

OCMO Modification or Revocation of Credential to Practice

Standard:

To define the revocation or modifications of a providers credential to any status other than that of a full and unrestricted credential to practice.

Purpose:

A certified/licensed provider's privilege to provide care in the ATCEMS System is granted at the discretion of the Medical Director upon completion of a defined credentialing process. The granting of this privilege assumes the provider accepts the responsibility to safeguard the patients cared for under the Medical Directors license through prudent action and competent clinical care. The Medical Director has a duty to supervise that clinical care and as a result may find it necessary to temporarily or permanently modify the providers credential to practice within the ATCEMS System.

Credential Status Definitions/Applications:

Unrestricted Status- The Medical Director has granted the provider credentials to practice after completing the prescribed credentialing process. This allows providers to practice unsupervised at their credential level per the Office of the Office of the Chief Medical Officer Clinical Operating Guidelines. This status is referred to as "credentialed."

OCMO Administrative Hold – Providers Credentials are deactivated for a period of time while non-clinical administrative issues are reviewed and resolved. The OCMO Administrative Hold is independent of but may be utilized in conjunction with an administrative action undertaken by the providers sponsor organization or other administrative authority. Based on the nature of the administrative action an independent OCMO review may be conducted simultaneously or subsequent to any investigation or action by another agency. Reactivation is at the discretion of the Medical Director or their designee. Credential Badges must not be worn and patient care is prohibited.

Suspended – Providers Credentials are suspended – by a System Medical Director pending a review of a clinical concern. After the OCMO clinical review process is completed the provider may be returned to an unrestricted status, modified status or revoked by the Medical Director. Credential Badges must not be worn and patient care is prohibited.

Modified Credential Status – A Providers credential to practice are restricted or modified as part of the initial credentialing process or as the result of the performance improvement and education process. This may include, but is not limited to, increased call review, additional education/training, or supervised practice. The duration of the modification is at the discretion of the Medical Director and is dependent upon the terms/objectives of the modified practice period. Credential badges may be worn but patient care is limited to the terms defined by the OCMO.

Voluntary Surrender- A provider with an unrestricted credential voluntarily surrenders their credential or is no longer affiliated with a System organization. The providers credential to practice is removed and the provider is no longer eligible to provide patient care within the System. Reintegration is at the discretion of the Medical Director and is subject to completion of the defined credentialing process. Credential badges must be returned to the OCMO.

Revocation – Providers credential to practice is permanently removed by the Medical Director and the provider is no longer eligible to provide patient care within the System. Credential badges must be returned to the OCMO.

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OCMO Administrative Hold:

The OCMO Administrative Hold is applied in circumstances where non-clinical performance/behavior concerns or an administrative issue is raised by an agency other than the OCMO. In all cases patient care is prohibited and credential badges must not be worn. These non-clinical issues may include, but are not limited to, the following:

1. **Lapse, Loss, or Suspension of applicable Certification or Licensure (International Academies of Emergency Dispatch (IAED) or Texas Department of State Health Service (TDSHS)** – *At the time a providers applicable certification/licensure is allowed to lapse, the following process will apply:*
 - a. Upon expiration of a provider's certification, an "OCMO Administrative Hold" is automatically placed on the provider's Credentials for a period not to exceed three (3) months from the date of certification/licensure expiration. During this time providers may submit a written request for an extension by the OCMO based on compelling extenuating circumstances. Approval of such extension is at the discretion of the OCMO. Without documented proof of renewal, upgrade or extension the provider's credentials will be considered voluntarily surrendered at the conclusion of the 3 month period. The provider must return all credential badges to the OCMO within five (5) business days.
 - b. Upon proof of the renewal of certification/license the removal of the OCMO Administrative Hold is subject to the successful completion of the Reintegration Credentialing Requirements (OCMOR – 20).
2. **Separation from All System Registered Responder Organizations-** *To be credentialed in the System a provider must be associated with a Registered System Organization. The following outlines the process for providers who separate from a Registered System Organization:*
 - a. At the time a provider is no longer affiliated with any Registered Responder Organization their credential to practice is automatically placed in an OCMO Administrative Hold with or without official notification of the OCMO. A provider is required to notify the Office of the Chief Medical Officer within one (1) business day of when he/she is no longer affiliated with a Registered System Organization. The Administrative Hold shall remain in place until the provider affiliates with another Registered Responder Organization or a period of 30 days has passed. During this time providers may submit a written request for an extension by the OCMO based on compelling or extenuating circumstances. Approval of such extension is at the discretion of the OCMO. Without documented proof of affiliation or extension the provider's credentials will be considered voluntarily surrendered at the conclusion of the 30 day period. The provider's System Credentialing Badges must be returned to the Office of the Chief Medical Officer.
 - b. In addition PL3 – PL6 credentialed providers must continue affiliation with a "Tier 2 Organization" as defined by the Office of the Chief Medical Officer in order to maintain their credentials. If a provider should separate from a Tier 2 Organization the conditions cited in (a) above apply. The provider may affiliate with a Tier 1 Organization but will be credentialed at the PL1 or PL2 level.

