



State of New Jersey
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
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Lt. Governor

www.nj.gov/health

MARY E. O'DOWD, M.P.H.
Commissioner

April 28, 2015

Mr. Vince Robbins, President, CEO
MONOC
4806 Megill Rd.
Neptune, NJ 07753

Ms. Patricia Fenn
Assistant Vice President, Continuing and Professional Education
Ocean County Community College
1 College Dr.
Toms River, NJ 08754

Re: **Notice of Proposed Revocation of Paramedic Clinical and Didactic Training Sites:** Investigation Control #2014-0111V

Dear Mr. Robbins and Ms. Fenn:

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 paramedical services. In furtherance of the objectives set forth in the statutes, the Department has adopted regulations that govern the training and certification of paramedics. See N.J.A.C. 8:41A-1.1, et seq. Emergency Medical Technicians-Paramedic: Training and Certification.

As defined in N.J.A.C. 8:41A, paramedic education is comprised of two distinct components. The Department authorizes a college to deliver paramedic didactic education, and an advanced life support program to conduct clinical education. In this instance, Ocean County Community College is authorized as the didactic program, and MONOC, the clinical program.

On October 19, 2014, the Department's Office of Emergency Medical Services (OEMS) received a complaint alleging that faculty members of MONOC's paramedic training program falsely recorded field time hours for two paramedic students and then deeming these students eligible to sit for the National Registry of Emergency Medical Technicians Paramedic (NREMT) examination. Consistent with regulatory authority and

OEMS policy, OEMS opened an investigation into this matter. The investigation included interviews with MONOC students and faculty as well as a review of student files for the two students in question as well as the files for ten additional MONOC paramedic students. These 12 files represented the most recent students to be deemed eligible for certification by MONOC, as they had allegedly met the minimum regulatory requirements.

To begin the investigation, OEMS investigators went to MONOC's place of business on October 21, 2014, in order to review student files. Upon arrival, the investigators were told by Scott Matin, Vice President of Education Services, that they had no right to review student files. As a result, the investigators were denied access to the files. At this point, MONOC was already in violation of the Department's regulations. Specifically, N.J.A.C. 8:41A-2.1(g) requires a paramedic training program to produce paramedic student records to Department staff upon demand. Here, MONOC outright denied Department staff access to the records they requested. Such refusal alone is grounds for an enforcement action against MONOC. See N.J.A.C. 8:41A-2.8(a)(5) and 2.8(b).

Because OEMS opened an investigation into MONOC's paramedic program and needed the student files in order to conduct a thorough and complete investigation, OEMS investigators chose to schedule with MONOC a future date to again present at MONOC's office in order to obtain the files, rather than issuing an enforcement action against MONOC at that time. After returning to MONOC's office on October 24, 2014, and waiting three hours, the investigators were finally granted access to the files. Although OEMS was granted access to students records, it was later determined that the files were incomplete. OEMS investigators returned to MONOC on February 12, 2015 where MONOC was only able to completely produce 11 out of the 12 files that were requested, as they were unable to locate the clinical training file for one of the students.

After reviewing the student files that could be produced by MONOC, interviewing students and reviewing the documentation within their possession, and interviewing MONOC faculty, OEMS has determined that MONOC's clinical and OCCC's didactic training site authorizations should be revoked. Specifically, the investigation revealed serious violations and deficiencies with the paramedic training program that place public health and safety at risk. The violations are as follows:

STUDENTS FAILED TO MEET MINIMUM REQUIRED HOURS AND/OR SKILLS FOR CLINICAL TRAINING

Most concerning, the investigation revealed that the MONOC students did not complete the minimum number of evaluations, clinical training hours and/or the minimum number of skills required under N.J.A.C. 8:41A-2.4 through 2.7 before they were endorsed by MONOC to sit for the NREMT exam and receive certification from OEMS. N.J.A.C. 8:41A-2.4 provides that paramedic students must complete a minimum of 700 hours of total clinical training, which is broken up as follows:

- i. Emergency Department: 100 hours;
- ii. Intensive/Coronary Care Units: 40 hours;
- iii. Operating/Recovery Room: 24 hours;
- iv. IV Therapy Team, if available: 16 hours;
- v. Pediatric Unit: 40 hours;
- vi. Labor/Delivery/Newborn Nursery: 24 hours;
- vii. Psychiatric Unit or Crisis Center: Eight hours;
- viii. Cardiology Laboratory: Eight hours; and
- ix. Morgue: Eight hours;
- x. Laboratory: Eight hours; and
- xi. Respiratory Therapy: 24 hours;
- xii. Field experience: 400 hours.

