

The Credentialing Process: Building the future of your System

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Plan

- Discuss the role of credentialing process
- Describe how and why it has and is changing at ATCEMS (aka learn from my mistakes)
- Identify suggestions for building an effective credentialing process

What is the credentialing process?

- Post-certification training and evaluation process to approve a provider to work in a particular EMS System
- Process varies based on:
 - System design
 - Protocol design
 - Initial education/experience

Why do I have to go through
credentialing when I am already
certified as a _____?

Training ≠ Knowledge

Experience ≠ Competence

What does it do?

- Assures minimum knowledge
- Provides supervised experience
- Teaches practices unique to the System
- Facilitates cultural indoctrination
- Establishes uniform minimum expectations for performance in the System

ATCEMS Credentialing Process

3 yrs Ago

- 16 week academy
- 4-6 month supervised clinical
 - Range 4 mos- 1 year
 - Training officer supervised
 - Graduated responsibility (I think)
 - Written evaluation
- Physician Evaluation
 - Simulated patient care
 - Oral examination

How did that work out?

- Roughly 50-75% of providers were being sent back to the field for more training
- Nobody could say where the process failure was or where the cadet went astray
- I was no more knowledgeable about the abilities of our new providers

How did that happen?

- Process was designed around tasks
 - Ex: Did you complete *X* months with an FTO
- Process was not designed around:
 - Objectives or how the task was accomplished
 - Outcomes or the result of the task completion
 - Ownership of the product
- So should we be surprised by the result?

The resulting performance variability
and outcome inconsistency was
INEVITABLE....

Because we built it to be that way

All hail...



It is not enough to do your best; you must know
what to do, and then do your best.

(W. Edwards Deming)

Problem

- Unreliable process (no objectives)
 - Highly variable time to clear (read \$\$\$\$)
 - Uncertain about knowledge/ability at end
- Had no PI process (no measures)
 - Where did this provider fall off the track?
 - Who is an effective FTO?
- What was left....