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3. **Action Taken By IAED and/or TDSHS** - Any action taken against the provider's certification/license by the certifying/licensing body (administrative review, suspension, etc.)
 - a. Any such action by either IAED or TDSHS and any related documentation must be reported to the OCMO on the first business day after the notification is received. Failure to do so may result in suspension/revocation of credentials.
 - b. The provider's credentials may be placed on an immediate "OCMO Administrative Hold" pending the completion of the IAED or TDSHS process. The OCMO reserves the right to conduct its own evaluation concurrent or subsequent to the IAED or TDSHS action. If a separate evaluation is conducted by the OCMO the Administrative Hold may be extended pending conclusion of the OCMO review.
 - c. The Chief Officer, Director, or Program Manager of the Responder's Organization will be advised of the Administrative Hold. If deemed appropriate, the leadership of other organizations within the System and/or IAED/TDSHS may be notified.
4. **Arrest for a crime that meets the reporting requirements** - Providers and their sponsoring organization are required to report to the OCMO and TDSHS any arrests of a provider involving alcohol or drugs, or a felony arrest. If the organization takes employment action on a provider, the provider's credentials will be reviewed for OCMO Hold based on the circumstances of the event. Individual providers and their respective organizations are responsible to report any arrests of the provider involving alcohol, drugs or a felony directly to the OCMO on or before two (2) business days after the arrest is made. Failure to do so may be considered an integrity violation resulting in immediate suspension and possible revocation. Reporting the event to the TDSHS is the responsibility of the individual provider and must be made in accordance with TDSHS requirements.
5. **FMLA/Military or other voluntary leave:** In the event a provider requests leave from their sponsoring organization that will exceed the minimum period described in the reintegration process, their credential will be placed on OCMO Administrative Hold pending their return and successful completion of all elements of the reintegration process.
6. **Failure to complete patient care reports in a timely manner** - In accordance with the Clinical Standard on Documentation of Patient Care Report and TAC Rule §103.4, providers are required to complete patient care reports accurate to the history of their patient and the care that is rendered within 24 hours of the end of the incident. Departments should have a process for detection of non-compliance and notification of personnel with outstanding records. Departments shall notify the Chief Medical Officer of any record not completed within 7 days of the incident disposition.
 - a. At 7 days of non-compliance, providers will receive a written notice from the OCMO, this will serve as written notice that failure to complete the outstanding patient care report(s) will result in an administrative hold.
 - b. At 14 days, the provider, their Chief Officer, Director, or Program Manager of their agency, their immediate supervisor, and other necessary personnel will be notified of an administrative hold on their credentials until completion of any outstanding patient care reports. A written memo from the OCMO will remove the credential hold once all of the provider's outstanding patient care reports are completed.

Process: The process for applying and removing the OCMO Administrative Hold may vary based on the cause of the hold. The process is described for the specific circumstances described above but may be modified at the discretion of the OCMO to accommodate the circumstances.

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Notification: Notification of any of the above five (5) items from an Organization to the OCMO should be made via e-mail. Appropriate details and circumstances of the event should be included in or attached to the electronic communication. The e-mail must be addressed to the Medical Director, Chief Deputy Medical Director, OCMO Chief of Staff and the Clinical Practice and Standards Coordinator.

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Suspension:

A provider's credential to practice may be suspended if a System Medical Director believes that a provider's behavior or actions suggest a potential risk to the safety of the public or to future patients. These actions may include, but are not limited to, the following:

1. Clinical error
2. Action that may lead to revocation

Process: When a Medical Director becomes aware of behavior or actions that warrant suspension the Medical Director or their designee will notify the providers of their suspension as soon as possible. The Chief Officer, Director, or Program Manager of the responder's organization will be also be advised of the suspension. *The provider is no longer authorized to provide patient care for any organization that receives medical direction from the Austin-Travis County Office of the Chief Medical Officer.* The provider will be scheduled to discuss the events leading to the suspension but shall remain suspended pending additional investigation of the event. The length of the suspension will be determined by the Medical Director. Subsequent to the Medical Directors review of the investigation the Medical Director may return the providers credential to unrestricted status, modify the providers credential to practice, or permanently revoke the providers credential to practice.

Modified Credential Status:

At times it may be necessary to restrict or modify a provider's credential to practice for the purposes of initial or ongoing training or subsequent to an evaluation of a clinical concern. The Medical Director may modify a provider's credential as needed including but not limited to:

- 1. Candidate Status:** A provider who is new, progressing in the System, or returning after a sustained absence as described in the reintegration process (*OCMOR - 20*) will be granted a provisional credential to facilitate their completion of the OCMO approved credentialing process. At the conclusion of the credentialing/re-credentialing process the provider may be granted an unrestricted credential or an additionally modified credential as necessary.
- 2. Increased call review:** Providers may be subjected to increased call review when a Medical Director needs to more closely monitor a provider's clinical practice. This may include all aspects of clinical care including but not limited to direct observation or documentation review, and may include all responses or may be directed at a specific call or patient type. When increased call review is utilized the provider will be informed of the nature and duration of the increased call review. At the conclusion of the prescribed observation period the provider will be returned to unrestricted status or advised of any additional action required by the Medical Director.
- 3. Temporary assignment:** A provider may be temporarily reassigned or asked to complete an educational process in an effort to address a behavioral or knowledge deficiency.

