

Section 7 - Continuing Medical Education (CME)

7.1 CME Program Management. The EMS Authority has the responsibility for the provision of Continuing Medical Education (CME) program in the System. The Authority shall provide, administer, and coordinate the CME Program for Registered Nurses, Paramedics, and EMTs. In administering and coordinating the CME Program, the Authority shall:

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1. Provide a CME Training Coordinator; and
2. Prepare online and classroom based curriculum for the review and approval of the EMS Medical Director; and
3. Ensure each Course is of high quality, consistent with EMS training standards, requires the demonstration of competency of the learning objectives; and
4. Ensure a minimum of six months of CME Course curriculum has been completed, reviewed and approved by the Medical Director at all times to ensure uninterrupted operations; and
5. Coordinate and/or lead Instructor Professional Development classes to ensure CME Instructors are prepared to teach individual Courses and held not less than thirty (30) days prior to the start of Course delivery; and
6. Coordinate EMS system orientation, In Service Training, advanced practice Courses, special operation Courses and other CME Course offerings as applicable; and
7. Coordinate and/or conduct EMS related conferences, seminars, symposiums, simulation or training exercises, or disaster drills; and
8. Maintain Training Sites and Equipment with the cooperation of applicable Provider Agencies as determined by the CME Steering Committee. Ensure each Training Site is equipped with instructional materials, supplies, and training equipment necessary to meet the requirements of the Course being taught; and
9. Maintain the Training Plan; and
10. Maintain the master Training Schedule to ensure uninterrupted field operations and provide active management of the Training Schedule; and

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11. Review CME Student records in the Learning Management System as necessary and appropriate for the Authority, Medical Director, and Provider Agencies to verify the Courses attended, training hours completed, skills assessments, and test scores; and
12. Provide hard copy verification of completed CME training transcripts, approved by the Medical Director, to all Provider Agencies and CME Students utilizing the Learning Management System no later than thirty (30) days after each Fiscal Year.

CME Task Force. A CME Task Force shall be established to provide assessment of the CME program, including the respective responsibilities and compliance thereto by CME Contractor, CME Steering Committee, Ambulance Contractor, and First Responder Agencies:

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The CME Task Force shall consist of the following representatives: Assistant County Administrator; Director, Pinellas County EMS; EMS Medical Director; Senior Management Representative, Ambulance Contractor; CME Steering Committee chairman and President, Pinellas County Fire Chief's Association. The CME Task Force may be invoked to review the CME Program on an as needed basis.

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7.2 CME Instruction. A cadre of up to sixty (60) CME Instructors system wide will be identified and certified to serve as CME Instructors to provide regular CME program training for Registered Nurses, Paramedics, and EMTs.

The EMS Medical Director may authorize special CME Instructors to assist with advanced practice Courses, special operations Courses or EMS system orientation that are not counted as part of the core CME Instructor cadre.

If the number of CME Instructors identified by Provider Agencies is insufficient, the Authority may elect to directly provide CME Instructors or have the Training Coordinator serve as a CME Instructor.

CME Instructors shall:

1. Ensure their conduct and appearance is professional and courteous at all times; and
2. Attend Instructor Professional Development classes and instructor development training; and
3. Ensure instruction is conducted in a professional manner including, but not limited to the CME Instructor being trained and prepared to conduct the class; the class being convened and released in a timely manner, and ensuring each CME Student demonstrates competency in the learning objectives or is referred for remedial training; and
4. Conduct CME classes that they are scheduled to teach or requested to teach following the Training Schedule; and
5. Notify the Authority's staff with as much advance notice as practical for any instance in which they will not be available to teach a class to ensure uninterrupted field operations and active management of the Training Schedule; and
6. Record CME Student attendance, assessments and grades at the completion of each class in the Learning Management System or provided forms to ensure records are completed in a timely and accurate manner; and
7. Complete any necessary paperwork to document reimbursable payroll expenses to meet the requirements of the CME Reimbursement Agreement between the Authority and Provider Agencies; and
8. Ensure all regular CME classes are open to all CME Students and Provider Agencies and be registered on the master Training Schedule maintained by the Authority's staff; and
9. Conduct make-up CME classes for small groups or individuals. Such make-up classes must meet all standards of a regular CME class and small group classes shall be registered on the master Training Schedule in advance. Such make-up classes are for special circumstances and not intended to replace regular CME class attendance in accordance with the Training Schedule. Individual make-up classes may be held pursuant to Section 7.5.