The Medical Director Interview



Medical Director Interview

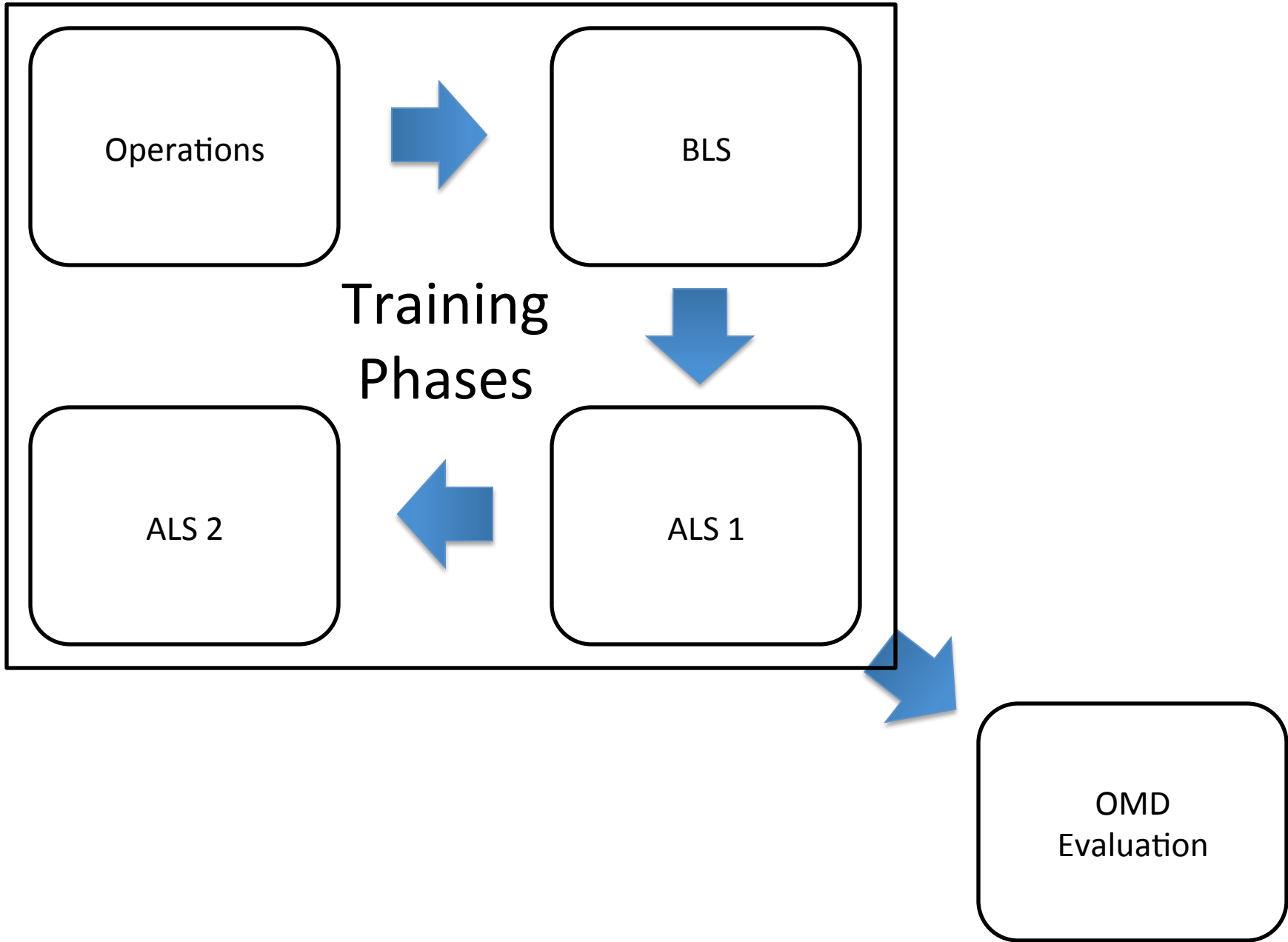
- What it isn't:
 - A reliable measurement of provider ability
- What it is:
 - Terrifying for the provider
 - Means of detecting gross deficits
- Why do it?
 - An opportunity for me to see each provider

