State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems

Critical Care Transport Tier I, II and Tier III Application Template

Instructions:

This packet contains a template for the system Critical Care Transport Application, developed by the Illinois Department of Public Health (IDPH). It includes the current code, with the expected supporting documentation listing in italics and underlined.

Submit a completed copy to your Regional EMS Coordinator.

Recommendations to expedite review:

- Clearly label all SMO's, protocols, policies, procedures, and documents.
  (New SMO's and/or polices only need to be submitted once to amend your system plan, not for each individual provider)
- Attachments should be submitted in the sequence that they are requested.
- Copies of licenses and certificates need to be clear and legible.
- If a policy does not apply to the program, include a statement that this policy is N/A.
- If a requirement is not met, request a waiver following the guidelines in Section 515.150 – Waiver Provisions.
- If a requirement is pending, include a clear and coherent statement for the reviewer.
- Do not submit the plan until all the requested information is available and the packet is complete.
- Do not submit the plan without the appropriate signatures. A stamped name will not be accepted.
- Incomplete applications will be returned without any action taken.

Complete Attachment A

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY
PART 515 EMERGENCY MEDICAL SERVICES, TRAUMA CENTER, PRIMARY STROKE CENTER AND EMERGENT STROKE READY HOSPITAL CODE

Section 515.860 Critical Care Transport

a) "Critical care transport" means the pre-hospital or inter-hospital transportation of a critically injured or ill patient by a vehicle service provider, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. When medically indicated for a patient, as determined by a physician licensed to practice medicine in all of its branches, an advanced practice nurse, or a physician's assistant, in compliance with Section 3.155(b) and (c) of the Act, critical care transport may be provided by:

1) Department-approved critical care transport providers, not owned or operated by a hospital, utilizing EMT-Paramedics with additional training, nurses, or other qualified health professionals; or

2) Hospitals, when utilizing any vehicle service provider or any hospital-owned or operated vehicle service provider. Nothing in the Act requires a hospital to use, or to be, a Department-approved critical care transport provider when transporting patients, including those critically injured or ill. Nothing in the Act shall restrict or prohibit a hospital from providing, or arranging for, the medically appropriate transport of any patient, as determined by a physician licensed to practice medicine in all of its branches, an advanced practice nurse, or a physician's assistant. (Section 3.10(f-5) of the Act)

b) All critical care transport providers must function within a Department-approved EMS System. Nothing in this Part shall restrict a hospital's ability to furnish personnel, equipment, and medical supplies to any vehicle service provider, including a critical care transport provider. (Section 3.10(g-5) of the Act)

c) For the purposes of this Section, "expanded scope of practice" includes the accepted national curriculum plus additional training, education, experience, and equipment (see Section 515.360) as approved by the Department pursuant to Section 3.55 of the Act. Tier I transports are considered "expanded scope of practice".

d) For the purposes of this Section, critical care transport plans are defined in three tiers of care. Tier II and Tier III are considered Critical Care Transports.

System and Provider - Complete Detailed Contact Information - Attachment A

Section 515.860 Critical Care Transport (Tier I)

e) Tier I

Tier I provides a level of care for patients who require care beyond the paramedic USDOT Curriculum scope of practice, up to but not including the requirements of Tiers II and III. Tier I transport includes the use of a ventilator, the use of infusion pumps with administration of medication drips, and maintenance of chest tubes.

1) Personnel Staffing and Licensure

A) Licensure:

i) Licensed Illinois Paramedic or Pre-Hospital Registered Nurse (PHRN);

ii) Scope of practice more comprehensive than USDOT Curriculum, as approved by IDPH in accordance with the EMS System Plan (see Sections 515.310 and 515.330); and

iii) Approved to practice by IDPH in accordance with the EMS System Plan.

Provider - Complete and attach Tier I Employee roster (Attachment B)

B) Minimum Staffing:

i) EMT-Basic, Intermediate or Paramedic/PHRN as driver; and

ii) Paramedic Expanded Scope of Practice credentialed individual or PHRN, who shall remain with the patient at all times.

Provider - Complete and attach a 1 month sample schedule (Attachment C)

2) Education, Certification, and Experience

A) Initial Education: Documentation of initial education and demonstrated competencies of expanded scope of practice skills as required by Tier I Level of Care and approved by IDPH in accordance with the EMS System Plan.