Process: When it is necessary to modify a provider's credential to practice the Medical Director or their designee will notify the provider of the cause, the objective(s) and the duration of any modification of the providers credential. Where the modification of the providers credential is defined as part of the initial or re-credentialing process the published process shall be considered sufficient notice of the modification. Practice outside of the prescribed modification may result in permanent revocation of the providers credential to practice.

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Voluntary Surrender:

A provider may wish or need to leave the System for an undefined period of time. If the provider's credential is in good standing with the OCMO the provider may voluntarily surrender their credential to practice. Providers who have surrendered their credential and wish to return to the System are required to complete the re-credentialing process.

Process: The provider who wishes to surrender their credential to practice shall notify the OCMO in writing of their desire to surrender their credential to practice and return their credentialing badges to the OCMO.

Revocation:

The Medical Director may remove the credential to practice of any provider who they believe poses a potential risk to the patients cared for under the Medical Directors license. The decision to revoke a provider's credential to practice will be based on an investigation conducted by the Office of the Chief Medical Officer independently or in conjunction with the provider's organization(s) or other appropriate authority. Actions that may result in revocation include, but are not limited to, the following:

1. **Integrity violation:** The Medical Director has the ability to delegate the privilege to practice under their medical license. In order to do so the Medical Director must trust that the provider will safeguard the Medical Directors license by delivering care consistent with the moral, ethical and clinical expectations outlined by the Medical Director. This trust is a fundamental element of the Medical Director's willingness to delegate their practice and once lost cannot be effectively restored. Any suspected integrity violation will result in immediate suspension pending further investigation. Integrity violations include but are not limited to knowingly providing, verbally or in writing, false or incomplete information to a patient, other healthcare provider, Medical Director or their designee. In addition any falsification or alteration of a medical record, incident reports or documents relating to a clinical event or departmental investigation is considered an integrity violation.
2. **Intentionally withholding care:** this may include but is not limited to the willful failure to assess a patient seeking evaluation, the withholding of care for an identified condition, or the failure to make an unconditional offer of transport.
3. **Intentionally harming a patient:** this may include but is not limited to the use of physical force, a medical procedure or device, or excessive noxious stimulus with malicious intent to cause harm or pain. This does not apply to circumstances where it may be clinically appropriate to restrain a patient or when a provider uses physical force in defense against a threat of violence against themselves or others.
4. **Impairment by drugs/alcohol while on duty:** impairment by alcohol or other drugs or willfully reporting for a shift while taking medication known by the provider to cause impairment that may affect their ability to safely care for a patient. If a concern is identified a System Medical Director should be notified immediately and the provider suspended pending further investigation. The failure to submit to any subsequent drug or alcohol testing is grounds for permanent revocation of their credential to practice.
5. **Failure to remediate:** is considered a failure by the provider to modify their behavior and actions after being redirected through a performance improvement process, education, supervised practice or counseling by a Medical Director or their designee. In addition the failure to comply with or submit to any prescribed education (e.g. continuing education, competencies, etc.) or remediation process is considered a failure to remediate.

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Process: The Medical Director will review the available information from the investigation process. If the Medical Director no longer wishes to credential the provider to practice under his/her license the following will occur:

- a. The OCMO will provide verbal notification to the provider and his/her provider agency(ies) within three (3) business days of the decision. The provider must return all Credential badges to the OCMO within five (5) business days.
- b. The OCMO will provide written notification to the provider and his/her provider agency(ies) within three (3) business days of the decision.
- c. At the discretion of the Medical Director, unless otherwise defined by rule, written notification to the Texas Department of State Health Services and/or International Association of Emergency Dispatchers will occur within five (5) business days.

Appeal:

A provider may wish to appeal the decision of the Medical Director or their designee. The following appeals process has been created in order to allow providers this opportunity.

1. Determination made during initial review by the Deputy Medical Director, Associate Medical Director for Performance Improvement, or Medical Director Designee for revocation / permanent modification of credentials
2. Written notification is sent to the provider and his/her provider agency within 3 business days following determination of revocation / permanent modification of credentials
3. Provider may request an appeal to the Medical Director through a Medical Director Credentialing Conference (MDCC) within 3 business days of delivery of the notification of revocation
4. Provider meeting is scheduled in coordination with provider's agency and OCMO
5. Written notification of the date and time for the MDCC is given to the provider at least 48 hours prior to the meeting unless all parties agree to waive this requirement
6. The provider may request to review the electronic patient care report through their agency prior to the meeting
7. The provider may request that either an attorney or a labor representative be present at the MDCC. If the provider wishes to have such representation, the provider shall give written notice to the OCMO at least 24 hours prior to the scheduled meeting
8. MDCC held
9. Final determination of disposition is made by the Medical Director
10. Written notification is made to the provider and agency within 3 business days of the outcome determination

Additional Reference Documents:

Clinical Standards:

System Performance Improvement and Performance Management
Provider Credentialing

OCMO Reference Documents:

Credentialing Requirements
System Credentialing Reintegration