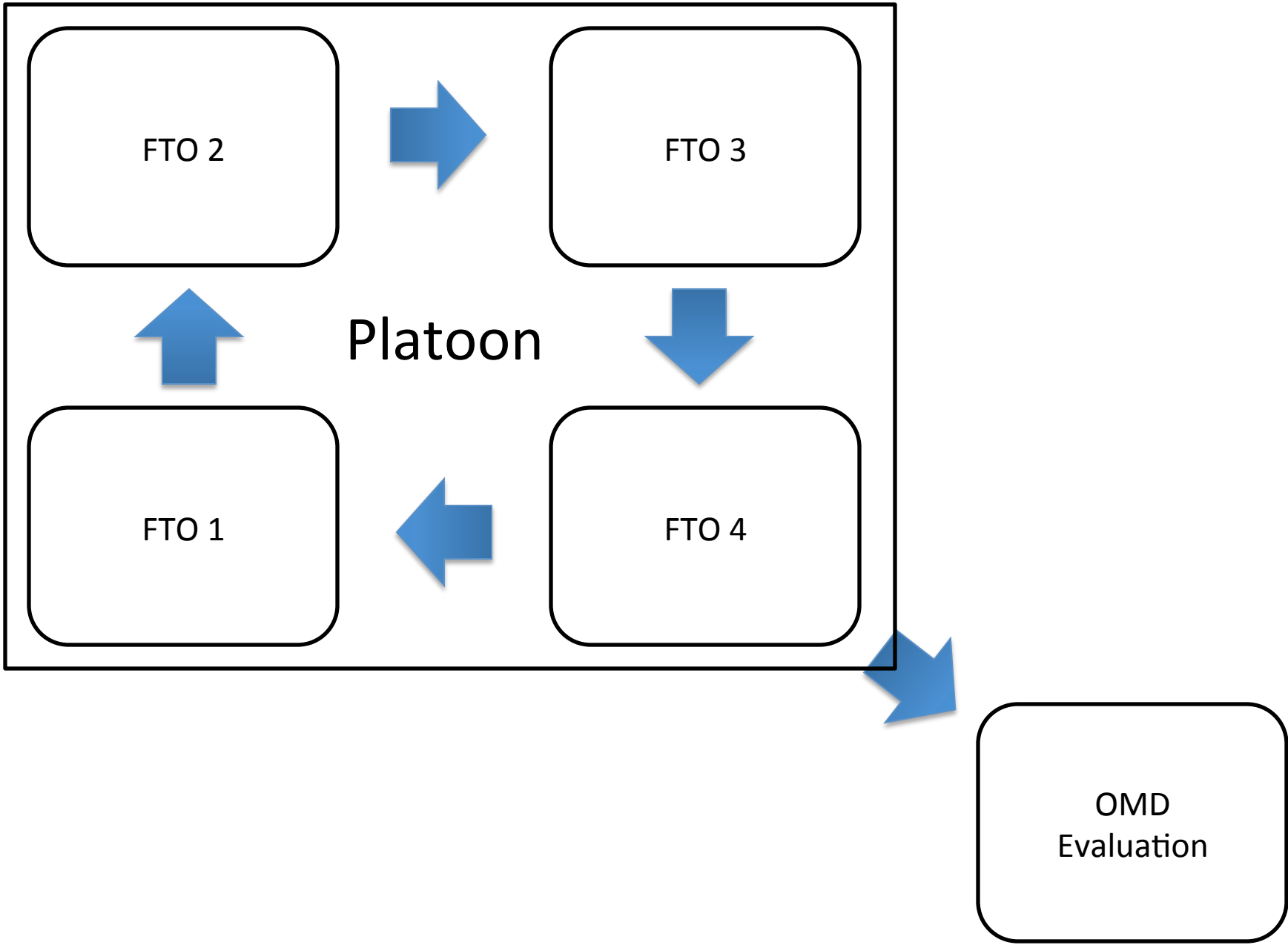
The greatest value of the medical director interview as the last step of the credentialing process is.....