B) Continuing Education Requirements:

i) Annual competencies of expanded scope of practice knowledge, equipment and procedures shall be completed; and

ii) The EMS vehicle service provider shall maintain documentation of competencies and provide documentation to the EMS Resource Hospital upon request.

System - List the procedures, medications, equipment and/or therapies which are expanded beyond the initial education.

*System - Attach the system competency assessment tool for **each** expanded scope procedure, equipment, medication, therapy.*

C) Certifications – Tier I personnel shall maintain all renewable critical care certifications and credentials in active status:

i) Advanced Cardiac Life Support (ACLS);

ii) Pediatric Education for Pre-Hospital Professionals (PEPP) or Pediatric Advance Life Support (PALS); and

iii) International Trauma Life Support (ITLS) or Pre-Hospital Trauma Life Support (PHTLS).

Provider - Attach copies of current certifications to Tier I Employee Roster (Attachment B)

D) Experience:

i) Minimum of one year of experience functioning in the field at an ALS level; and

Provider - Complete Tier I Employee Roster (Attachment B)

ii) Documentation of education and demonstrated competencies of expanded scope of practice skills required for Tier I Level of Care, approved by IDPH and included in the EMS System Plan.

System - Attach a plan, protocol, that requires section i and ii

3) Medical Equipment and Supplies

A) Ventilator; and

B) Infusion pumps.

System - Attach an equipment list and a medication list

4) Vehicle Standards

Any vehicle used for providing expanded scope of practice care shall comply at a minimum with Section 515.830 (Ambulance Licensing Requirements) or Sections 515.900 (Licensure of SEMSV Programs –General) and 515.920 (SEMSV Program Licensure Requirements for All Vehicles) regarding licensure of SEMSV programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section. Any vehicle used for expanded scope of practice transport shall be equipped with an onboard alternating current (AC) supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.

Provider - Attach a vehicle list (Attachment D)
Provider - Attach the inspection sheets for each vehicle

5) Treatment and Transport Protocols shall address the following:

   A) EMS System Medical Director or Designee present at established Medical Control;

   B) Communication points for contacting Medical Control and a written Expanded Scope of Practice Standard;

   C) Written operating procedures and protocols signed by the EMS MD and approved for use by IDPH in accordance with the System Plan; and

   D) Use of a ventilator, infusion pumps with administration of medication drips, and maintenance of chest tubes.

System - Attach treatment protocols, procedures, SOPs, SOGs,

6) Quality Assurance Program

   A) The Tier I transport provider shall develop a written Quality Assurance (QA) Plan approved by the EMS System and IDPH in accordance with subsection (e)(6)(D). The provider shall provide quarterly QA reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

   B) The EMS System shall establish the frequency of quality reports after the first year if the System has not identified any deficiencies or adverse outcomes.

   C) A Medical Director shall oversee the QA Program.

   D) The QA Plan shall evaluate all expanded scope of practice activity for medical appropriateness and thoroughness of documentation. The review shall include:

      i) Review of transferring physician orders and evidence of compliance with those orders

      ii) Documentation of vital signs and frequency and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed

      iii) Documentation of any side effects/complications, including hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in neurological examination, and evidence that interventions were appropriate for those events

      iv) Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome

      v) Review of any Medical Control contact for further direction

      vi) Documentation that any unusual occurrences were promptly communicated to the EMS System

      vii) A root cause analysis of any event or care inconsistent with standards; the EMS System educator shall assess and carry out a corrective action plan

System and Provider - Complete Detailed Quality Assurance Program - Attachment E
Provider - Attach the system QA plan

E) The QA Plan will be subject to ongoing review as part of an EMS System site survey and as deemed necessary by IDPH (e.g., in response to a complaint).

Section 515.860 Critical Care Transport (Tier II)

f) Tier II

Tier II provides a level of care for patients who require care beyond the USDOT Curriculum and expanded scope of practice ALS (paramedic) transport program, and who require formal advanced education for ALS paramedic staff. Tier II transport includes the use of a ventilator, infusion pumps with administration of medication drips, maintenance of chest tubes, and other equipment and treatment, such as, but not limited to: arterial lines; accessing central lines; medication-assisted intubation; patient assessment and titration of IV pump medications, including additional active interventions necessary in providing care to the patient receiving treatment with advanced equipment and medications.