Approval of CME Curriculum. The EMS Medical Director has responsibility for final approval of all CME as described in Chapter 64-J, Florida Administrative Code. Presentation of final draft materials from the CME Contractor to the EMS Medical Director for final review and approval shall not less than thirty (30) days from the start of the course.

7.3 Medical Direction and Oversight. The EMS Medical Director has responsibility for final approval of all CME as described in Chapter 64-J, Florida Administrative Code.

The EMS Medical Director is responsible for providing clinical and editorial guidance to the Training Coordinator and the CME Steering Committee in needs assessment; development of goals and objectives; curriculum development; determination of net clinical impact of training provided; To facilitate this interaction between the EMS Medical Director, the Training Coordinator and the CME Steering Committee, these parties shall create a time line for development of the Training Plan and Training Schedule and for development of individual component Courses.

The Medical Control Board is responsible for advising the EMS Authority on the scope of required CME for all Certified Professionals in the System. This may be in terms of actual contact hours and/or in terms of competency based educational objectives.

CME Program. The EMS Authority has ultimate responsibility for the provision of Continuing Medical Education (CME) program in the System. Such services shall be contracted by the EMS Authority with appropriate organizations or educational institution – CME Contractors. The Medical Control Board is responsible for advising the EMS Authority on the scope of required CME for all Certified Professionals in the System. This may be in terms of actual contact hours and/or in terms of competency based educational objectives.

The EMS Medical Director is responsible for providing clinical and editorial guidance to the CME Contractors and CME Steering Committee in needs assessment; development of goals and objectives; curriculum development; determination of net clinical impact of training provided; To facilitate this interaction between the EMS Medical Director, CME Contractor(s) and the CME Steering Committee, these parties shall create a time line for development of the yearly or bi-annual CME subject calendar and for development of individual component courses or sections thereof.

An EMS Authority representative and the EMS Medical Director or designee shall serve on the CME Steering Committee.

The CME Contractor's specific responsibilities for primary and remedial education shall be delineated by their contract with the EMS Authority. The CME program and curriculum shall include, at minimum, training sufficient to satisfy the requirements of the EMS Medical Director, Medical Control Board, as well as State, National Registry, and County recertification requirements of both Paramedics and EMTs. Said curriculum shall also include provisions for Remedial Training of those who need extra training. Provide documentation and report generation for purposes of National Registry, State and County recertification.

Faculty for the program shall be subject to minimum credentials and experience requirements in accordance with accreditation requirements, as well as an interview and approval process by the EMS Medical Director.

The CME Contractor shall be required to maintain records of individual participants in the CME program sufficient to allow assessment of compliance with recertification requirements; necessary forms to register students and release records including, but not limited to, the CME Release Form; and to provide other reports as may be reasonably required by the individual Certified Professionals, Provider Agencies, the EMS Authority and the EMS Medical Director.

The CME Contractor shall provide the EMS Authority, Provider Agencies and the EMS Medical Director with access to the CME program records. The CME Contractor shall make provisions for internal quality assurance regarding the efficacy of the educational process and the quality of the curriculum, courses and faculty.

7.4 CME Steering Committee. A standing CME Steering Committee shall be maintained to review and approve Training Sites, the Training Schedule and the Training Plan. Such Training Plan and Training Schedule shall be prepared by the Authority's Training Coordinator and presented to the CME Steering Committee prior to November 15th each year for the following Fiscal Year.

The CME Steering Committee shall meet quarterly to review the program's effectiveness, make mid-course corrections to the Training Schedule or Training Plan, evaluate CME Student satisfaction, and serve as an offline review of CME Course curriculum. The CME Steering Committee provides a means for input and development of consensus support behind the required (primary) and remedial CME program components.

