

Policy Title: System ENTRY: Credentialing and Practice Privileges

No. E - 3

Board approval: 1/12/23

Effective: 7/1/23

Supersedes: 1/12/23

Page: 1 of 7

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. The EMS MD has the final authority and accountability for credentialing and providing medical direction to all EMS practitioners in the NWC EMSS and shall be actively involved in the clinical credentialing process.
- D. 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.
- E. **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, 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 practitioner seeking practice privileges within the NWC EMSS.
- C. After documenting 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 practitioner in the NWC EMSS with a scope of practice commensurate with their level of licensure.

III. **BLS Privileges:** All EMTs/PMs/PHRNs/PHAPRNs, and PHPAs licensed in Illinois with an unencumbered license will be granted BLS practice privileges upon date of hire. 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 reconsider their application for System privileges.

IV. **ALS Privileges: PARAMEDIC (PM) / PREHOSPITAL RN (PHRN)/PHAPRN/PHPA licensed in Illinois**

A. **Full System entry required for the following:**

1. Educated and/or 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 or left with an incomplete corrective action plan or due to patient care issues: must complete System Entry no matter how long they have been unaffiliated with a System Provider Agency

Policy Title: System ENTRY: Credentialing and Practice Privileges

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Supersedes: 1/12/23

Page: 2 of 7

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) since leaving. Considered on a case by case basis.

This also includes recent graduates of the NCH paramedic program who are considered to be members in good standing of the NWC EMSS even without an NWC EMSS employer for a period of six months following graduation provided that they have completed all NWC EMSS CE requirements since graduation.

2. If they have not attended all NWC EMSS CE/completed mandatories 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 lab if new content/ skills have been introduced during their absence.

V. **Procedure** – all documents and forms are posted to www.nwcemss.org under the System Entry tabA. **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)

A file should not be opened 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 (mandatory)** | A National Registry of EMTs certificate is not an Illinois license and does not meet the license requirement. Out-of-state licensees must seek reciprocity with IDPH.
- b. **Current AHA CPR for healthcare provider card**
- c. Driver’s license; social security #, DOB; phone number; e-mail address
- d. **Letter of verification (or good standing)** from the most recent 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 the most recent System. **If newly graduated and never employed in EMS**, submit a letter from the education Program Director verifying program completion, competencies that were taught/measured, and whether the program is accredited or under a Letter of Review by the CoAEMSP.
- e. All EMS **CE hours** accumulated since licensure (if in original license period) or the last renewal

B. **Step #2: Prerequisites:** Complete four **SOP Self-assessments** (Cardiac/Fundamentals/Medical/Trauma). The self-assessments 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. Completed packets must be reviewed for 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 Jennifer Dyer (jdyer@nch.org)
3. **Due dates:** At least 1 week prior to testing (Ex. Test scheduled on 1-10-23, submissions due by TU, 1-3-23 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, they will not be allowed to test.
5. The Policy manual self-assessment is temporarily suspended pending policy updates

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 mgmt; 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, self-assessments, and ECG study guide (pm). ECGs are embedded in the cardiac exam. An ECG strip test is no longer given separately.
3. **Structure:** Each exam consists of 70 multiple choice 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 (additional time) must be submitted and approved in advance per the same policy followed in the entry level EMS classes.
6. **Scheduling:** 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).
 - 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 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 with the correct technique, sequence and timing and 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 in advance of the lab is strongly advised.

Candidates will also be verbally questioned on their knowledge of pathophysiology related to major illnesses and injuries included in the national EMS Education Standards, the profile of System drugs, and the System SOPs.

Policy Title: System ENTRY: Credentialing and Practice Privileges

No. E - 3

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Effective: 7/1/23

Supersedes: 1/12/23

Page: 4 of 7

6. **Additional preparation:** View these videos posted on the System entry tab of the website:
 - a. Videos showing the proper use of the Bougie: Bougie-Cric and Bougie ETI
 - b. All EZ IO® Intraosseous Vascular Access Training videos
 - c. Dr. Jordan Cardiac arrest and application of CPR device videos
7. **Skills tested:**
 - a. **DAI** using King Vision, channeled blade and bougie (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):** Using minimally interrupted high perfusion CPR, capnography & O₂ delivery, ResQPod; real-time CPR feedback device; automated CPR devices, appropriate ventilation technique/apneic oxygenation where indicated; BLS to ALS airways; pad placement & defibrillation, vascular access; drug administration; consideration and resuscitation of the Hs and Ts; recognition and treatment of ROSC; and mixing and titrating a norepinephrine drip. 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 granted 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. **Fee**
 1. A per person processing fee of \$75 will be assessed (payable by cash, check, or EMS agency purchase order to Northwest Community Hospital. NOTE ON CHECK: Resource Hospital EMS. - Account #33015-520035.
 2. A bundled fee shall be assessed when an entire agency joins the System.
- G. **System ALS privileges**
 1. **Temporary ALS Privileges** are awarded after all written exams are successfully completed and the file is complete. These authorize the PM/PHRN to provide ALS assessments/care as long as they are partnered with PM/PHRNs who have full system privileges. Two PM/PHRNs with temporary ALS privileges shall not be assigned to staff an ambulance as the sole team members.
 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 active 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 that includes at a minimum the person's name, address, System employer, if primary and secondary System affiliation; date of birth, driver's license, social security number, phone # and e-mail address.
 2. Copy of current Illinois PM or PHRN license | Copy of AHA CPR card
 3. Letter of verification from most recent EMS System or letter verifying recent graduation from an education program if this is the candidate's first employment
 4. Verification from NWC EMSS authorizing ALS practice privileges
 5. CE hours accrued in the current licensure period affirmed by the former EMS System.

