



Purpose:

The Susquehanna Regional Medical Advisory Committee has established guidelines and regulations designed to improve training, oversight and credentialing of providers performing this procedure. The Rapid Sequence Intubation program provides advanced airway capabilities, specifically RSI to properly identified patients requiring such definitive airway management. Use of Rapid Sequence Intubation protocol is restricted to only those agencies and providers specifically authorized by SREMS –REMAC to participate in the Rapid Sequence Intubation program.

Overview:

Rapid Sequence Intubations has been used in the hospital setting for years to help provide the highest possible intubation success rate for patients undergoing emergency intubation. However, the use of rapid sequence intubation in the pre-hospital setting has been the subject of significant research and controversy. Therefore, this program has been established after a review of the most up to date medical literature and best practices existing in other parts of the country. The RSI program exists to provide RSI services to the three counties within the SREMS system in a careful, safe and controlled fashion, with a foundation in the most current evidence-based practice of medicine.

Authorization:

The program is authorized by the Susquehanna REMAC and overseen by the REMAC Chair. As such, the RSI program is a regional program, not one implemented at the agency level. The Susquehanna REMAC authorizes the agency Medical Director to supervise implementation of agency level quality assurance and agency appropriate continuing education requirements for the RSI Program. Individuals and agencies providing RSI do so as an added service under the oversight of the REMAC and the REMAC Chair. Failure to follow these regulations will lead to the penalties described in this policy including revocation of RSI credentials for the paramedic and/or agency.

Medical Care:

This policy does not define the manner in which the RSI procedure is performed. The “RSI protocol” as defined in the most recent protocols shall be the sole authority on how such a procedure is performed in the Pre-hospital setting. Both the RSI protocol and the RSI policy and Procedures here are to be used ONLY by individuals currently credentialed as an RSI-Paramedic while working for an RSI authorized agency. They are not to be used for routine Advanced Life Support Care.

Credentialing Requirements:

RSI Agency

An RSI agency is one that maintains the following:

1. Has unrestricted authorization from New York State Department of Health and the Susquehanna Region – REMAC to provide Advanced Life Support

2. Has unrestricted authorization from the New York State Dept of Health and the Bureau of Narcotics Enforcement to carry and administer controlled substances to patients
3. Has agreed to abide by the RSI protocol and the RSI policies and Procedures approved by the SREMS-REMAC, including agreeing to provide the RSI Paramedic the proper medications and equipment as detailed in the protocol and follow all QA requirements as detailed in this policy
4. Has agreed to make RSI paramedic available to all EMS agencies in the region when RSI skills may be required
5. Has been approved by the REMAC chair with consensus from the REMAC committee to provide RSI.

RSI Paramedic

RSI Paramedic is an individual who is credentialed to provide RSI services to patients in the Susquehanna EMS region. RSI agencies can and are encouraged to create their own clearance process for RSI Paramedics. However, no paramedic can provide RSI services at an agency if they are not credentialed at the regional level. To act as a RSI Paramedic, the individual must practice with an agency authorized to provide RSI care. Thus, a RSI Paramedic practicing with an agency that does not provide RSI services cannot perform RSI on a patient.

The RSI Paramedic or RSI Agency is responsible for any cost required for maintaining their credentialing.

Credentialing Process:

The following are required to be considered for practice as a RSI Paramedic:

1. A Paramedic who has maintained active NYS certification at the paramedic level for no less than two years
2. A Paramedic must have maintained continuous practice with the Susquehanna Region for the previous two years in advance of the testing date
3. A Paramedic must average no less than 12 hours/week of direct patient care as the primary care giver. Supervisors or other providers with an average of less than 12 hours/week of direct patient care responsibility are not eligible
4. A Paramedic in good standing with the Susquehanna region with REMAC and the Agency Medical Director
5. A Paramedic has performed no less than 10 field intubations within the Susquehanna (SREMS) Region – procedures which are documented and may be verified prior to taking the written exam
6. Have a current course completion certificate from a recognized difficult airway course (as approved by SREMS-REMAC).

Providers meeting the above eligibility requirements may apply for RSI credentialing through the following steps:

1. A letter of recommendation from the Agency ALS chief AND the Agency Medical Director MUST be submitted to the REMAC.
2. Documentation verifying 10 field intubations must be submitted by the applicant. Verification should consist of a list of agency PCR numbers signed by both the applicant AND either the Agency ALS chief or Agency Medical Director where the intubations were performed. Should the required intubations span multiple

agencies, a list from each agency should be submitted following the above guidelines. REMAC reserves the right to verify this information and any provider found to have knowingly submitted false results will be removed from the process and will not be eligible for further credentialing.

Initial MFI Training

1. Meet the credentialing criteria
2. Complete regionally approved training
 - a. Regional / National accepted Difficult airway programs and/or
 - b. Submitted curriculum approved by REMAC
3. Successfully perform 25 simulated MFIs utilizing the regional human patient simulation system (SimMan®), or equivalent with physician oversight and participation
4. Provide proof of didactic and psychomotor completion to the Agency Medical Director
5. Provider's name will be added to the roster referenced above, verified by the Medical Director's signature, and submitted to the REMAC
6. Successfully pass the Regional online exam.

Maintenance of Credentials

RSI Paramedics must meet all credentialing requirements at all times. It is the responsibility of the RSI Paramedic and the RSI Agency for whom they operate to report noncompliance with these criteria or clinical care concerns that could impact the provider's ability to provide RSI services.

RSI Paramedics will be continuously reviewed and may be suspended from the program at any time for not meeting the documentation, clinical or procedural expectations of REMAC / Agency Medical Director. Suspension of RSI privileges can be appealed through the REMAC Chair.