1) Personnel Staffing and Licensure

A) Licensure – Licensed Illinois Paramedic or PHRN:

i) Expanded scope of practice more comprehensive than USDOT Curriculum and expanded scope Tier I level; and

ii) Approved to practice by the EMS System and IDPH in accordance with the EMS System Plan.

Provider - Complete and attach Tier II Employee roster (Attachment F)

B) Minimum Staffing:

i) Paramedic/PHRN

ii) Paramedic or PHRN who is critical care preparedand will remain with the patient at all times

Provider - Complete and attach a 1 month sample schedule (Attachment C)

2) Education, Certification and Experience

A) Initial Advanced Formal Education:

i) 80 hours established higher collegiate education or equivalent critical care education based on existing university program models

ii) Demonstrated competencies, as documented by the EMS System

B) Continuing Education Requirements:

i) The EMS System shall document and maintain annual competencies of expanded scope of practice knowledge, equipment and procedures

ii) The following current credentials, as a minimum, shall be maintained: ACLS, PEPP or PALS, ITLS or PHTLS

iii) 12 of critical care level education shall be completed annually

iv) The EMS provider shall maintain documentation of compliance with subsections (f)(2)(B)(i) through (iii) and shall provide documentation to the EMS Resource Hospital upon request

v) Critical care certification (from formal education) shall be maintained when criteria are available for renewal status of certification

System

- *Attach the system competency assessment tool for **each** expanded scope and/or therapies which are expanded beyond the initial education.*
- *Attach policy/protocol that addresses B),i-iii, v, and C) and D)*

Provider

- *Complete Tier II Employee Roster – Attachment F*

C) Certifications – Tier II personnel shall maintain the following renewable critical care certifications and credentials in active status:

i) ACLS

ii) PEPP or PALS

iii) ITLS or PHTLS

D) Experience – Minimum of two years experience functioning in the field at an ALS level for paramedic or PHRN.

System - attach policy, protocol that requires Section C), D)

Provider - complete Tier II Employee Roster (Attachment F) and attach copies of certifications

3) Medical Equipment and Supplies

A) Ventilator

B) Infusion pumps

System - Attach a complete and detailed equipment and medication list

4) Vehicle Standards

Any vehicle used for providing critical care transport shall comply at a minimum with Section 515.830 (Ambulance Licensing Requirements) or Sections 515.900 (Licensure of SEMSV Programs – General) and 515.920 (SEMSV Program Licensure Requirements for All Vehicles) regarding licensure of SEMSV programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section. Any vehicle used for critical care transport shall be equipped with an onboard AC supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.

Provider - Attach a vehicle list (Attachment D)
Provider - Attach most recent inspection sheets for each vehicle.

5) Treatment and Transport Protocols include:

A) EMS System Medical Director or designee present at established Medical Control communication points and a written Expanded Scope of Practice Standard Operating Procedure signed by the EMS MD and approved for use by IDPH in accordance with the System Plan

B) The use of a ventilator, infusion pumps with administration of medication drips, maintenance of chest tubes, and other equipment and treatment, such as, but not limited to: arterial lines, accessing central lines, and medication-assisted intubation

C) Patient assessment and titration of IV pump medications, including additional active interventions necessary in providing care to the patient receiving treatment with advanced equipment and medications

System - Attach treatment protocols, procedures, SOPs, SOGs

6) Quality Assurance Program

A) The Tier II transport provider shall develop a written QA Plan approved by the EMS System and IDPH in accordance with subsection (f)(6)(D). The participating provider shall provide quarterly reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

B) The EMS System shall establish the frequency of quality reports after the first year if the System has not identified any deficiencies or adverse outcomes.

C) A Medical Director shall oversee the QA Program.

