in exploring a System relationship. A meeting will be held with the EMS MD, EMS Administrative Director, and EMS System Coordinator to discuss the request and plan next steps.
- B. If a decision is made to pursue System membership, the EMS MD will schedule a series of Town hall meetings at the Agency to meet them, provide information about our System, and answer any questions they may have.
- C. **Process steps:**
 1. **Complete an EMS System Plan Agreement, (IDPH EMS Transport Provider Application form) and an NT Application for Existing Transport Provider Form (if applicable) –available on the IDPH Division of EMS website.**
 - a. **Documentation software:** The Provider agrees to operate in compliance with System standards of practice, policies, and procedures including, but not limited to, the use of **ImageTrend software** to generate EMS patient care reports. The Agency agrees to comply with Policy **D4 Data Collection & Reporting | ePCR software | Short form** that establishes the System standard for the collection, handling, storage, use, retrieval, evaluation, reporting, and submission of data.
All EMS clinicians must be linked to the Agency within the Region 8 & 9 ImageTrend database and be competencied on using the software. The Computer Aided Reporting System (CARS) Committee chair contact information will be provided to the Agency's Provider EMSC as a resource to assist with this process.
 - b. **Continuing education:** The Provider agrees to participate in the In-Station Program as specified in Policy **C2 Continuing Education**. Communicate with the NWC EMS System Coordinator to determine CE dates, times, and locations.
 - c. **EMS clinician staffing and response to ALS and BLS calls:** The Provider agrees to comply with the requirements set forth in Policy **S3 ALS/BLS Staffing requirements**. FTE requirements for vehicles that are submitted for less than 24 hour per day service shall be determined based on the proposed hours of operation. Complete a 30 day proposing **staffing schedule**.
Illinois law requires that all employees must have 24 hours of continuous rest per week. Research shows that medical personnel who work continuously for longer than 10 hours are at risk for fatigue and errors in judgment. Therefore, the system discourages staffing patterns for EMS personnel that result in a tour of duty lasting longer than 24 hours.
 - d. **Create and attach a map** showing the primary, secondary, and tertiary response areas and the location of each ambulance quarters
 - e. **Submit current FCC licenses and MABAS agreements.**
 2. **Complete an IDPH System Modification form** for vehicles transitioning to the NWC EMSS and submit to the NWC EMSS Administrative Director for signature and processing. Complete a second System Modification form for vehicles transitioning out of the former EMS System and submit to the former EMS Director for signature and processing. The IDPH Regional EMSC will determine if a State inspection is required.

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3. **Vehicle inventory stocking and inspections:** Contact the assigned NWC EMS hospital EMSC/E to facilitate vehicle inventory stocking and an ALS inspection of each vehicle. If there is any hardship meeting an ALS inventory requirement, notify the EMS Administrative Director and discuss the possibility of a temporary waiver request.
 4. **Personnel credentialing**
 - a. **Create a listing of all EMS personnel, level of licensure; EMS license number, and license expiration dates** (current and verified).
 - b. Each member shall open a file containing all elements stated above. Submit a System Entry Authorization form for each EMS clinician.
 - c. **All ALS clinicians shall complete the full System entry process as described above unless they already hold System privileges.** A Resource Hospital EMS educator will come to the agency to conduct written testing for larger cohorts of applicants (once on each shift). Those who cannot test on one of those dates, shall complete testing at NCH on regular testing dates and times.
System Entry Practical lab. Resource hospital EMS educators will conduct the labs at the Agency (once on each shift). Those who cannot attend on one of those dates, shall complete the Entry Lab at NCH on regular dates and times. Communicate with the System EMS Coordinator to determine supplies and equipment for the labs.
 5. Paperwork will be forwarded to IDPH as soon as the plan agreement, stocked vehicles, and personnel credentialing is complete.
- D. **System liaisons:** System applicants agree to name a **Provider EMS Coordinator** (PEMSC) who meets the requirements of the System PEMSC Job Description and PEMSC Guidelines; a Designated Infection Control Officer (**DICO**); credential Peer I-III educators and Field Preceptors (Policies P1 & P7) based on their need for educator personnel; and provide representatives to the standing Provider Based Performance Improvement (PBPI), CARS, and Education Committees. They are invited to send a representative to the R&D and Cardiac Arrest Committees.
- E. **Fees:** There is a one-time fee to offset administrative costs of onboarding an entire agency. The fee is prorated on the number of vehicles and EMS clinicians and is available from the NWC EMSS office.

II. ASSOCIATE / PARTICIPATING HOSPITALS JOINING THE SYSTEM

Hospitals petitioning for system entry must submit a Plan Agreement that addresses all the criteria specified in the IDPH EMS System Act, Administrative Rules, and the NWC EMSS requirements.

Each hospital shall designate an Associate Hospital EMS MD and an EMS Coordinator (HEMSC) who fulfills the System's job descriptions for those positions and operate within HEMSC Guidelines. The HEMSC must meet eligibility criteria and demonstrate teaching expertise for approval as a Peer IV educator so they can teach in the In-station CE Program.

Associate hospitals must provide adequate numbers of qualified Emergency Communication Registered Nurses (ECRNs) with practice privileges in the NWC EMSS in conformity with Policy E7 ECRN Recognition. The hospital must have at least one approved ECRN on duty and available to take EMS calls at all times unless a staffing hardship waiver has been approved and physicians are available to provide on-line medical control.

Plan paperwork will be forwarded to IDPH when agreements are complete, a qualified HEMSC is named, and ECRNs have been awarded system practice privileges.

A one-time fee is assessed to each hospital seeking System entry to offset administrative costs. The current fee schedule is available from the NWC EMSS office.

Note: System eligibility criteria are acceptable, even though they may tend to disadvantage people with disabilities, given that they are reasonable, necessary, legitimate and uniformly applied (Southeastern Community College v. Davis, 442 U.S. 397 (1979)).