Continuing Education

Continuing education is a key component to the maintenance of RSI proficiency. It must include both practical and didactic education. Maintaining RSI credentialing is contingent on the attendance of at least one of the RSI CME classes (minimum 4 hour session) annually. The RSI continuing education will be a combination of physician lead classroom and kinesthetic sessions offered annually by the RSI Agency. The continuing education session(s) are offered at no cost for the RSI credentialed paramedics. Compliance with the CME requirements will be reported to REMAC annually.

Recertification

The following must be completed annually to maintain MFI credentials:

- Complete regionally approved training and online exam.
- Successfully perform 16 MFIs in a 1 year period either simulated or live.

These may be a combination of actual and/or simulated (as specified above) procedures.

- It is recommended that this experience be accrued quarterly, with at least four actual or simulated MFIs per quarter.
- Agency Medical Director re-submits to REMAC the verified and signed MFI provider roster.

Reciprocity

RSI credentials are agency specific and not transferable. An RSI credentialed provider may only perform the procedure while operating with an agency authorized by SREMS – REMAC to participate in the RSI Program, and as a member in good standing credentialed to perform RSI Procedures.

For those providers that have RSI credentials from agencies in surrounding counties/regions you may apply for reciprocity. If reciprocity is granted, you will have the written test requirement for credentialing waived. You will be strongly encouraged to take the didactic classes. You will be required to take the simulation test. If reciprocity is not granted, you are still eligible for RSI privileges, but will be required to proceed through the standard credentialing process.

Operations

Agency Participation Requirements

1. Conduct mandatory Quality Improvement reviews of all RSI incident and provide summary documentation of the same to SREMS-REMAC
2. Complete and submit annual RSI Summary report by the end of the third quarter for the previous 12 month time period containing
 - a. List of each provider Authorized to perform RSI
 - b. List of any provider that was subject to restriction, suspension or revocation
 - c. Total RSI procedures performed by each provider
 - d. Verification of each provider has met the CME requirements
 - e. Summary of RSI Incidents including
 - i. Date
 - ii. Municipality
 - iii. Presumptive Diagnosis
 - iv. RSI utilization - successful / unsuccessful
 - v. Destination
 - vi. Mode of Transport

Requesting RSI Paramedic Assistance

Actions on arrival

- All RSI Paramedics should evaluate the setting and the patient upon arrival at the patient's side. Considerations include
 1. BLS – ALS Airway options
 2. Proximity to the hospital ED
 3. Indications have been met and contraindications have been excluded
 4. Anticipated Difficulty of RSI
 5. Med control authorization as appropriate.
- If the patient is not felt to need RSI, the RSI Paramedic must transport with the patient to monitor for further deterioration of the patient's respiratory status.

After – call Actions

- After call actions include a combination of detailed documentation and verbal debriefing with a designated physician.
 1. PCR – A thorough and complete PCR must be completed immediately. The PCR must include the reasons behind performing the RSI, response to BLS and ALS airway options, and med control authorization/declination as appropriate.

2. RSI quality assurance form – SREMS RSI QA Data form must be completed and submitted with a copy of the PCR to the Agency Medical Director and REMAC chair.
3. Debriefing – After transfer of care – A debrief will be performed by the available medical director and/or ER Physician receiving the pt.

Documentation

After performing RSI and transferring care to the appropriate ER, the RSI Paramedic is responsible for the following:

ePCR

A thorough ePCR must be completed immediately. The ePCR must include the reasoning behind performing RSI, Airway Device used, pre-advanced airway and post advanced airway SpO2 and etCO2 measurements, as well as the airway confirmation method employed. All medications administered should be documented in detail, including the '6 Rights' of med administration and any adverse effects noted.

CQA Form

A thoroughly completed CQI Audit form must be completed and attached to the ePCR.

Monitor Code Summary

A detailed export from the RSI Agency's monitor should be attached to the ePCR. This data export should include a minimum, post intubation EKG, SpO2, etCO2 quantitative and qualitative (waveform) measurements from immediately after the advanced airway placement and at the time of Emergency Department transfer of care.

Quality Assurance / improvement

The Susquehanna Regional RSI Quality Assurance Program includes immediate debriefing of the RSI Paramedic with either the Agency Medical Director or the ER Physician after successful or unsuccessful RSI. It further includes reporting and debriefing of requests for RSI in which an RSI was not performed. A detailed Quality Improvement Tool (the Susquehanna RSI QA Data Form) is to be completed by a RSI Paramedic immediately after the transfer of patient care, and is to be included with a copy of the PCR to the REMAC Chair.

The REMAC will review all calls in which both successful and unsuccessful RSI's were performed, as well as all calls where a RSI Paramedic was requested but the patient did not meet RSI criteria. The REMAC and REMAC chair or designee will advise of any patient care concerns or trends observed system-wide that may benefit by additional training or modification to existing medical care protocol. REMAC and the RSI Agency Medical Director has the responsibility and authority to advise any RSI paramedic that should be restricted from participating in the RSI program. Furthermore, the RSI Agency Medical Director or REMAC chair has the authority to immediately suspend an individual's RSI privileges should it be required. Doing so requires immediate notification of REMAC, the Agency Medical Director, and Agency Operations Director, as well as written documentation submitted to the Regional Program Agency for distribution to the above parties within three business days.

Changes to this policy and the RSI Protocol will be done in accordance with the available literature, best standards and intensive continuing review of all RSI procedures performed in the Susquehanna Region.

Supporting Documentation / Forms

- **Original Training Program SLO's**
- **Provider profile Application**
- **Educational Roster**
- **Skills Sign off**
- **RSI QA Data form**