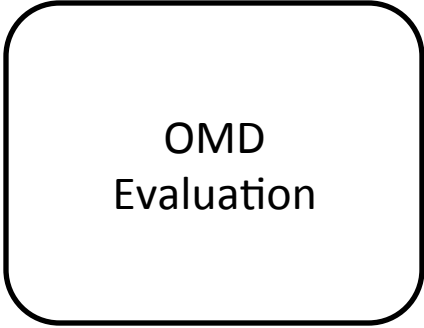
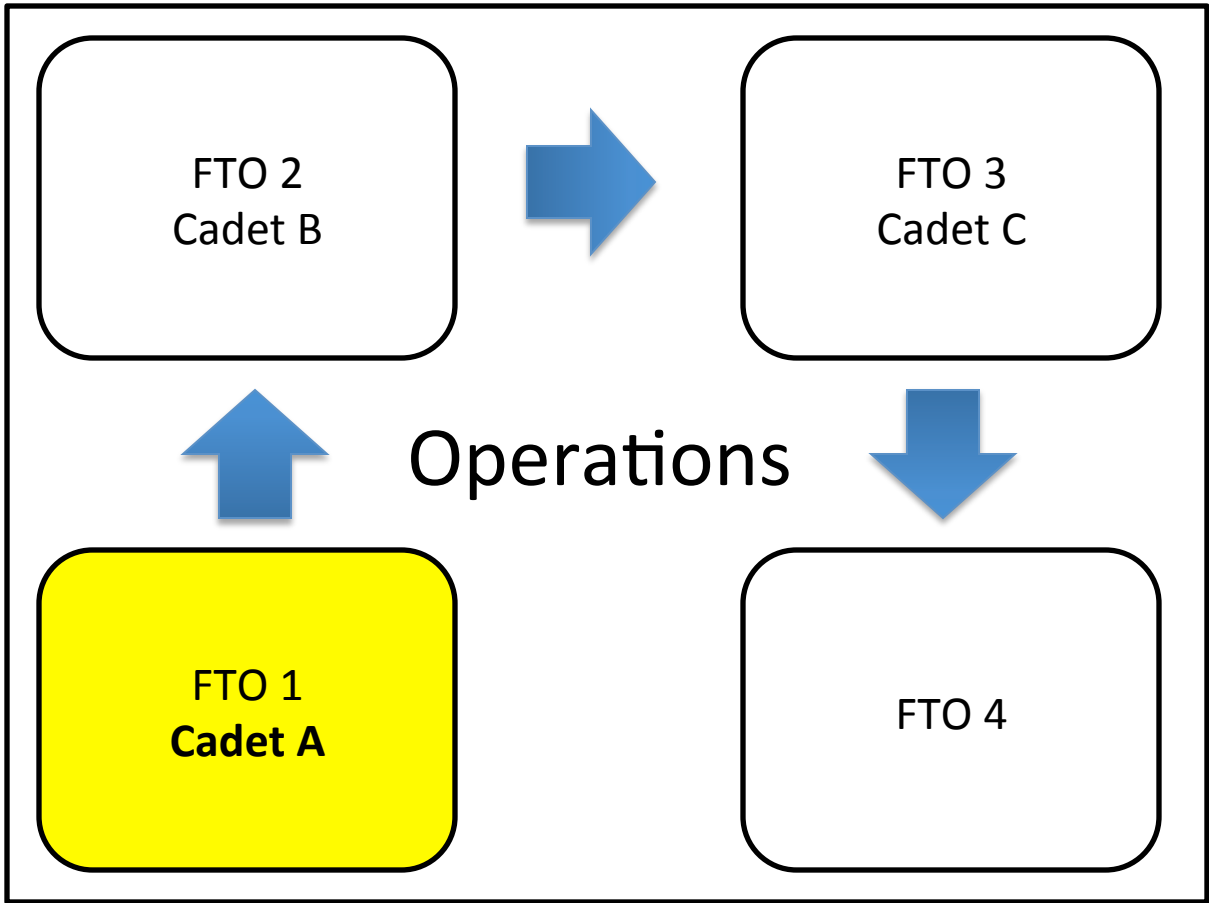
To give the provider a final boost of confidence as they leave the nest!

