**Description:** This policy defines what Good Standing is and the process for system suspension of an individual or agency/department.

**Procedure:** An individual (EMD, EMT, Paramedic, PHRN, ECRN, Critical Care Medic/RN) is deemed to be in Good Standing when they: have successfully completed basic training for licensure, current with all system required CE, no current disciplinary action, possesses current appropriate certifications (CPR, ACLS, PALS, etc.), no current Medical Director mandated re-education, possesses current IDPH license and current on skills competency. Tier I-III providers must complete annual critical care education (records maintained by individual or agency). ECRN’s must complete 8 hours or annual ride time with an ALS System approved provider and the annual SMO test.

Good Standing must be maintained in order to be eligible for: Letters of Good Standing, License Downgrade/ Inactive Status and Re-licensure.

**System Suspension:** A system suspension means the individual(s) or agency will not be directly or indirectly involved in the administration of patient care. The EMS Medical Director may suspend any licensed individual or agency from providing care in the KHEMS system if said individual/agency is not meeting the standards of KHEMS, Region 1 Standing Medical Orders/ Standard Operating Procedures or the Illinois Department of Public Health Emergency Medical Services Act.

**Indications:**

1. Failure to meet training and education requirements as dictated by the IDPH EMS Act and KHEMS.
2. Gross violation of KHEMS/Region 1 SMO’s/SOP’s/System Program Standards of Care.
3. Unethical, dishonorable, unprofessional or criminal activity.
4. Intentional falsification and/or misrepresentation of patient care on the patient care run form. This includes consistent incompletion of required documentation prior to departure from the receiving hospital.
5. Abandonment or neglect of any patient requiring emergency care.
6. Discrimination in the provision of emergency medical care on the basis of: race, color, sex, creed, religion, national origin, sexual orientation/identification, medical status or ability to pay.
7. Failure to maintain applicable level of proficiency as determined by licensure. This includes maintaining currency in system mandated continuing education.
8. Medication diversion as evidenced by unauthorized removal of narcotics, drugs, supplies, equipment from any ambulance, health care facility, institution or other work place facility.
9. Performing patient care while under the influence of alcohol, narcotics, controlled substances or other drugs (i.e., non-prescribed stimulants, recreational/prescribed marijuana, etc).
10. Repeated medical misconduct or incompetence to include attempting care, techniques or procedures outside scope of practice.
11. Physical/Mental impairment to the extent the provider cannot perform the tasks for which he/she is licensed. This includes impaired judgement, skill and inability to perform said tasks safely. Impairments must be verified by a licensed physician. This indication is not germane if the provider is on inactive status.
12. Agencies/Departments will be suspended if they are found to condone the above activities.
13. Agencies/Departments must provide preceptors commensurate to the size of their rosters. Actual numbers to be determined by KHEMS.
14. Agencies/Departments must allow EMT’s, Paramedics, ECRN’s and PHRN’s to do initial and annual ride time.
15. Agencies must meet all system requirements for licensing, stocking, and equipping of all BLS/ALS/CCT vehicles. All vehicles are subject to random inspections per IDPH guidelines.

**Procedure:** Upon identification of a discrepancy, the following will occur

Crew will be contacted by KHEMS, the case reviewed and crew re-educated. If satisfactory conclusion is reached, no further action will be taken. If no satisfactory resolution, the following disciplinary steps will be taken.

1. **Verbal Reprimand:** KHEMS will meet with the crew and their immediate supervisor. A formal verbal reprimand will be placed in the individual’s system record and retained for 1 year. If the problem that led to the verbal reprimand is repeated within that period, it will become a written reprimand.
2. **Written Reprimand:** Gross misconduct is an automatic written reprimand that will be retained in the individual’s system record for 2 years and the individual will not be eligible for a letter of good standing. The individual’s department must create a written plan or corrective action. If the reprimand is violated, the individual(s) may be subject to system suspension.
3. **System Suspension:** A system suspension means the individual will not be directly or indirectly involved in the administration of patient care. Procedure for system suspension is listed below.

