

OFFICE OF EMERGENCY MEDICAL SERVICES
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Lt. Governor

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SHEREEF M. ELNAHAL, MD, MBA
Commissioner

June 28, 2018

Ms. Denise Horner Delran Emergency Squad 900 S. Chester Ave. Delran, NJ 08075

Re:

Corrective Action Plan for Emergency Services Training

Site: Investigation Control # 2018-0009E

Dear Ms. Horner:

The New Jersey Department of Health (Department) is vested with the responsibility of carrying out the provisions of N.J.S.A. 26:2H-1, et seq., Health Care Facilities Planning Act, which was enacted, in part, to ensure that all hospital and related health care services rendered in the State of New Jersey are of the highest quality. As defined at N.J.S.A. 26:2H-2b, health care services include any pre-hospital care rendered by paramedical and ambulance services. These laws establish a scheme that permits certain individuals, once certified, to perform basic life support and/or advanced life support services. In furtherance of the objectives set forth in the statutes, the Department has adopted regulations that govern the training, certification and professional conduct of Emergency Medical Technicians (EMT) and Paramedics. See N.J.A.C. 8:40A-1.2, et seq. Emergency Medical Technicians-Basic: Training and Certification.

On June 12, 2018, the Department received a complaint that Delran Emergency Squad was operating vehicles with uncertified staff.

On June 15, 2018, the Department's Office of Emergency Medical Services (OEMS) conducted an audit of your agency. Education files for two courses, Refresher Course C (class # 134009) and Initial EMT Education Course (class # 132870), were reviewed. A review of Refresher Course C revealed that you did not comply with said requirements by eliminating multiple required psychomotor skills stations, as evidenced by no evaluation sheets for the below:

- Station 1 Pediatric immobilization devices
- Station 2 Application of c-collar, standing long board, supine/prone long board, and special considerations for geriatric patients
- Station 3 Bleeding control, MAST and splinting
- Statin 4 Vest-style immobilization and rapid extrication

Additionally, it was noted that **EVERY** student received a 100% on the final exam. In fact, you verbally admitted during the audit that you went over the exam and ensured students were given the right answer, changed their score to 100%, thus compromising the exam process and falsifying an examination score. Furthermore, the test administered was from 1995 and not based on current education standards and scope of practice.

A review of four student files from the Initial EMT Education Course (class # 132870) revealed the below:

1. Student SA (class # 132870)

Section	1st Test Attempt	Psychomotor Exam	Psychomotor Skill Sheets in File
Module 1	90	None	Aside from Module 2, the following sheets were in
Module 2	90	 O2 administration, Oropharyngeal/Nasopharyngeal airway, and Medical patient skill sheets were present; however, ALL are missing the date and only one sheet had a name. 	the file: • BVM apneic, • bleeding control/shock, • medical assessment (X2) (unclear what medications), • long bone immobilization,
Module 3	95	None	and ● trauma assessment.
Module 4	90.3	None	All sheets were missing the date and several were
Module 5	88	None	missing the student's name, therefore, OEMS is
Module 6	100	None	unable to verify the student and time of evaluation.
Module 7	80	None	It was not clear "who"
Final	90	Unknown	evaluated the student.

2. Student KJ (class # 132870)

Section	1st Test Attempt	Psychomotor Exam	Psychomotor Skill Sheets in File
Module 1	70	None	The following sheets were in the student file:
Module 2	78.7	None	Oro/Nasopharyngeal airway,
Module 3	83	None	BVM apneic,bleeding control/shock,
Module 4	85.3	None	medical assessment,long bone immobilization,
Module 5	84	None	and • trauma assessment.
Module 6	96	None	All sheets were missing the
Module 7	84	None	date and several were missing the student's name, therefore, OEMS is unable to verify the student and time of evaluation. Furthermore, it was not clear "who" evaluated the student. Of note, seated spinal immobilization and bleeding control/shock skill
Final	82	Unknown	sheets were in the student file and completely blank.

3. Student CB (class # 132870)

Section	1st Test Attempt	Psychomotor Exam	Psychomotor Skill Sheets in File
Module 1	89	None	Aside from Module 2, the following sheets were in
Module 2	83.7	 O2 administration (x2) o one with an evaluator signature, and o one without a signature, Oropharyngeal/Nasopharyngeal (no evaluator signature), and Medical patient (X2) skill sheets were present, however, ALL are missing the date and The medical sheets are illegible. 	the student file: Oro/Nasopharyngeal airway, BVM apneic (X2), bleeding control/shock, medical assessment (X3) ounable to verify medications. A pediatric variations sheet was in student file.
Module 3	91	None	ono other student file, audited had the
Module 4	85.6	None	pediatric variations sheet.
Module 5	84	None	The trauma assessment sheet was left blank.
Module 6	92	None	All sheets were missing the
Module 7	80	None	date and several were missing the student's
Final	81	Unknown	name, therefore, OEMS is unable to verify the student and time of evaluation. Furthermore, it was not clear "who" evaluated the student.