D) The QA Plan shall evaluate all expanded scope of practice activity for medical appropriateness and thoroughness of documentation. The review shall include:

i) Review of transferring physician orders and evidence of compliance with those orders

ii) Documentation of vital signs and frequency, and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed

iii) Documentation of any side effects/complications, including hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in neurological examination, and evidence that interventions were appropriate for those events

iv) Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome

v) Review of any Medical Control contact for further direction

vi) Documentation that unusual occurrences were promptly communicated to the EMS System

vii) A root cause analysis of any event or care inconsistent with standards. The EMS System educator shall assess and carry out a corrective action plan

E) The QA Plan shall be subject to review as part of an EMS System site survey and as deemed necessary by IDPH (e.g., in response to a complaint).

System and Provider - Complete Quality Assurance Program (Attachment E)
Provider - Attach the QA plan

Section 515.860 Critical Care Transport (Tier III)

g) Tier III

Tier III provides the highest level of ground transport care for patients who require nursing level treatment modalities and interventions.

1) Minimum Personnel Staffing and Licensure

A) EMT-B/I/P (as driver)

B) Two critical care prepared providers, who shall remain with the patient at all times

i) Paramedic or PHRN

ii) RN

Provider - Complete and attach Tier III Employee Roster (Attachment G)
Provider - Complete and attach 1 month sample schedule (Attachment C)

2) Education, Certification, and Experience: Paramedic or PHRN

A) Initial Advanced Formal Education

i) Approval to practice by EMS System and IDPH in accordance with the EMS Program Plan

ii) 80 hours established higher collegiate education or equivalent critical care education based on existing university program models

iii) Approved scope of practice more comprehensive than USDOT Curriculum and expanded scope of practice of Tier II Level

System - attach policy, protocol requiring Section A; i); ii) and iii)
System - List the procedures, medications, equipment and/or therapies which are expanded beyond the initial education
Provider - attach copies of certifications and proof of Section 2) A) ii)

B) Continuing Education Requirements

i) Current certifications shall be maintained

ii) 12 hours of critical care level education shall be completed annually

iii) The EMS vehicle service provider shall maintain documentation of compliance with subsections (g)(2)(B)(i) and (ii) and shall provide documentation to the EMS Resource Hospital upon request

Provider - attach completed tool used to document compliance with subsections (g)(2)(b)(i)

C) Certifications

Tier III personnel shall maintain the following renewable critical care certifications and credentials in active status:

i) ACLS

ii) PEPP or PALS

iii) ITLS or PHTLS

D) Experience

i) Minimum of two years experience functioning in the field at an ALS Level

ii) Documented demonstrated competencies

iii) Completion of annual competencies of expanded scope knowledge, equipment and procedures

3) Education, Certification and Experience – Nurse:

A) Continuing Education Requirements

i) 12 hours of critical care level education shall be completed annually

ii) The EMS provider shall maintain documentation of compliance with subsection (g)(3)(A)(i) and shall provide documentation to the EMS Resource Hospital upon request

Provider - Complete Tier III Nurse Roster/ Certification Tool (Attachment H)

iii) Annual competencies of expanded scope of practice knowledge, equipment, and procedures shall be completed

*System - Attach the system competency assessment tool for **each** expanded scope procedure, equipment, medication, therapy.*

B) Certifications

Tier III personnel shall maintain the following renewable critical care certifications and credentials in active status:

i) ACLS

ii) PALS, PEPP or ENPC

iii) ITLS, PHTLS, TNCC, or TNS;

iv) ECRN or equivalent

System - Attach policy/protocol that addresses B); i); ii); iii).
Provider - Attach copies of certifications
Provider - Complete– Tier III Nurse Roster/ Certification Tool (Attachment H)

C) Advanced Certifications Preferred But Not Required

i) Certified Emergency Nurse (CEN)

ii) Critical Care Registered Nurse (CCRN)

iii) Critical Care Emergency Medical Technician-Paramedic (CCEMT-P)

iv) Certified Registered Flight Nurse (CFRN)

v) Certified Transport Registered Nurse (CTRN)

Provider - Attach copies of advanced certifications

D) Experience

i) Two years of experience with demonstrated competency in a critical care setting

ii) Documented demonstrated competencies

4) Medical Equipment and Supplies

Tier III transport requires nursing level treatment modalities and interventions as agreed upon by the sending physician and the accepting physician at the receiving facility. If either physician is not available for consult, the provider's Medical Director or designee shall direct care.