Policy Title: System ENTRY: Credentialing and Practice Privileges

No. E - 3

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Supersedes: 1/12/23

Page: 5 of 7

- 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 a number of 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 classes during the testing and credentialing process.

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

- A. EMTs, paramedics, PHRNs, PHAPRNs, PHPAs certified/licensed in another state and applying to work in Illinois may apply to IDPH for reciprocity using the [EMS Reciprocity Application \(illinois.gov\)](#). Follow instructions on the form.
- B. Send the application, additional required documents as described in the application, and appropriate payment (Reciprocity Application fee + Licensure fee) in the form of a cashier's check or money order only, payable to IDPH to:

FEE TYPE	EMT-B	A-EMT / EMT-I	PARAMEDIC	EMD
RECIPROCITY APPLICATION FEE	\$50	\$50	\$50	\$50
LICENSURE FEE	\$45	\$45	\$60	\$30
GRAND TOTAL	\$95	\$95	\$110	\$80

Illinois Department of Public Health Division of Emergency Medical Services and Highway Safety
Attention: Reciprocity 422 South Fifth Street, Third Floor Springfield, IL 62701

- C. An Illinois license will be mailed to you after verification that you have met all the requirements for licensure. You will receive an e-mail from IDPH informing you of your license being approved and the date it will be mailed out. IDPH will review requests for reciprocity to determine compliance with the applicable provision of the Rules. Continuing education 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 reciprocity will be State licensed consistent with the expiration date of their current license but not to exceed a period of 4 yrs.
- E. Once an Illinois license is awarded, 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 EMS Administrative Director** to inform the System of your interest in exploring a new System relationship. An inaugural meeting will be held with the EMS MD and EMS Admin Director.
- B. If the 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. **The following steps must be accomplished:**
1. Provider must agree to operate in compliance with the System standards of practice and operation, policies and procedures including, but not limited to, the exclusive use of Image Trend software for completing EMS patient care reports and completing continuing education via the In-Station Program. Communicate with the Resource Hospital EMS CE Coordinator to determine requested CE standing dates and times each month.
 2. **Complete the IDPH Transport Provider Ambulance Application form and an NT Application for Existing Transport Provider Form (if applicable)** –available on IDPH EMS website or available in PDF format.
 3. Providers must agree to System staffing requirements. See System 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**

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No. E - 3

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Effective: 7/1/23

Supersedes: 1/12/23

Page: 6 of 7

Illinois law states 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.

4. **Create a response map** showing the primary, secondary, and tertiary response areas and the location of each ambulance quarters
 5. **Complete an IDPH System Modification form** (for vehicles) transitioning to the NWC EMSS. Complete a second System Modification form (for vehicles) transitioning out of the former EMS System. The IDPH Regional EMSC will determine if a BLS inspection is required.
 6. **Contact the newly assigned Hospital EMS Coordinator** to complete System 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 waiver request.
 7. **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 in section V.A. Submit a System Entry Authorization form for each EMT and paramedic.
 - c. **All paramedic members** to complete the 4 SOP self-assessments and forward to the Resource Hospital EMS office (Jenifer Dyer).
 - d. **All paramedic members to complete the System Entry written exams.** A System Resource Hospital educator will come to the agency to provide written testing to larger cohorts of applicants to gain efficiencies. Exams will be scored soon after testing and the agency chief will be informed of general results.
 - e. **All paramedic members to complete the System Entry Practical lab.** Resource hospital EMS educators will provide practical labs at the EMS agency for larger cohorts of applicants to gain efficiencies. Communicate with the Resource Hospital EMS CE Coordinator to determine distribution of responsibility for providing supplies and equipment for the labs.
 - f. All credentialed EMS members must be **linked within the Image Trend** database for the NWC EMSS and be competencied on using the software. The Computer Aided Reporting System (CARS) Committee chair contact information will be provided to the new agency's Provider EMS Coordinator.
 8. Paperwork will be forwarded to IDPH as soon as the plan agreement and all personnel credentialing is complete.
- D. System applicants agree to name a **Provider EMS Coordinator** (PEMSC) who meets the requirements of the System Job Description for PEMSC and operates within the PEMSC Guidelines, a Designated Infection Control Officer (**DICO**), credential Peer I-III educators and Field Preceptors based on their need for educator personnel, and provide the names of representatives to the PBPI, CARS, and Education Committees. They are welcome and invited to send a representative to the R&D and the Cardiac Arrest Committees.
- E. **Fees:** In addition to the individual entry fees, there is a one-time fee assessed to each Provider Agency to offset administrative costs. The fee schedule is available from the NWC EMSS office.

Policy Title: System ENTRY: Credentialing and Practice Privileges

No. E - 3

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Supersedes: 1/12/23

Page: 7 of 7

VIII. **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 Rules and Regulations and the NWC EMSS requirements.

The NWC EMSS requires each hospital to designate an EMS Coordinator who fulfills the System's job description for that position and operates within the EMSC Guidelines. This individual must have demonstrated eligibility criteria for a Peer IV educator, teaching expertise and been approved to function as an educator in the in-station education program.

Associate hospitals must provide evidence of credentialed ECRNs with current files that have met credentialing requirements in the NWC EMSS.

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.

Participation paperwork will not be forwarded to IDPH until the plan agreement is complete and ECRNs have been awarded system practice privileges.

There is a one-time fee assessed to each hospital seeking entry into the system 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)).

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