Within each clinical area identified above, each student must perform specific skills and must successfully complete a certain number of the skills in order to demonstrate competence in these areas. See N.J.A.C. 8:41A-2.5, 2.6 and 2.7. For example, a student must successfully perform a series of endotracheal intubations utilizing appropriate equipment and techniques during his or her operating room training experience. N.J.A.C. 8:41A-2.5(d)(1). And, for the labor and delivery training experience, the student must document the observation of at least five vaginal deliveries and identify the normal stages of labor. N.J.A.C. 8:41A-2.6(b)(1) and (2).

Only one of the twelve students that were endorsed met the clinical requirements for certification. The one student that met the requirements completed his clinical training with another training provider, not MONOC. Thus, NONE of the students that completed their clinical training with MONOC met the minimum clinical training requirements. Specifically, the investigation showed:

- Emergency Department – at least 3 of the students did not meet the clinical requirements of hours or skill requirements for this rotation.
- ICU/CCU – at least 5 of the students did not meet the clinical requirements of hours or skill requirements for this rotation.
- Operation room – at least 9 of the students did not meet the clinical requirements of hours or skill requirements for this rotation.
- IV Lab – at least 2 students did not meet the clinical requirements of hours or skill requirements for this rotation.
- Pediatrics – at least 3 students did not meet the clinical requirements of hours or skill requirements for this rotation.
- Labor and Delivery – at least 9 of the students did not meet the clinical requirements of hours or skill requirements for this rotation.

- Psychiatric – at least 2 students did not meet the clinical requirements of hours or skill requirements for this rotation.
- Cardiac Lab – at least 2 students did not meet the clinical requirements of hours or skill requirements for this rotation.
- Morgue/Autopsy – at least 10 students did not meet the clinical requirements of hours or skill requirements for this rotation.
- Respiratory Therapy – at least 3 students did not meet the clinical requirements of hours or skill requirements for this rotation.
- MICU Field Time – at least 4 students did not meet the clinical requirements of hours or skill requirements for this rotation.

While MONOC's EMS Educators could have submitted waiver applications to OEMS to waive some of the minimum number of the required skills that the students were required to complete prior to endorsing the students to sit for the NREMT examination, pursuant to N.J.A.C. 8:41A-2.4(f), the Educators made no such applications. Although MONOC submitted waiver applications for 6 of the above students well after MONOC endorsed them and after OEMS opened its investigation into this matter, those requests were denied as they were not submitted while the students were still in training. MONOC's untimely waiver requests not only provide validation to OEMS' findings that these students failed to meet the minimum clinical training requirements for testing and certification but also evidence that MONOC faculty never verified that its students met minimum standards before endorsing them for the NREMT exam.

As you should already be aware, the minimum training requirements that each student must complete in the clinical areas outlined above exist for a reason - to ensure that students are competent, accountable and consistent in the provision of care in these critical areas. Indeed, the importance of these minimum requirements is emphasized in N.J.A.C. 8:41A-2.8(a)(2), which states that enforcement action will be taken against a training program that fails to **strictly adhere** to the training program curriculum. Here, MONOC's failure to adhere to the minimum paramedic training standards not only places the public's health, safety and welfare at risk, as the students do not have sufficient training to care for critically ill patients in this State, but also places the students in the unfortunate position of having to care for extremely sick and injured patients without the necessary educational tools to provide appropriate care. Even more, MONOC's failure to comply with the requirements shows that there was an utter lack of oversight of its paramedic students during their clinical training. Thus, MONOC has demonstrated an inability to comply with the minimum clinical training requirements for its paramedic students, as set forth in N.J.A.C. 8:41A-2.4 through 2.7, which cannot be tolerated.

STUDENTS PERMITTED TO PARTAKE IN FIELD TIME ROTATION PRIOR TO COMPLETION OF CLINICAL ROTATION

The investigation also revealed that at least 2 MONOC paramedic students were permitted to participate in the field time clinical rotation, which is the final stage of a student's clinical training, prior to completing their hospital clinical rotation. As set forth in N.J.A.C. 8:41A-2.1(a) and 2.3(d)(1), paramedic training is made up of two parts: didactic training and clinical training. The clinical training is further broken down into three categories: Category I/Skills Division; Category II/Special Care Division; and Category III/Field Experience. See N.J.A.C. 8:41A-2.5, 2.6 and 2.7.