The CME Steering Committee shall consist of representatives from the following:

- Authority's EMS Director or designee;
- Authority's Training Coordinator;
- EMS Medical Director or designee;
- Pinellas County Fire Chief's Association;
- Pinellas Advanced Life Support (PALS) organization;
- Field EMT from a First Responder Agency;
- Field Paramedic from a First Responder Agency;
- Field EMT from the Ambulance Contractor;
- Field Paramedic from the Ambulance Contractor;
- Management representative from the Ambulance Contractor;
- CME Instructor from a First Responder Agency;
- CME Instructor from the Ambulance Contractor;
- Pinellas County Training Group (Training Chiefs).

A committee chairman shall be selected by the membership of the committee. The CME Steering Committee may establish bylaws for the selection of members and conduct of meetings subject to the approval of the Authority.

The CME Steering Committee provides a means for input and development of consensus support behind the required (primary) and Remedial CME program components among the constituencies it represents. The CME Steering Committee shall consist of representatives from the following: Upper level management from the CME Contractor; the EMS Medical Director; Pinellas County Fire Chief's Association; Pinellas Advanced Life Support (PALS) organization; field EMT from a First Responder Agency; field Paramedic from a First Responder Agency; field EMT from the Ambulance Contractor; field Paramedic from the Ambulance Contractor; Management from Ambulance Contractor. The process for selection and the terms of these individual representatives shall be subject to approval by the EMS Authority and may be made a part of the contract between the EMS Authority and the CME Contractor. A committee chairman shall be selected by the committee. CME Contractor representatives shall be non-voting and not serve as chairman of the committee.

7.5 CME Education Requirements. The following maximum CME hours are established by the EMS Authority. These figures may be changed by the EMS Authority with the approval of the Medical Control Board and the EMS Medical Director with input from the CME ~~Task Force~~Steering Committee.

EMTs – up to 48 hours of primary CME every two years

Paramedics – up to 72 hours of primary CME every two years

All Certified EMTs, Paramedics and RNs are required to attend and/or complete all required CME courses within 60 days of the initial offering. Certified Professionals that do not attend CME in the first 60 days will be placed on Restriction until the CME is completed. Repeated non-compliance to attend and/or complete required CME may result in an Administrative Proceeding. Online CME courses shall be kept available and provided at no cost to Certified Professionals. The cost of classroom based makeup classes will be at the Certified Professional's or Provider Agency's expense.

The only exception to the attendance requirement is Military Duty or extended medical leave in accordance with Section 4.16 or an exception allowed by the EMS Medical Director on a case by case basis.

7.6 Training Sites, Equipment and Supplies. Authority and Provider Agencies shall identify appropriate classrooms to serve as Training Sites. Training Sites shall be located regionally throughout the County.

Training Sites shall have a designated location for storage of CME training mannequins, equipment and supplies in Authority provided cabinets. Provider Agencies that offer to provide a Training Site shall provide a liaison to coordinate classroom availability and logistics.

The Authority shall provide training simulation mannequins; instructional equipment such as a laptop computer and projector; training equipment, equipment bags, disposable medical supplies, and training supplies in sufficient numbers for each Training Site.

Advanced and Elective CME Program. For advanced or elective CME training, the EMS Medical Director may elect to teach classes directly or through the CME Contractor. Offerings from the advanced and elective CME program are intended to provide Certified Professionals in the System with broad opportunities for professional development.

7.7 CME Release Form. Provider Agencies shall obtain a CME Release Form from CME Students to authorize the release to the Authority, the Medical Director, and Florida Department of Health CME Student information regarding CME Student attendance, performance, and grades.

7.8 Performance Evaluation. The Authority shall establish procedures to regularly evaluate the educational effectiveness of instruction, Courses, and programs offered with the Medical Director, Provider Agencies and CME Students to ensure the program is high performing and meeting the learning needs of CME Students and stakeholders.

The Authority shall establish, with the Medical Director, procedures to evaluate the clinical impact and effectiveness of the entire CME program as a part of its role in quality assurance and improvement for the EMS System.

The Authority, Medical Director and Provider Agencies shall cooperate and work collectively to detect and correct performance deficiencies and work together to upgrade the performance and reliability of the CME program.