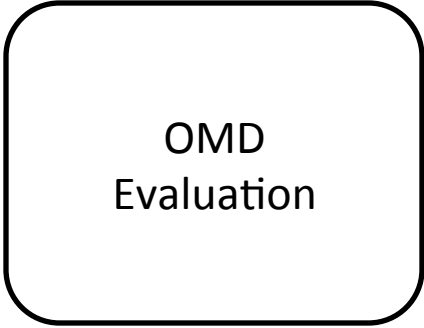
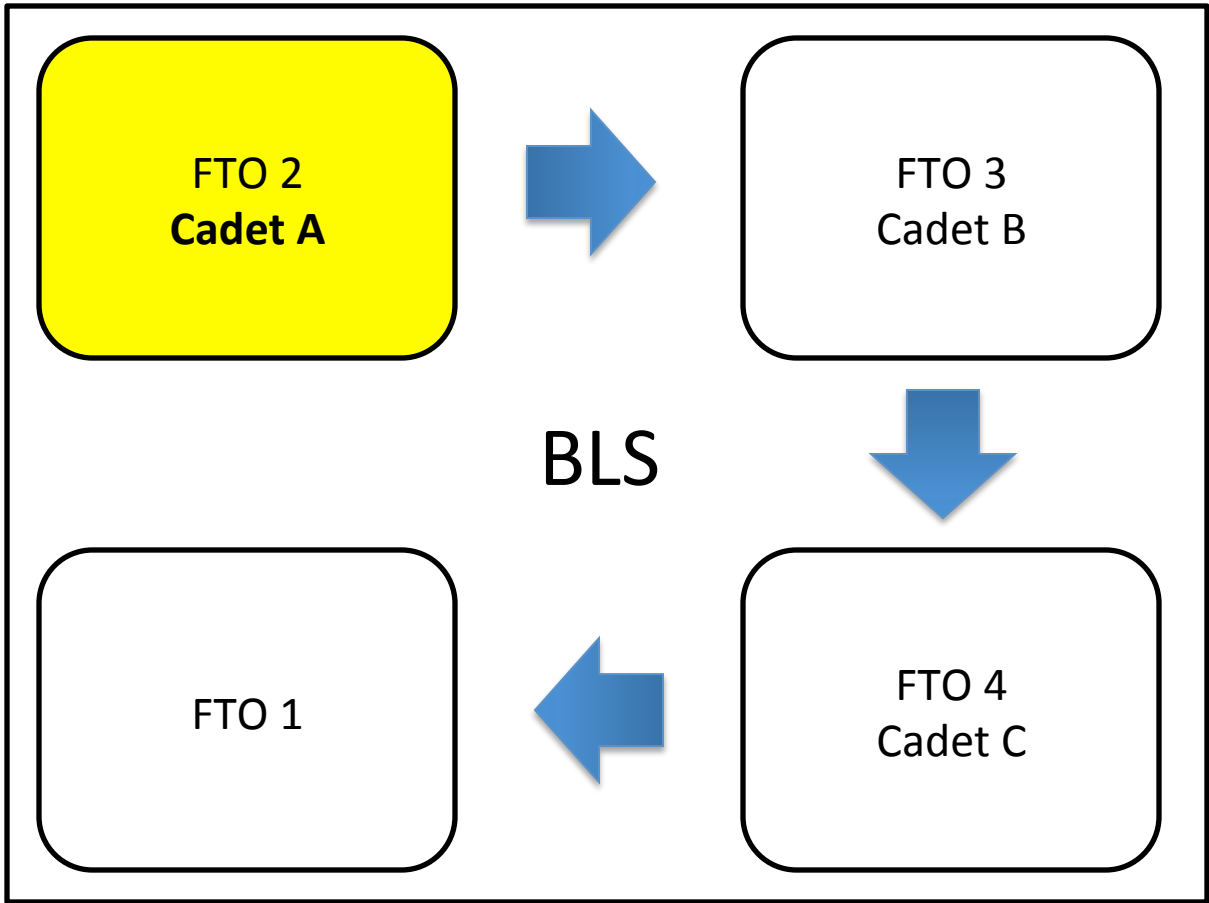
So how did we change it?

