



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates: None

No. 14 – 01

Date: Dec. 8, 2014

**Re: EMS Provider
Patient Care
Restriction
Guidance**

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This policy was developed in conjunction with the State Emergency Medical Services Council (SEMSCO) and State Emergency Medical Advisory Committee (SEMAC). It is intended to provide guidance to EMS Agency Medical Directors, Regional Medical Directors, and Regional Emergency Medical Advisory Committees (REMACs) to promote an ongoing EMS patient care performance monitoring and quality improvement relationship between EMS providers and the Physician Medical Directors ultimately responsible for authorizing EMS provider practice.

Purpose

1. To protect EMS patients by providing the means for remediating and if necessary restricting the practice of an EMS provider when a Physician Medical Director has concern about the EMS provider's ability to competently provide medical care.
2. To provide fair and consistent due process for the EMS provider in resolving and/or appealing a patient care restriction.
3. To ensure that patient care restrictions are enacted fairly and in accordance with an EMS agency's or region's quality improvement (QI) program.
4. To ensure that the QI process is not used in a punitive fashion.
5. To promote interagency and interregional QI initiatives in cases where EMS providers operate in multiple regions.

Definitions

1. "Agency Medical Director (AMD)" means a physician identified by an EMS agency as providing medical oversight for the agency.
2. "Regional Medical Director (RMD)" means a physician identified by a REMAC as providing medical oversight for the region.
3. "Patient care restriction" means any restriction placed on an EMS provider by an AMD, RMD, or REMAC that limits an EMS provider's ability to perform, in whole or in part, to the EMS provider's level of certification and/or regional authorization.

A patient care restriction may restrict all care (the provider may not practice either basic or advanced level care), restrict only advanced level care (the provider may still practice basic level care), restrict an individual skill or procedure, and/or remove standing orders

(the provider would have to contact Medical Control and receive specific on-line orders to perform procedures, treatments, and therapies).

Patient care restrictions should be considered separate from and in addition to any non-patient care related restrictions that may be placed on a provider by an EMS agency (i.e., violation of agency rules and procedures, lateness, uniform issues, drivers' license restriction, etc.).

4. "Medical Case Review (MCR)" means a confidential review of a patient care restriction performed under the auspices of the regional QI program.
5. "Medical Review Board (MRB)" means a board of physicians convened by the REMAC to perform a medical case review and/or to hear an appeal of a patient care restriction.

Procedure for Enacting/Remediating a Restriction

The care administered by EMS providers is authorized and overseen by physicians. In some cases, these physicians may be AMDs, while in other cases these physicians may be RMDs and/or a REMAC.

1. An AMD may place an EMS provider on a patient care restriction when there is concern regarding the provider's ability to render appropriate EMS care. The AMD must provide appropriate immediate notification to the affected provider, followed by written notification to the provider within five (5) business days. For any restriction lasting more than 30 calendar days, the AMD must notify the REMAC in writing within five (5) business days of it being known that the duration will surpass 30 days. The AMD may, at any time, notify other respective AMDs, the RMD, the REMAC, and/or the Bureau of EMS and Trauma Systems of any matter felt serious enough to warrant such notification(s) and possible further action.
2. A RMD may (independent of the AMDs) place a provider on a patient care restriction when there is concern regarding the provider's ability to render appropriate EMS care. The RMD must provide appropriate immediate notification to the affected provider, followed by written notification to the provider within five (5) business days. Such restriction may be concurrent with or in addition to restrictions enacted by an AMD. The RMD must report any such restrictions to the respective AMDs and REMAC in a timely manner and may, at any time, notify the Bureau of EMS and Trauma Systems of any matter felt serious enough to warrant such notification and possible further action.
3. A REMAC may (independent of the AMDs or RMD) place a provider on a patient care restriction when there is concern regarding the provider's ability to render appropriate EMS care. The REMAC must provide appropriate immediate notification to the effected provider, followed by written notification to the affected provider within five (5) business days. Such restriction may be concurrent with or in addition to restrictions enacted by an AMD or RMD. The REMAC must report any such restriction to the RMD and respective AMDs in a timely manner and may, at any time, notify the Bureau of EMS and Trauma Systems of any matter felt serious enough to warrant such notification and possible further action.

4. When notified of a patient care restriction enacted by an AMD or RMD, the REMAC may enact a greater patient care restriction further limiting the care a provider may render within the region. The REMAC must provide appropriate immediate notification to the affected provider, followed by written notification to the provider within five (5) business days.
5. For any restriction coming before the REMAC, the REMAC is responsible to make timely written notification of such restriction to all EMS agencies, and the respective AMDs, where the provider is listed as practicing. If appropriate, the REMAC will notify in writing all other affected REMACs and the Bureau of EMS and Trauma Systems for possible further action. All patient care restrictions coming before the REMAC will be reviewed by the Regional QI Program committee.
6. The respective AMDs, RMDs, and REMACs will be responsible for ensuring that any patient care restriction is honored.
7. Any patient care restriction should be followed by a definitive course of provider remediation, including a timeframe for the restriction/remediation, developed in partnership with the provider, AMD, RMD, REMAC, EMS agency, local EMS training center, and/or local hospital as appropriate and allowable. Once the provider has successfully completed remediation and the restriction removed, written notification must be provided to the appropriate persons and entities. If it is determined that the issue cannot be corrected through remediation or the provider is no longer affiliated with the respective EMS agency or REMAC region, the matter will come before the REMAC (in consultation with the Bureau of EMS and Trauma Systems as necessary) for appropriate further action.

Procedure for an Appealing a Restriction

1. A provider may appeal any patient care restriction by an AMD or RMD in writing to the REMAC.
2. Within 30 days of receipt of an appeal, the REMAC must convene a MRB to conduct a MCR under the auspices of the Regional QI Program.
3. The MRB may request relevant documentation including pre-hospital patient care reports, hospital records, training records, QI records, and written statements from patients, providers, bystanders, etc. The MRB may invite the provider, AMD, RMD, patient, other providers, EMS agency officials, or other parties who may be able to provide relevant information.

4. As the MRB is a committee of the REMAC, after hearing the appeal the MRB must make a recommendation to the REMAC, which in turn shall make the determination on the appeal. The MRB may recommend to the REMAC:
 - a. that the REMAC remove all or part of the restriction;
 - b. that the provider successfully complete appropriate remediation before the REMAC removes all or part of the restriction;
 - c. that the REMAC revoke the provider's credentials/authorization to practice; and/or
 - d. that the REMAC refer the matter to the Bureau of EMS and Trauma Systems for investigation/enforcement action.
5. After an appeal is determined, the REMAC must provide follow up notification of the determination to all those originally notified of the restriction.
6. In accordance with Public Health Law Article 30, Section 3004-A:

4. Any decision of a regional emergency medical advisory committee regarding provision of a level of care, including staffing requirements, may be appealed to the state emergency medical advisory committee by any regional EMS council, ambulance service, advanced life support service, certified first responder, emergency medical technician, or advanced emergency medical technician adversely affected. . . . Any decision of the state emergency medical advisory committee may be appealed pursuant to subdivision two-a f section three thousand two-a of this article.

Issued and Authorized by
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