

Quick Use Guide
MCEMSS Probationary Process
09/18/2018

- I. Providers New to Mesa County, Providers upgrading to a higher level, Providers absent from the system for over one year: Provider meets with AQD and enters the system by completing the credentialing application and providing the required certifications (BLS-state cert, CPR, I.V. cert if applicable, ALS – state cert, CPR, ACLS, PALS or PEPP). The AQD should check this application for completeness and errors. Once approved, the AQD submits the application and supporting certs to the EMS Coordinator. Upon review, the EMS Coordinator will advise if the applicant is cleared to start the probationary process. **NO PATIENT CARE MAY BE CARRIED OUT BY THE NEW, UPGRADED*, OR ONE YEAR ABSENT PROVIDER PRIOR TO APPROVAL BY THE MCEMSS COORDINATOR**
- II. Probationary time frames: BLS – 2 months or 15 calls, whichever comes last, all supervised, 8 calls submitted for the single meeting. ALS – 5 months, 3 supervised, 2 months unsupervised, 5-8 calls submitted per month for review. The number of calls required is at the discretion of the medical director. For ALS – prior to starting the unsupervised portion of probation, the provider must pass a skills/mega code with the Medical Director. This will be conducted at a time agreed upon by the provider and the MD.
- III. **NEW**** - The AQD will submit the **CAD numbers of the charts to be reviewed, the required progress/daily evaluation reports, the first page of the FTO workbook, and proof of protocol testing** to the MCEMSS coordinator. Upon receipt of all the required reports, the Coordinator will schedule a probationary appointment, and forward the reports to the Physicians for review. All required reports must be submitted at least 12 days prior to the meeting date requested.
- IV. The Medical Director ultimately decides how long the probationary process will be for any and all providers in the process. If a provider is on probation beyond one year, the Medical Director and/or EMS Coordinator will review the reasons for the extended time and decide what actions to take (extension, removal from the process, modification). The MCEMSS understands that some agencies with lower call volumes will take longer to get providers through the process.

*The upgraded provider may practice at the previous level unsupervised, provided state certification at that level is current.

**New process to ensure meetings are not scheduled without reports to review. Also provides for better security of protected health information and make the process more efficient for all.