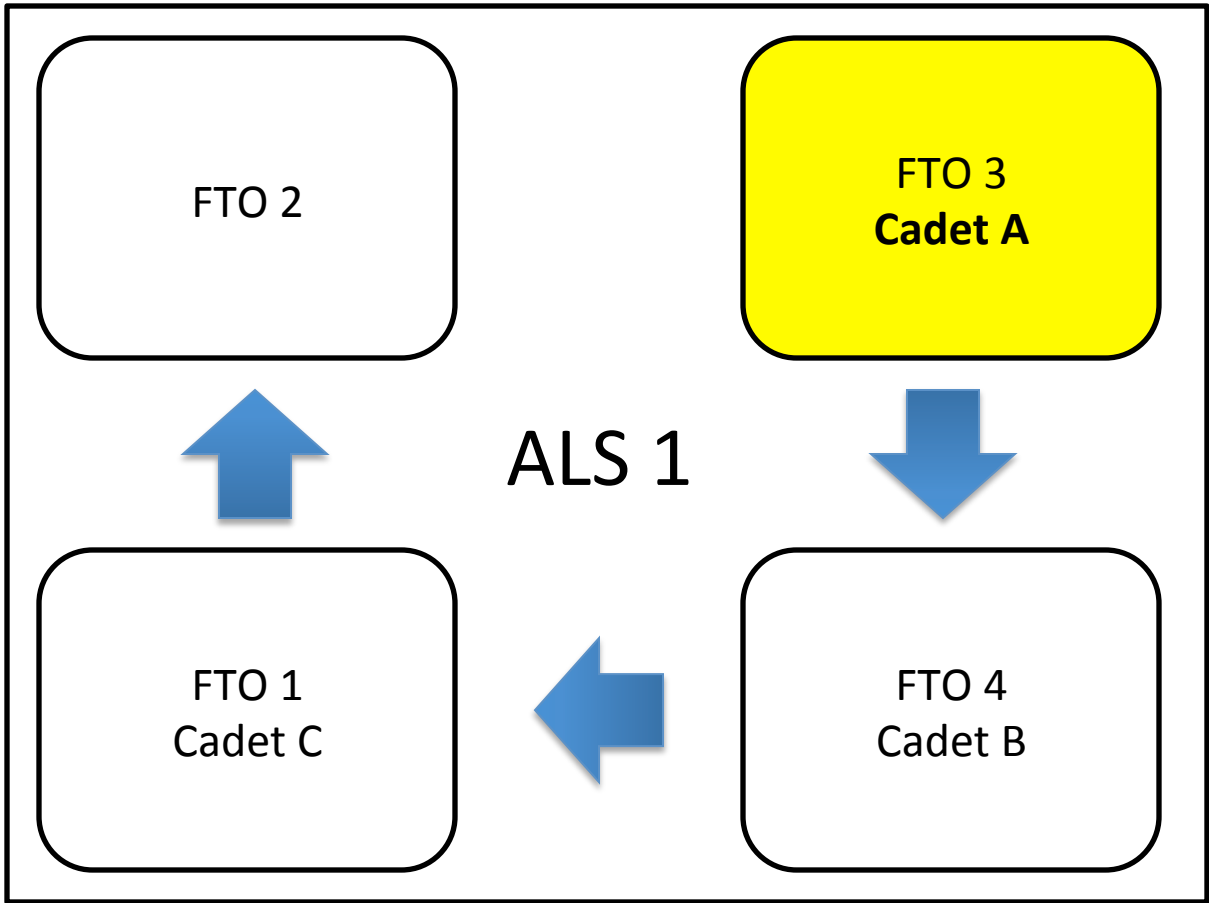
- Published the medical director interview questions to FTOs and providers
- Trained and empowered the FTOs
- Built the platoon system