**Suspension Process:**

1. An individual(s)/agency deemed a threat to public health or safety will be immediately suspended from the KHEMS system.
2. The EMS Medical Director may suspend licensed individuals/agencies from engaging in activities within the KHEMS system if any of the listed criteria are met.
3. The individual/agency will receive immediate verbal notification. A written or electronic notification of suspension will follow within 24 hours and include: reason for suspension, term, length, and dates of suspension.
4. The suspended individual(s) may challenge the suspension and request a hearing. If a hearing is desired, a written request must be delivered to KHEMS within 14 calendar days after receipt of the written/electronic order of suspension. If a timely request is delivered to KHEMS, KHEMS will endeavor to schedule a hearing in an expedited manner, taking into account equity, the need for evidence and live witnesses at the hearing. Failure to request a hearing will constitute a waiver of the local review board.
5. KHEMS is authorized to seek injunctive relief in circuit court if KHEMS’s order is violated (Source: 36 IL Reg 880. Effective 6Jan12).
6. A hearing may be deferred if a written plan of corrective action is submitted to the KHEMS system and approved. This will be at the discretion of KHEMS Medical Director. If the individual challenges the suspension and a hearing is scheduled, the suspension will remain in place until the hearing is concluded.
7. The Resource Hospital shall designate a local system review board in accordance with Section 3.40e of the EMS Act. The purpose is to provide a hearing for any individual or entity participating within the System who is suspended from participation by the EMS Medical Director.
	1. The KHEMS System Review Board will be posted in the hospital EMS room located in the ER and in the EMS Office.
	2. The board shall consist of: an ER Physician (not the EMS Medical Director), EMS System Coordinator (or his/her designee), EMS Educator, provider in good standing of the appealing members choosing. EMS provider must be of the same level of licensure as the appealing member.
8. The EMS System shall arrange for a certified shorthand reporter to make a stenographic record of the hearing and thereafter prepare a transcript of the proceedings. The transcript, all documents or materials received as evidence during the hearing and the local System Review Board’s written decision shall be retained in the custody of the EMS System. The System shall implement the decision of the local System Review Board unless that decision has been appealed to the State Emergency Medical Services Review Board in accordance with this Act and the rules of the department. The system and appealing individual may be represented by legal counsel but must make notification of their intention to do so at least 14 calendar days in order to allow opposing counsel to be appointed.
9. Any appeal to the State Emergency Medical Services Disciplinary Review Board is the sole responsibility of the suspended individual/agency.
10. The local System Review Board shall state in writing its decision to affirm, modify, or reverse the suspension order. Such decision shall be sent via certified mail to the EMS Medical Director and the individual/agency or other participant who requested the hearing within 5 business days after the conclusion of the hearing.
11. The transcripts, all documents or materials received, as evidence during the hearing and the local System Review Board’s written decision shall be retained in the custody of the EMS System.
12. KHEMS shall notify the individual/agency, in writing, within 5 business days of the decision to uphold, modify, or reverse the EMS Medical Director’s suspension of an individual/agency. The notice shall include a statement detailing the duration and grounds for the suspension.
13. If the Local System Review Board affirms of modifies the EMS Medical Director’s suspension order, the individual provider or agency shall have the opportunity for review of the local board decision by the State EMS Disciplinary Review Board (Section 3.40(b)(2) of the EMS Act).
14. If the local System Review Board reverses of modifies the EMS Medical Director’s suspension order, the EMS Medical Director shall have the opportunity for review of the local board’s decision by the State EMS Disciplinary Review Board (Section 3.40(b)(2) of the EMS Act).
15. Requests for review by the State EMS Disciplinary Review Board shall be submitted in writing to the Chief of the IDPH Department of Emergency Medical Services and Highway Safety, within 10 days after receiving the local review board’s decision or the EMS Medical Director’s suspension order, whichever is applicable. A copy of the Board’s decision or the suspension order shall be enclosed (Section 3.45(h) of the EMS Act).
16. This policy may be modified or amended at any time by the EMS Medical Director without previous notice if it is determined to be in the EMS System’s best interest. Modifications/Amendments may not take place during an active investigation.