System - Attach policy/protocol indicating the Medical Director/designee will direct care when the sending or receiving physician are not available for consult.

5) Vehicular Standards

Any vehicle used for providing critical care transport shall comply, at a minimum, with Section 515.830 (Ambulance Licensing Requirements) or Sections 515.900 (Licensure of SEMSV Programs – General) and 515.920 (SEMSV Program Licensure Requirements for All Vehicles) regarding licensure of SEMSV programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section. Any vehicle used for critical care transport shall be equipped with an onboard AC supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.

Provider - Attach Vehicle List (Attachment D)
Provider - Attach most recent inspection sheet for each vehicle

6) Treatment and Transport Protocols include:

A) Paramedic or PHRN: EMS Medical Director or designee present at established Medical Control communication points and written Critical Care Standard Operating procedure signed by the EMS MD and approved for use by IDPH in accordance with the System Plan

B) Registered Nurse: The provider's Critical Care Medical Director may establish standing medical orders for nursing personnel, or the RN may be approved to accept orders from the sending physician and/or receiving physician

System - Attach copies of treatment protocols, procedures, SOPs, SOGs

7) Quality Assurance Program

A) The Tier III transport provider shall have a written QA Plan approved by the EMS System and IDPH, in accordance with subsection (g)(7)(D). The provider shall provide quarterly reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

B) The EMS System shall establish the frequency of quality reports after the first year if the System has not identified any deficiencies or adverse outcomes.

C) A Medical Director shall oversee the QA Program.

D) The QA Plan shall evaluate all expanded scope of practice activity for medical appropriateness and thoroughness of documentation. The review shall include:

i) Review of transferring physician orders and evidence of compliance with those orders

ii) Documentation of vital signs and frequency and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed

iii) Documentation of any side effects/complications, including hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in neurological examination, and evidence that interventions were appropriate for those events

iv) Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome

v) Review of any medical control contact for further direction;

vi) Prompt communication of unusual occurrences to the EMS System

vii) A root cause analysis of any event or care inconsistent with standards; the EMS System educator shall assess and carry out a corrective action plan

E) The QA Plan will be subject to review as part of an EMS System site survey and as deemed necessary by IDPH (e.g., in response to a complaint).

System and Provider - Complete Quality Assurance Program (Attachment E)
Provider - Attach the System QA plan

h) IDPH will approve vehicle service providers for critical care transport when the provider demonstrates compliance with an approved EMS System's Critical Care Transport Program Plan for Tier II or Tier III transports. Only IDPH approved agencies may advertise as Critical Care Transport providers.

i) IDPH will suspend a vehicle service provider's approval for critical care transport if any part of the provider's QA plan is not followed or if a situation exists that poses a threat to the public health and safety. IDPH will provide a notice of suspension of critical care transport approval and an opportunity for hearing. If the vehicle service provider does not respond to the notice within 10 days after receipt, approval will be revoked.

j) The Director may summarily suspend any licensed provider's authorization to perform critical care transports under this Part if the Director or designee determines that continued critical care transport by the provider poses an imminent threat to the health or safety of the public. Any order for suspension will be in writing and effective immediately upon service of the provider or its lawful agent. Any provider served with an order of suspension shall immediately cease accepting all critical care transport cases and shall have the right to request a hearing if a written request is delivered to IDPH within 15 days after receipt of the order of suspension. If a timely request is delivered to IDPH, then IDPH will endeavor to schedule a hearing in an expedited manor, taking into account equity and the need for evidence and live witnesses at the hearing. IDPH is authorized to seek injunctive relief in the circuit court if the Director's order is violated.

(Source: Added at 36 Ill. Reg. 880, effective January 6, 2012

Attatchment A
Contact Information

Check one:
- ❑ Critical Care Transport Level I Application
- ❑ Critical Care Transport Level II Application
- ❑ Critical Care Transport Level III Application

EMS System Number: _____

EMS Resource Hospital: _____

EMS Medical Director: _____

Phone Number: _____

E-mail address: _____

EMS System Coordinator: _____

Phone Number: _____

E-mail address: _____

Provider Name: _____

Provider #: _____

Provider Director Name: _____

Provider Address:

Phone Number: _____

E-mail address: _____

Attatchment A
Contact Information (continued)

Identify the contact person in the event the reviewer had questions or requires clarification during the review process.