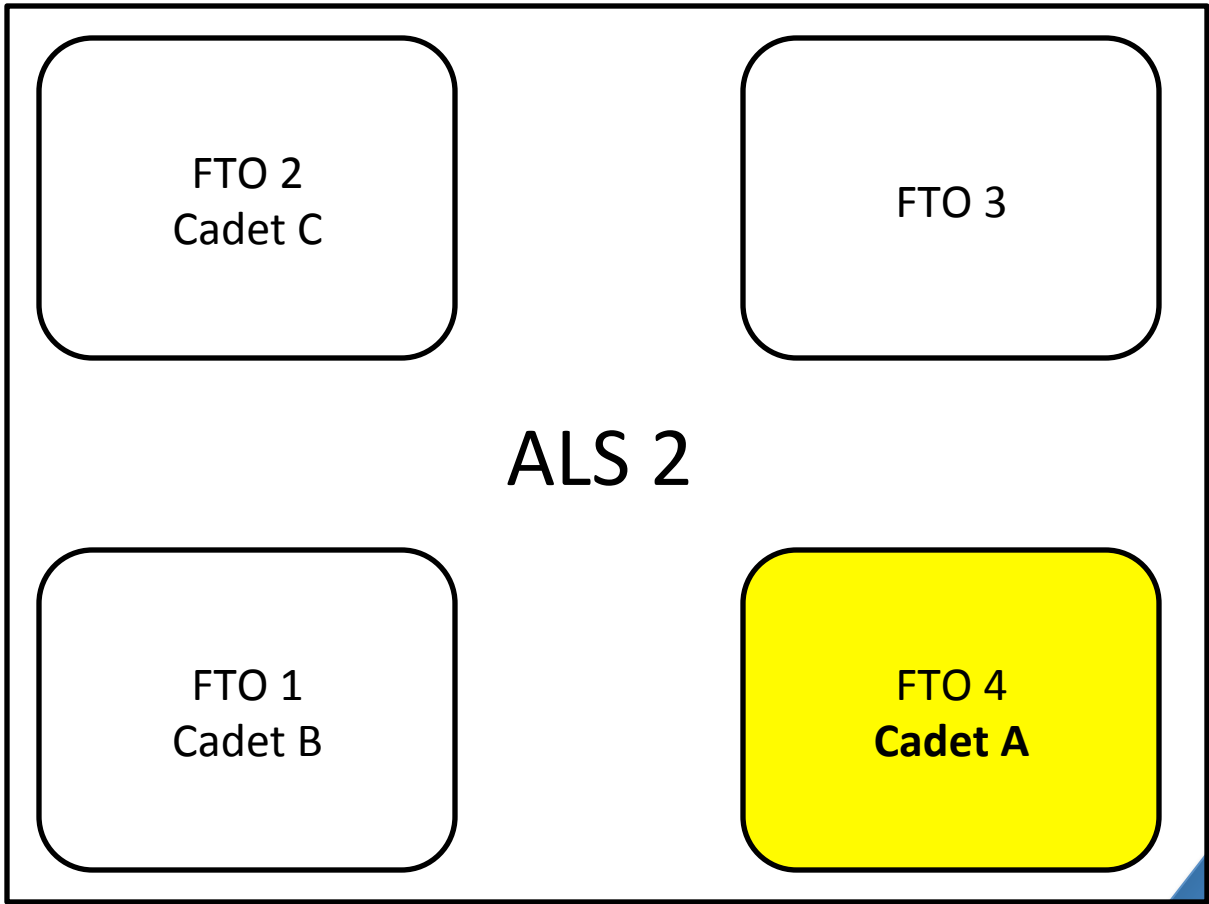












Platoon

- Provides ownership of the cadet performance
 - By individual FTO
 - By the platoon
- Identifies cadet in trouble at each phase
- Built in PI process
 - Each FTO measures success of previous FTO
- Only cadets approved by FTOs are evaluated by the MDs

Results

- Created feedback loop for academy content
- Effective FTOs stood out
- FTOs/platoons took great pride in their cadets
- Cadets having difficulty ID early
- Clearance time became more consistent
- First pass success rate nearly 100%

Far from perfect...

- Many paramedics means few sick contacts
 - 3% patients seen are sick
- Number of patient exposure is highly varied
 - 73-257 patient contacts
- Types of patient contacts is unreliable
 - No cardiac arrest
 - No severe respiratory distress
 - No sick pediatrics

Under Construction: New Process

- Utilizes combined didactic, simulation and supervised clinical rotation
- Temporal link between didactic and table top/ simulated patient contact
- Assures uniform simulated patient contacts with immediate feedback
- Graduated complexity builds on prior training and reinforces clinical decision making

Credentialing

- Where to start:
 - Define what you need
 - Needs become objectives
 - Objectives become your measures
 - Your measures are your outcome
- Build process to desired outcome
- What you NEED is what you GET

Take Away

- Credentialing is a critical part of assuring the quality of care you will provide as a System
- Having a process does not assure that your product will meet your need
- Build your process backwards from the outcome you expect
- Measure the impact and make changes

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