In order to ensure that students have the necessary skill sets to perform paramedic duties, students must first successfully complete the didactic portion of training, which is textbook and simulated skills training in the classroom, before proceeding to clinical training. N.J.A.C. 8:41A-2.4(d). Once the didactic portion is successfully completed, the student is permitted to proceed to Category I clinical training, which is where the student applies the knowledge he or she gained in the classroom to patients in a controlled hospital setting overseen by medical professionals. Ibid. After successfully completing Category I, the student is then permitted to proceed to Category II clinical training, which is training also conducted under supervision in the hospital setting. See N.J.A.C. 8:41A-2.5(f). Once the student successfully completes the necessary clinical hours and skills in the hospital and demonstrates competencies in all clinical areas under Categories I and II, the student is then permitted to proceed to Category III, which is where the student rides on a mobile intensive care unit and applies his or her newly gained skills in the field while being closely supervised by experienced paramedics. N.J.A.C. 8:41A-2.6(e) and 2.7. After completing the requirements of each Category, the student is to demonstrate competency in all clinical areas prior to advancing to the next Category of training. The training progresses in this manner so to provide the student with a proper foundation for paramedic practice and cannot be unilaterally altered by a training program.

In the instant matter, MONOC failed to comply with this training progression as it has permitted students to participate in field time training prior to completing their clinical training in the hospital. In fact, one student was permitted to intubate a patient in the field without first demonstrating competency for this medical intervention in the hospital setting, as required by N.J.A.C. 8:41A-2.5(d)(1). Permitting students to participate in the field without first completing their clinical rotation in the hospital is a dangerous undertaking as it allows students to perform medical interventions on patients in difficult field locations, such as on the side of the road, without first practicing the skills they learned in the classroom and then in a controlled hospital setting with close medical professional oversight. Such actions not only violate N.J.A.C. 8:41A-2.4 through 2.7, but also place patient lives in unnecessary jeopardy.

FAILURE TO COMPLY WITH FIELD EXPERIENCE REQUIREMENTS

The investigation further revealed that MONOC has not been complying with field

experience requirements. Pursuant to N.J.A.C. 8:41A-2.7(a)(1), paramedic students that are in the field must complete patient care reports for each patient that the student treats or assesses. The investigation showed that the students consistently failed to complete these necessary reports. Additionally, the students' files were missing several preceptor forms relating to their field experience and, even when the forms were present in the file, they often times failed to document the skills performed by the student and/or the number of hours that the student rode on the mobile intensive care unit. Thus, there was again a clear lack of oversight of these students in ensuring that they completed the necessary hours and skills for their field experience. Lastly, MONOC permitted a paramedic to serve in the capacity of a preceptor without prior authorization, in violation of N.J.A.C. 8:41A-2.4(c)(2). Thus, MONOC failed to ensure that its program complied with the field experience requirements.

FAILURE OF MONOC'S EMS EDUCATORS TO PROPERLY DISCHARGE THEIR DUTIES AND RESPONSIBILITIES

The investigation further showed that MONOC's EMS Educators, Paul Scalzo and Robert Clawson, who were both interviewed by OEMS investigators, have not been discharging their duties and responsibilities set forth in N.J.A.C. 8:41A-2.4(c). Specifically, N.J.A.C. 8:41A-2.4(c)(7) provides that an EMS Educator is responsible for "developing a final evaluation examination covering all the objectives of the clinical training" and ensuring that each student passed the "examination prior to receiving endorsement to take the NREMT-Paramedic Certification Examination." And, N.J.A.C. 8:41A-2.4(c)(8) states that an EMS Educator is responsible for "[e]nsuring that all students perform and demonstrate competency in all required skills prior to endorsing the student to sit for the NREMT-Paramedic Certification Examination." The investigation revealed that MONOC's EMS Educators failed to verify student competencies upon completion of their clinical experiences and failed to develop and administer final exams covering the objectives of the clinical experience before endorsing the students for the NREMT exam as none of the student files reviewed contained any evidence of the exams or verifications. In fact, both Educators reported that competency evaluations were not conducted for students. Even more, the Educators endorsed the students to sit for the NREMT exam even though their files showed that they did not complete the minimum requirements necessary for such endorsement.