Name: _____

E-mail address: _____

Phone Number: _____

Mobile Phone: _____

Mailing Address:

ATTACHMENT B
TIER I EMPLOYEE ROSTER

Name of Agency: _____ Date: _____

Employee Names (Alphabetically)	Level	License #	Illinois License Expiration Date	ACLS	PEPP or PALS	ITLS or PHTLS	Minimum 1 year ALS experience	Contact #

Please attach copies of certification cards

_____ _____ _____
Signature - EMS Provider Administrator Typed Name Date

Note: The signature of the Provider Administrator verifies that all information is current and accurate.

Attachment C
One Month Schedule

Provider Name: _____

License Plate: _____

Check Either "on site" or "on call".

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call
❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call
❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call
❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call	❑ on site ❑ on call

* Submit a one month staffing schedule

Attachment D
Vehicle List and Description

PRINT OR TYPE

Provider Name _____

Garage Address

City/State/Zip _____

Contact Telephone (_____) _____

List Each Vehicle

LICENSE NUMBER	LAST FOUR VIN	EXPIRATION DATE	YEAR	Primary, Back Up or As Available

Note: Attach a one month sample staffing schedule (Attachment C) for Primary and Back Up vehicle

Attachment E
Quality Assurance Program

To be in compliance with Section 515.860 Critical Care Transport requirements we agree to the following:

A) The transport provider shall develop a written Quality Assurance (QA) Plan pre-approved by the EMS System and IDPH. The provider shall provide quarterly QA reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

B) The EMS System shall establish the frequency of quality reports after the first year if the System has not identified any deficiencies or adverse outcomes.

C) A Medical Director shall oversee the QA Program.

D) The QA Plan shall evaluate all expanded scope of practice activity for medical appropriateness and thoroughness of documentation. The review shall include:

i) Review of transferring physician orders and evidence of compliance with those orders;

ii) Documentation of vital signs and frequency and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed;

iii) Documentation of any side effects/complications, including hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in neurological examination, and evidence that interventions were appropriate for those events;

iv) Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome;

v) Review of any Medical Control contact for further direction;

vi) Documentation that any unusual and adverse occurrences were promptly communicated to the EMS System; and

vii) A root cause analysis of all events or care inconsistent with standards. The EMS System educator shall assess and carry out a corrective action plan in a timely fashion.

Vehicle Provider Director _____ Date _____

EMS System Medical Director _____ Date _____

ATTACHMENT F
TIER II EMPLOYEE ROSTER

Name of Agency: _____ Date: _____

Employee Names (Alphabetically)	Level	License #	Illinois License Expiration Date	ACLS	PEPP or PALS	ITLS or PHTLS	80 hours of education required in Section 515.860 f)2)a)	Contact #

Please attach copies of certifications and proof of required education

_____ _____ _____
Signature - EMS Provider Administrator Typed Name Date

Note: The signature of the Provider Administrator verifies that all information is current and accurate.

ATTACHMENT G
TIER III EMPLOYEE ROSTER

Name of Agency: _____ Date: _____

Employee Names (Alphabetically)	Level	License #	Illinois License Expiration Date	ACLS	PEPP or PALS	ITLS or PHTLS	80 hours of education required in Section 515.860 f)2)a)	Minimum of 2 years ALS experience	Contact #

Please attach certification cards and proof of required education

_____ _____ _____
Signature - EMS Provider Administrator Typed Name Date

Note: The signature of the Provider Administrator verifies that all information is current and accurate.

ATTACHMENT H
TIER III NURSE ROSTER/CERTIFICATION TOOL

Name of Agency: _____ Date: _____

Nurse Employee Names (Alphabetically)	License #	Illinois License Expiration Date	ACLS	PALS, PEPP or ENPC	ITLS, PHTLS, TNCC or TNS	80 hours of education required in Section 515.860 f)2)a)	Minimum of 2 years ALS experience	Contact #

Please attach certification cards

_____ _____ _____
Signature - EMS Provider Administrator Typed Name Date

Note: The signature of the Provider Administrator verifies that all information is current and accurate.