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**PINELLAS COUNTY EMERGENCY MEDICAL SERVICES
RULES & REGULATIONS – APPENDIX A
BACKGROUND SCREENING AFFIDAVIT**

Both the Applicant and the undersigned duly authorized representative of the Provider Agency hereby certifies and attests the information in this affidavit is true, correct and has been verified, as follows:

Applicant Full Name/Alias: _____

Applicant Date of Birth/~~Social Security #~~: _____

Provider Agency Name/ PCEMS ID: _____

1. Applicant has attached a color photocopy of a [Governmental Issued Photo ID, a State Photo Identification Card or Driver's License](#); which was verified by the Provider Agency. [Applicant may redact their home address.](#)
2. Provider Agency has [conducted or](#) attached a recent (less than forty-five day old) background check meeting the following criteria:
 - [Florida Department of Law Enforcement \(FDLE\) Volunteer and Employee Background Check \(VECHS\) Report which is fingerprint based and includes both a national and state search](#); or
 - Florida Agency for Healthcare Administration (AHCA), Florida Department of Children & Families (DCF), or Florida Department of Elder Affairs (DOEA) Level 2 Background Screening Letter of Eligibility; or
 - Florida Department of Law Enforcement (FDLE) Criminal History Record Check (CHRC) Report; or
 - Provider Agency certifies the Provider Agency has run a background check to the greatest extent possible by law and to the Provider Agency's best knowledge Applicant: (1) has not been convicted of a felony, (2) has not been convicted of a misdemeanor directly related to his/her employment, or (3) has not pled nolo contendere to any charge of felony.
3. Applicant has attached their Florida Department of Health License. Provider Agency has verified the license is "CLEAR/ACTIVE" and attached a copy of the current status web inquiry. **Any discipline on file must be attached.** (www.flhealthsource.gov)
4. Provider Agency has verified the Applicant is not listed on the U.S. Department of Health & Human Services Exclusions Database for Medicare providers (exclusions.oig.hhs.gov). Attach a copy of the current status web inquiry.
5. Applicant has provided three (3) personal (non-relative) references who attest to the Applicant's moral character which have been verified by the Provider Agency.

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APPLICANT SIGNATURE AND DATE

PROVIDER AGENCY SIGNATURE AND DATE

PRINTED NAME

PROVIDER AGENCY PRINTED NAME

**PINELLAS COUNTY EMERGENCY MEDICAL SERVICES
RULES & REGULATIONS – APPENDIX B**

JUST CULTURE FRAMEWORK

HUMAN ERROR	AT RISK BEHAVIOR	RECKLESS BEHAVIOR
Root cause is human error or inadvertent action – oversight, lapse or mistake.	Root cause is an At Risk Behavior by a Clinician where the risk was unrecognized or believed to be insignificant or justified.	Root cause is a conscious disregard of substantial and unjustifiable risk by a Clinician.
Improvement Efforts: <u>Individual/Team:</u> Quality Assurance Review Medical Case Review Remedial Training <u>System:</u> Continuing Medical Education Protocol Improvement Situational Awareness Best Practices Implementation Patient Care Safety Systems Process Improvement Medical Equipment & Supply Improvements	Improvement Efforts: <u>Individual/Team:</u> Clinical Restriction (case basis) Quality Assurance Review Medical Case Review Remedial Training <u>System:</u> Supporting culture expects healthy behaviors & corrects and minimizes at risk behaviors. Continuing Medical Education Situational Awareness <u>Note:</u> Repeated At Risk Behavior is Reckless.	Management: <u>Individual/Team:</u> Clinical Restriction or Suspension (case basis) Quality Assurance Review Administrative Proceeding Corrective Action Plan Probation Revocation of Clinical Privileges
CONSOLE	COACH	CORRECT

Note: Management of individual Quality Assurance Reviews or Medical Case Reviews is based upon this framework. A detailed flowchart for Just Culture implementation and decision making is contained in the EMS Medical Director’s Medical Quality Management (MQM) Plan to ensure the proper application of the framework on a case by case basis.