The EMS Educators also failed to ensure that the student files contained pertinent records, as they are required to do under N.J.A.C. 8:41A-2.4(c)(3). Specifically, N.J.A.C. 8:41A-2.4(c)(3) provides that an EMS Educator is responsible for:

[c]ompiling all relevant student records including, but not limited to:

- i. A copy of the student's EMT-Basic certification card;
- ii. Copies of the student's CPR, ACLS and either PALS or PEPP-Advanced certification cards;

- iii. Documentation of successful completion of the didactic portion of an EMT-Paramedic training program;
- iv. A copy of the schedule for the didactic portion of an EMT-Paramedic training program;
- v. Original documentation of completion of the stated objectives of the clinical portion of an EMT-Paramedic training program;
- vi. Copies of the schedules for the clinical portions of an EMT-Paramedic training program;
- vii. Anecdotal records, as needed;
- viii. Copies of the required evaluations; and
- ix. Copies of the endorsement to take the NREMT-Paramedic Certification Examination, if appropriate;

The vast majority of the student files reviewed failed to contain the above cited documentation necessary to provide validation that each student has met the minimum prerequisites for paramedic education and certification.

Additionally, N.J.A.C. 8:41A-2.4(c)(4) requires an EMS Educator to provide “each student with at least four periodic written or verbal evaluations.” There was no documentation within any the student files reviewed evidencing that these evaluations were conducted.

Based upon the foregoing, MONOC’s EMS Educators grossly failed to discharge their duties and responsibilities, thereby leaving their paramedic students without proper and adequate oversight. As such, MONOC is in violation of N.J.A.C. 8:41A-2.4(c).

FAILURE OF OCCC’S DIDACTIC COORDINATOR TO PROPERLY DISCHARGE HER DUTIES AND RESPONSIBILITIES

The investigation also revealed that OCCC’s Didactic Coordinator, Agnes Galiano, who was interviewed by OEMS investigators, has not been discharging her duties and responsibilities, which are set forth in N.J.A.C. 8:41A-2.3(c). Specific to the instant matter, N.J.A.C. 8:41A-2.3(c)(4) requires the Coordinator to:

- [c]ompiling all relevant student records including, but not limited to:
- ii. Records of progress, including grades on examinations and skill performance;
 - iii. Anecdotal records, as needed.

The student files reviewed did not contain any anecdotal records made by the Coordinator, and the minimal progress records found in the files were either inconsistent or incomplete, as there was no documentation reflecting what remediation efforts were taken after a student failed an exam. Furthermore, the Coordinator failed to ensure that each of her students demonstrated and performed “competence in all required skills prior to completion of didactic training” as required by N.J.A.C. 8:41A-2.3(c)(7), as she failed to document this in the files.

Even more, the Coordinator failed to provide periodic reports on each student’s progress to the EMS Educator at the sponsoring clinical training site, as required under N.J.A.C. 8:41A-2.3(c)(6). Indeed, the Coordinator acknowledged that not a single report was sent to the EMS Educators for any of the students reviewed.

Based upon the foregoing, there was limited evidence in the student files demonstrating that each student successfully passed the didactic portion of the paramedic training program. Even though there was limited evidence that the students successfully completed their didactic training, the Coordinator endorsed each of these students to sit for the NREMT exam. Such disregard for the rules is unacceptable.

DISCREPANCIES, INCONSISTENCIES AND FALSIFICATION OF STUDENT RECORDS

As a paramedic training provider, MONOC is required to “maintain accurate records of the students’ progress, documenting satisfactory completion of all clinical objectives.” N.J.A.C. 8:41A-2.4(b)(2)(ii). A review of the students’ files revealed that MONOC’s student recordkeeping system is wholly non-compliant with this requirement as the students’ clinical records contain major discrepancies, inconsistencies and even falsification.

After reviewing files and interviewing faculty, OEMS investigators learned that MONOC maintains multiple different systems for tracking student clinical training, all of which contain discrepancies, inconsistencies and fail to reconcile with one another. One system consists of master logs for certain skill areas, such as 12-lead electrocardiogram tracing, that is supposed to document the skills performed by the student that matches that specific area, and an individual log for each day the student attended a clinical rotation, which is supposed to document the skills the student completed that day. In the files reviewed, several discrepancies and inconsistencies were found. First, some of the logs contained pro forma forms crafted by MONOC, while other logs were hand-made by either students or preceptors. Second, the entries contained in the master logs did not match the entries contained in the individual logs. Third, some of the log entries were signed by preceptors, while others were not. Absent a preceptor signature, there is no verification that the student performed the skills outlined therein. Fourth, some of the log forms just noted that the student attempted a certain skill without specifying whether the attempt was successful or not. Indeed, without documenting whether the student’s attempts were successful there is no way to determine whether the student mastered the skill, which is the very point of the training. Finally, some of

the log forms lacked the student's name, which questions whether the log form even belonged to that particular student.

