Elucidating Scope of Practice For Critical Care Techs at Penrose-St. Francis Health Services

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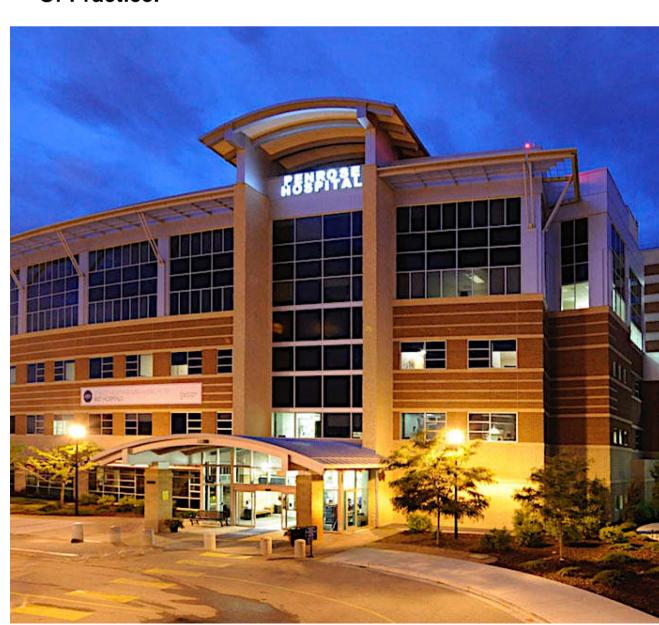
Introduction

Penrose-St. Francis Health Services, located in Colorado Springs, CO includes two Emergency Departments which are both staffed with Critical Care Techs (CCTs) who are State-Certified Emergency Medical Technicians (EMT). However, while working in the hospital, their scope-of-practice differs from the state of Colorado scope of practice in which they were initially trained. This has led to some concern over the ambiguity on where the scope-of-practice overlaps and where it differs.

While working in the Emergency Department, under the license of the Medical Director, CCTs are authorized to function above the state EMT scope-of-practice given they have received the appropriate training for the competencies or procedures that they will perform. Examples of skills allowed above the state scope include wound irrigation, placing urinary catheters, and applying orthopedic devices.

Conversely, some competencies included in the CO state scope-of-practice are restricted while working in the Emergency department. Examples include giving any medications, use of the defibrillator, or placing Intraosseous Infusion lines.

Objective

- **To elucidate the scope of practice of Critical Care Techs working in the Emergency Department at Penrose-St. Francis Health Services compared to the CO State Scope Of Practice.**

Methods

1) All CCTs working at both hospitals will complete a pre-orientation survey to assess their understanding of the scope of practice in the hospital. In addition, the survey will also contain questions to evaluate perceived comfort level to educate other team members, including nurses and physicians, on the scope of CCTs.

2) A scope-of-practice orientation has been created by the Medical Director. It includes specifics on each competency that differs from the CO state scope and how to handle a situation in which another team member asks a CCT to do a task outside of their scope. Each CCT will go through the orientation while they on shift in the Emergency Department.

3) After the orientation, CCTs will complete the post-orientation survey which will contain the same questions as the pre-orientation survey.

4) The post-orientation survey answers will be compared to the pre-orientation survey answers to determine if the objectives have been met. This will include the assessment of both their knowledge and comfort level of the CCT scope of practice.

5) If any objectives were not met, the orientation will be reassessed.

Results

At this point, our results have are not completed. We are still waiting to get everyone through the orientation and to collect the post-orientation survey results.

Discussion

At this point, no results have been attained making it difficult to reach any conclusions if the orientation training was successful.

One of the challenges of this quality improvement project was execution of the orientation. Some shifts are busier than others leading to rushed training during these times, and others received only a power point presentation depending on their schedule. This inconsistency may make it difficult to elucidate any results that do not meet the objectives.

Although results are not clear yet, if the orientation was successful, next steps include creating a document that specifically defines the cope-of-practice that can be used for reference. In addition, the scope of practice orientation would also be added to the training for all newly hired CCTs. If any objectives are not met, the specific object will be reassessed to determine why it was not met and how the training can be modified to be successful.

Conclusions

Unfortunately, no conclusion can yet be made without data.

Acknowledgements