



# HVREMSCO and HVREMAC Policy and Procedures Manual

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|--|--------------------------|
| Policy Name: <b>Maintaining Regional Credentials</b> |                          |
| Policy Number: CR-P-3                                |                          |
| Approved by: REMAC                                   | Effective Date: 6/5/2017 |
| Revision Date(s): 4/26/2016                          | Page 1 of 3              |

**Purpose:** Clarification of sustaining Regional MAC Credentials.

All HVREMAC credentialed providers are required to:

- Maintain a Primary affiliation with an ALS agency authorized to practice in the Hudson Valley Region. ALS Agencies must notify the Hudson Valley Regional EMS office of all new ALS provider/agency affiliations. This notification must occur before the provider is authorized to practice ALS skills in the field while acting on behalf of the agency.
- Maintain NYS DOH Bureau of EMS certification as a Paramedic
- Complete 24 hours of Physician Contact, 12 of which must be Medical Control Contact Hours (see section 7), during the three-year period prior to the expiration date of the provider's HVREMAC credentials.
- It is the ALS provider's responsibility to submit verification of Physician / Medical Control Contact Hours earned to each ALS agency to which he/she is affiliated; it is the responsibility of the ALS agency to maintain the provider's documentation of contact hours for a period of three (3) years.
- It is the responsibility of the provider, when changing his primary agency, to provide to the new primary agency his record of Physician / Medical Control Contact Hours.
- Maintain valid and current certifications as indicated for re-credentialing.
- The provider's agency of primary affiliation must submit the providers completed re-credentialing packet to the Regional office no less than forty- five (45) days prior to the provider's HVREMAC credential expiration date. It is the responsibility of the provider to meet recertification requirements and submit proof of such to their agency. For cases where the documentation was submitted via US Post, the postmark will be used to determine the submission date. In instances where the documentation is hand delivered, the HVREMSCO date stamp will be used to determine the submission date.

**Provider Standing:** Although all EMS agencies must monitor their own personnel for compliance, the HVREMAC is the definitive governing body for determining whether ALS providers are active, in "good standing" and subsequently credentialed to practice in the Hudson Valley Region.



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## Accruing Medical Control Contact Hours & Non-Medical Control Physician Led Contact Hours:

Medical Control Contact Hour credit will be issued to programs that are delivered by a medical control practitioner credentialed by any REMAC participating in the Collaborative Protocols.

Medical Control Contact Hours (MCCH) may be obtained in the following manner:

### By attending Medical Control delivered programs:

- Credit will be awarded for attending call audits, case presentations, and lectures offered by REMAC credentialed Medical Control Practitioners.
- Credit is offered for actual program length
- Providers who attend MCCH in any REMAC outside the Hudson Valley Region, participating in the Collaborative Protocols must submit verification of such attendance directly to their agencies.

### Through Case Reviews:

- ALS Providers may discuss and review their individual ALS cases, with Medical Control Practitioners in regions that participate in the Collaborative Protocols, for MCCH credit.
  - The case under review / discussion must be a provider's individual case or one wherein the provider significantly participated in the care of the patient.
  - The provider must have transported the patient to the Medical Control facility where the Medical Control Practitioner is located.
  - The Medical Control practitioner has the sole discretion whether or not to award credit and must be comfortable with the review that occurred. The medical control practitioner may elect not to review cases due to volume in the emergency department.
  - Each review will be awarded 0.25-hour credits provided a HVREMSCO Medical Control Contact Hour form is signed by the Medical Control practitioner.
  - A maximum of 8.0 credits (32 reviews) is permitted by this method.

### Through the Medical Control Shadow Program:

- Providers may earn no more than 8.0 Medical Control Contact Hours credit by participating in the HVREMAC shadow program and fulfilling all requirements. See Manual: HVREMAC Shadow Program.



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## Through QI Program participation:

- ALS providers may request MCCH allotment for Quality Improvement (QI) Committee participation that involves direct interaction with a Medical Control Practitioner credentialed by a REMAC participating in the Collaborative Protocol.
- MCCH allotment will be awarded on a 1 credit per hour basis up to a maximum of 4.0 credit hours per instance for Quality Improvement Activities.
- MCCH allotment will be awarded only if the following requirements are met:
  - Written documentation that includes the Medical Control representative's signature verifying the ALS provider's active QI committee involvement is submitted to the Regional Office;
  - The agency that utilizes the ALS provider as a QI Committee member submits a current (within two years) HVREMAC approved QI plan to the Regional Office;
  - A completed MCCH attendance form that includes the Medical Control representative's signature verifying the ALS provider's attendance to the QI committee meetings is submitted to the Regional Office.

## Non-Medical Control Physician Led Contact Hours may be obtained in the following manner:

- By attending Non-Medical Control Physician delivered programs:
- Credit will be awarded for attending call audits, case presentations, and lectures offered by Non-Medical Control Physicians.
- Credit is offered for actual program length
- Providers who attend programs in any REMAC outside the HVREMSCO, participating in the Collaborative Protocols, must submit verification of such attendance directly to their agencies and electronically to the HVREMSCO.