1. PURPOSE

The Critical Care Paramedic (CCP) Program has been developed to provide a means of transferring patients who require, or who may require, care within the CCP Scope of Practice during transfer. CCP units may be used to transfer patients to or from acute care facilities, or other medical facilities approved by the EMS Medical Director.

The Office of Emergency Medical Services and Preparedness authorizes providers that meet the training, staffing, equipment, and oversight requirements set forth herein for providing this level of service and that agree to comply with program standards. Program authorization may be denied or withdrawn for failure to comply with program standards or failure to submit required fees.

2. DEFINITION

The CCP program ensures the appropriate transport is completed by the appropriate CCP personnel with the training and equipment set forth by this program's standards.

Transports meeting Critical Care criteria will be defined as the following, which utilize the national CMS levels of service definitions. This will set the framework for future billing adjustments for critical care ground transports under this program. The CMS definition recognizes Specialty Care Transport (SCT) which for the purpose of this document we acknowledge as the equivalent to Critical Care Paramedic (CCP) ground transport.

2.1 Critical Care Transports (CCT)

Critical care transport (CCT) is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. CCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or an EMT-Paramedic with additional training.

CCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area. The EMT-Paramedic level of care is set by each state. Medically necessary care that is furnished at a level above the EMT-Paramedic level of care may qualify as CCT. The phrase "EMT-Paramedic with additional training" recognizes that a state may permit a person who is not only certified as an EMT-Paramedic, but who also has successfully completed additional education as determined by the state in furnishing higher level medical services required by critically ill or critically injured patients, to furnish a level of services that otherwise would require a health professional in an appropriate specialty care area (for example, a nurse) to provide. "Additional training" means the specific additional training that a state requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during a CCT.

3. STAFFING

A CCP unit is a fully equipped advanced life support ambulance, staffed with a minimum of three (3) qualified staff. The composition of the crew will be dependent on the transport classification and patient acuity. One provider may be a certified Emergency Medical provider at any level or a non-licensed individual who has completed Emergency Vehicle Operations training.

3.1 Critical Care Paramedic Accreditation

Paramedics assigned to CCP units shall meet the following minimum qualifications:

3.1.1 Current Utah Paramedic License with Critical Care Endorsement

3.1.2 Current Board of Critical Care Transport Paramedic Certification (BCCTPC) as a Certified Flight Paramedic (FP-C) or Certified Critical Care Paramedic (CCP-C)

3.1.3 At least two (2) years of full-time field experience as a paramedic in an ALS system

3.1.4 Currently employed by an approved and licensed critical care provider agency and its medical director

3.1.5 Employers shall retain on file, always, copies of current and valid credentials for all personnel performing services under this program.

3.2 Critical Care Transport Staffing Requirements

3.2.1 Critical Care Paramedic Ground (CCP)

Transports performed at the CCT level, will require one qualified critical care paramedic and one paramedic provider with the availability of a second critical care paramedic as needed per patient condition/stability and the agency medical director protocols. A third provider of any level may be a driver.

3.2.2 Employer shall provide documentation when requested by the Office of Emergency Medical Services and Preparedness

4. MEDICAL DIRECTION

Personnel employed by a Critical Care Paramedic Transport agency work under the existing medical control system and follow agency EMS policies and procedures, as approved by the EMS Medical Director.

4.1 Transferring Physician Orders

The transferring physician may specify standing orders for a patient based on skills and medications included in the Critical Care Paramedics scope of practice

4.1.1 Clearly written physician orders are preferred and must be uploaded into the electronic patient care record (ePCR)

4.1.2 Clearly written physician orders may be obtained from the hospital's medication administration record and must be uploaded into ePCR

5. CCP SCOPE OF PRACTICE

The CCP Scope of Practice includes the Utah EMS Protocol Guidelines and scopes of practice for paramedics. In addition, CCPs have an expanded scope that includes the administration of advanced medications and advanced procedures as outlined by the agency's Medical Director and approved by the Office of Emergency Medical Services and Preparedness.

6. CCP AMBULANCE EQUIPMENT

6.1 CCP ambulances are required to comply with the Utah BEMS Ambulance Equipment Requirements

6.2 CCP ambulances must comply with inspections and specifications defined by The Office of Emergency Medical Services and Preparedness.

7. STANDARD OF CARE

7.1 All patients shall be placed on continuous EKG, NIBP, and SpO2 Monitoring.

7.2 End-tidal CO2 Monitoring:

7.2.1 Shall be utilized for all ventilated patients

7.2.2 It is strongly recommended for non-intubated patients at elevated risk for airway or ventilation compromise such as patients on medications which may affect the respiratory drive.

7.3 Vitals shall be recorded at a minimum of every 15 minutes for all patients and every five minutes for patients on vasoactive medications being titrated

7.4 Infusions must be regulated by a mechanical pump familiar to the CCP with a minimum of (3) channels. If a pump failure occurs and cannot be corrected, the CCP is to discontinue the infusion and notify the transferring physician or the base physician if the transferring physician is not available.

7.5 Medications within the paramedic's scope of practice and protocols normally given by IV push but being administered via infusion pump may be transported if parameters for the infusion are obtained and understood by the CCP.

7.6 If medication administration is interrupted (infiltration, accidental disconnection, malfunctioning pump, etc.), the CCP may restart the line.

7.7 Patient deterioration during transport**:** If the CCP unit responds to a private request for transport and the patient begins to deteriorate after transport has begun, personnel shall:

7.7.1 Provide appropriate care that may include any indicated ALS interventions following appropriate EMS Field Treatment Guidelines

7.7.2 Make base hospital contact

7.7.3 Divert to a closer facility if necessary and appropriate, based on patient condition and base hospital direction

8. Competency Standards

All Critical care transport paramedics are required to meet policy and skills competency standards to maintain standing as an active CCP. Any variance requires approval of the EMS Medical Director. The skills list may be expanded at the discretion of the Local EMS Agency. Educational standards time requirements must be approved by the EMS Agency.

8.1 Completion of annual CCP policy and skills competency, education, and evaluation may include the following such as:

- Chest tube management
- Ventilator management
- Invasive monitoring
- Drip calculation and management
- Advanced pharmacology

9. Continuous Quality Improvement

9.1 A CCP program shall have a written CQI plan approved by the EMS Agency. CQI Plans shall include provisions for continuing education including types of activities, frequency, and required hours.

9.2 A physician shall have clinical oversight of the CCP CQI Plan and establish criteria for flagging charts for review along with random chart selection.

9.3 Provider's CQI staff shall evaluate CCP transfers for medical appropriateness, evaluation of treatment, and gap analysis data for continuing education.

9.4 The Office of Emergency Medical Services and Preparedness may at their discretion establish a state level committee for CQI and data collection. Individual agencies may be requested to submit local CQI data for evaluation of the CCP program.

9.5 Agencies will develop criteria for the constitution of a Sentinel event. Any Sentinel events will be reported to the Office of Emergency Medical Services and Preparedness.

9.6 All CQI and Sentinel event reporting shall be non-punitive when voluntarily submitted to the Office of Emergency Medical Services and Preparedness and utilized solely for continued monitoring and evaluation of the program.

10. Program Evolution and Evaluation

10.1 The CCP task force shall convene annually to evaluate the CCP program, CQI data, and identify any changes that need to be discussed or recommendations that need to be made to the Office of Emergency Medical Services and Preparedness.