4. Student JP (class # 132870)

Section	1st Test Attempt	Psychomotor Exam	Psychomotor Skill Sheets in File
Module 1	77	None	Aside from Module 2, the following sheets were in the
Module 2	70	 O2 administration, Oro/Nasopharyngeal, and Medical patient (X2) skill sheets were present, however, several skills sheets are missing the student's name, and ALL are missing the date. 	 student file: BVM Apneic, trauma assessment, medical assessment unclear what medication, bleeding/control, and long bone immobilization.
Module 3	74	None	All sheets were missing the
Module 4	75.9	None	date and several were missing the student's name,
Module 5	76	None	therefore, OEMS is unable to verify the student and time of evaluation.
Module 6	88	None	Furthermore, it was not
Module 7	86	None	clear "who" evaluated the student.
Final		d final exam with no evidence of diation or 2 nd attempt in file	

Student Name	CPR	Hospital Time	Additional comments
SA	No CPR card on file	No documentation	No documentation or
KJ	No CPR card on file	No documentation	evidence of hospital time or
CB	No CPR card on file	No documentation	student applications in
<u> </u>	No CPR card on file	No documentation	individual student files.
Student		EMT Training Fund (i	EMTTF)
KJ			
СВ		t submitted but there is	no evidence of EMTTF
JP	documentation.		

The student files demonstrated that they were disorganized and incomplete. Additionally, no psychomotor skills practice session documentation was present in the student files; therefore, providing no evidence of continued competency. Furthermore, there was no evidence of student affective evaluation or hospital time. In fact, you verbally admitted during the audit that you do not conduct affective evaluations.

No instructor sign in sheets existed, therefore questioning the instructor hour accountability and student ratios. Furthermore, there was no evidence of an instructor evaluation process, quality assurance program or involvement of the Medical Director in the program.

Lastly, EMT Training Fund records were requested for the following Course #s:

Class #	Amount	Date OEMS received
129069	\$40	6/5/2014
129067	\$120	6/5/2014
129085	\$6,000.00	11/18/2015
129580	\$3,562.50	2/22/2016
132535	\$4,500.00	11/20/2017
132870	\$3,000.00	1/18/2018

No EMT eligibility forms were retrieved and could not be located.

Based on the audit, OEMS determined that Delran Emergency Squad has multiple regulatory violations. Specifically, the audit revealed serious violations and deficiencies with the EMT education program that place public health and safety at risk.

The violations are as follows:

N.J.A.C. 8:40A-4.1 Program Director - Failure of the Program Director to:

- Provide oversight to assure that the program content and instructional program complies with the standards and guidelines set forth in the program curriculum and this chapter as evidenced by the citations herein;
- Provide oversight to assure the quality of the educational and instructional experience as evidenced by the citations herein;
- Provide oversight to assure that the program is operated in compliance with N.J.A.C. 8:40A as evidenced by the citations herein;
- Critique and evaluate the administration and results of all program examinations as evidenced by no documentation thereof;
- Assume the primary role in quality assurance as evidenced by no documentation thereof.

8:40A-4.2 Program Coordinator - Failure of the Program Coordinator to:

- Provide oversight to assure that the program content and instructional program complies with the standards and guidelines set forth by the Department and N.J.A.C. 8:40A as evidenced by the citations herein;
- Provide technical assistance and guidance to the program medical advisor, instructional staff and students as evidenced by no documentation thereof;
- Provide oversight to assure the quality of the educational experience and of the instructional staff as evidenced by the citations herein;
- Prepare, maintain, procure and inventory all teaching materials and instructional aids as evidenced by no skill sheets for students during psychomotor skill stations throughout the course;
- Critique and evaluate the administration and results of all written and practical skills evaluations (in cooperation with the program director) as evidenced by no evaluation process;
- Maintaining all program evaluations, student records files and program examination results as evidenced by minimal documents in student file records; and
- Maintain responsibility for quality assurance as evidenced by no documentation thereof.