MONOC also has the Fisdap computer system that is utilized by students, which enables the students to keep track of their own clinical training. The entries made by students into Fisdap are not verified by preceptors. OEMS investigators reviewed the Fisdap records for the students and found that the entries made failed to reconcile with the entries made in the student's master log and student's daily log. And, one student's Fisdap was clearly falsified as the narrative provided for one patient was cut and pasted into another patient's narrative. The falsification was clear not only because the narratives were exactly the same, but also because the chief complaint of the one patient did not come close to matching the appropriate care that should have been provided for that patient's condition.

MONOC's final recording system is the paramedic student daily evaluation sheet, also known as preceptor forms, which is supposed to be completed by the preceptor of a specific clinical area that is responsible for the student on that particular day. The form is supposed to describe the student's performance regarding the skills he or she performed in the specific clinical area. The files reviewed had multiple missing preceptor forms, and when the forms were present, they often times lacked preceptor signatures. Even more, the same preceptor form appeared in more than one file, which would mean that those students performed the same procedure on the same patient on the same day, which is simply not plausible. Thus, false and incomplete information was included in the students' files.

The above described inconsistencies and discrepancies in MONOC's recordkeeping system violates N.J.A.C. 8:41A-2.4(b)(2)(ii) and demonstrates MONOC's lack of oversight of its paramedic students during their clinical training. And, without consistent, proper documentation, there was no way for MONOC to verify that each of its students met the minimum regulatory requirements necessary for endorsement for the NREMT exam. Such poor recordkeeping is unacceptable.

CONCLUSION

Based upon the totality of the egregious violations and deficiencies described above, the Department has determined that MONOC's clinical and OCCC's didactic training site authorizations must be revoked. Pursuant to N.J.A.C. 8:41A-2.8(a), a paramedic training program's authorization may be suspended or revoked for:

1. Failure to adhere to the rules . . .
2. Failure to strictly adhere to the clinical or didactic portion of either the program curriculum . . . ;
3. Failure to maintain adequate personnel, facilities, resources, finances, records, equipment and evaluation tools;
8. Falsifying documents and other false filings of documents required by law, rule and/or regulation.

The violations described herein evidence MONOC and OCCC's gross failure to comply with the paramedic training regulations, a failure to strictly adhere to the clinical and didactic program curriculum, a failure to maintain adequate records and personnel and even falsification of student records. In fact, MONOC admitted to many of the above cited deficiencies in its April 8, 2015 submission to OEMS. In this submission, MONOC readily points out how it has been in violation of the Department's paramedic training program requirements in the areas of vaginal births, operating room hours, morgue time, waivers, examination requirements, periodic reporting and distribution of accurate information to its students. Thus, by MONOC's own admissions, it is in agreement that it has failed to comply with the Department rules in multiple ways.

In addition to violating the Department's regulations, MONOC and OCCC has also broken the trust that OEMS had in their ability to provide appropriate paramedic training. By approving a paramedic training site, OEMS is expressing that it trusts that the educational provider will give its paramedic students the adequate and proper training that they need to provide high quality emergency medical care to the critically sick and injured patients of this State. MONOC and OCCC's actions have irretrievably broken this trust.

Therefore, as a result of this investigation, it is the intention of this Department to revoke authorization for MONOC's clinical training program and Ocean County Community College's didactic education program. Pursuant to N.J.S.A. 52:14B-1 et seq. and N.J.A.C. 8:41A-5.3(c), you may request a hearing before the Office of Administrative Law to contest the Department's decision to revoke your paramedic training certification. Your request for a hearing on this matter must be submitted in writing and must be accompanied by a response to the charges contained herein. Your request for a hearing must be submitted within 30 days from the date of this Notice. Please include the control number **#2014-0111V** on your correspondence, and forward your request to:

New Jersey Department of Health
Office of Legal & Regulatory Affairs
P.O. Box 360, Room 805
Trenton, NJ 08625-0360
Attn: Ms. Tami Roach

Finally, please note that failure to submit a request for a hearing within 30 days of this notice shall render this notice final. If you have any questions concerning this matter, please do not hesitate to contact Dr. Terry Clancy at (609) 633-7777.

Sincerely,



Nancy Kelly-Goodstein
Acting Director
Emergency Medical Services

c: Dr. Terry Clancy, OEMS
Candace Gardner, OEMS
George Hatch, Committee on Accreditation of Educational Programs for the EMS
Professions (CoAEMSP)
Tami Roach, OLRA
Robert Wagoner, National Registry of Emergency Medical Technicians (NREMT)

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