8:40A-5.1 General information and requirements – Failure of the EMT training program to:

 Maintain on file a descriptive synopsis of the current curriculum, both didactic and clinical, as well as current course objectives, course outlines, schedules of didactic and clinical courses, field experience schedules and instructional plans on file.

8:40A-5.1(f) - General information and requirements – Failure of the EMT training program to maintain on file EMT Training Fund records

Student records shall be retained for a period of at least five years from the end
of training or termination of a student from the EMT training program. The
program coordinator shall maintain all student records and shall make those
records available to Department staff upon demand.

8:40A-5.2(a)2 - Student Qualifications - Failure of students to possess the appropriate CPR certification.

8:40A – 5.8 Program Curriculum – Failure to be in compliance with the 2009 National EMS Education Standards, National EMS Core Content and National EMS Scope of Practice as evidenced by no current curriculum or lesson plans.

8:40A-6.2 Eligibility to sit for the Examination – Failure to be in compliance with practical skills verification examination records as evidenced by no names, dates or scores on skill examination sheets verifying eligibility for examination. Additionally, you also passed an individual who failed the final exam; yet let sit for the state exam.

Based upon the totality of the violations and deficiencies described above, the Department has determined that the Delran Emergency Squad EMT program should be revoked. Pursuant to <u>N.J.A.C.</u> 8:40A-3.3(a), a training program's authorization may be suspended or revoked for:

- 1. Failure to adhere to the rules . . .:
- 2. Failure to maintain required personnel, facilities, resources, finances, records, equipment and evaluation tools;
- 3. Failure to successfully pass a site review, inspection or evaluation;

Although the violations stated above are significant, after a conversation with OEMS staff, the Department will permit Delran Emergency Squad to take corrective action. As such, the Department will not approve any future courses, both initial or refresher, until a corrective action plan is submitted and approved. To address the above deficiencies, the Department requests at a <u>minimum</u>, a corrective action plan be submitted to address the points outlined below *prior* to Delran Emergency Squad conducting any future EMT programs (initial or refresher).

- 1. Administrative oversight of program staff, including an organizational chart to demonstrate clear delineation of program staff roles.
- 2. Identification of roles and responsibilities of program staff.
- 3. Current policies and procedures for all aspects of EMT program implementation.
- 4. Verification and maintenance of student qualifications (i.e. CPR credential) of continued progress (i.e. attendance, remediation) during the program.
- 5. Competency verification validating cognitive, affective, and psychomotor objectives (date/signatures of educational staff, student, etc.).
- 6. Documentation of any required remediation, their outcomes, and reverification of competencies (date/signatures of educational staff, student, etc.).

- 7. Ensuring student files are organized, consistent and structured to confirm validation of program requirements. This should include a mechanism for validating a student's progress throughout didactic and clinical training, including, but not limited to records of progress (grades, examinations, student deficiencies, remediation verification and skill performance).
- 8. Maintaining current student information and progress as required within the OEMS certification platform.
- 9. Ensuring communication with students to validate student is apprised of progress throughout the EMT course, including face-to-face progress evaluation, when appropriate and documentation thereof.
- 10. Process for creating exams and validating test questions.
- 11. Creation of curriculum with course objectives, lesson plans, formative and summative scenarios for psychomotor skills practice and evaluation, course agenda, and psychomotor skills lab sheets to ensure compliance with the National EMS Education Standards, the National EMS scope of practice and all skills permitted within the State of New Jersey (e.g., Narcan, EpiPen, Aspirin, CPAP, PEEP).
- 12. Policy and procedure for evaluation of EMT educational staff.
- 13. Policy for maintenance of EMT Training Fund certificates and processing.
- 14. Verification that educational staff maintain minimum certifications in compliance with state regulations.
- 15. Secure a Department approved mentor/consultant to audit and assist with program oversight for all aspects of the EMT training program for a one year period, including submission of quarterly progress reports for said one year period.
- 16. Verification of active participation of Medical Advisor/Director.

The corrective action plan shall be submitted within 30 days of receipt of this letter. <u>Failure to submit the corrective action plan within 30 days will prompt the Department to continue with revocation proceedings.</u>

If you have any questions concerning this matter, please do not hesitate to contact Dr. Terry Clancy at (609) 633-7777.

Sincerely,

Scot Phelps, JD, MPH, Paramedic

Director

Emergency Medical Services

c: Dr. Terry Clancy, OEMS Candace Gardner, OEMS Timothy Seplaki, OEMS James Sweeney, OEMS Eric Hicken, OEMS Christopher Tams, OEMS

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