Academy of Medicine EMS Site Visit Form

Name of EMS Service: _____

Address of Site Visit: _____

Primary Contact Officer: _____ Phone number of Service: _____

Service EMS Officer: _____ Date Submitted to AOM: _____

Initial Compliance Committee Review date: _____

Date/Time of Site Visit: _____

Address of Site Visit: _____

Site Visit Leader: _____

Site Visitor: _____

Site Visitor: _____

Present for EMS Service: _____

Present for EMS Service: _____

Present for EMS Service: _____

Present for EMS Service: _____

EMS Service Medical Director: _____

Timeline: Date

EMS Service Notified: _____

EMS Service Submission: _____

Review by Chairman: _____

Site Visit Scheduled: _____

Site Visit Completed: _____

Presented to EDS Comm: _____

Recommendation from the EDS Committee:

Final Recommendation by the EDS Committee: (circle)

1 year 3 year 5 year

EDS Chairman Signature: _____

Comments:

INSTRUCTIONS TO SITE VISIT TEAM

- The first column indicates the item number.
- The second column indicates if the item is a Recommendation (R) or a Standard (S)
- A **Recommendation** is an item that has been deemed important by the EDS Committee as essential to the functioning of a superior EMS system. It is not stipulated as a Standard in the AOM Protocol, so not meeting a recommendation can not be cause for failure of the site visit but should be viewed as an area of improvement.
- A **Standard** is an item that is clearly stipulated as required by a rule governing body: the AOM Protocol, the ORC, the OAC or the NFPA. Not meeting a standard can be grounds for improvement or may result in a 3 year approval, follow up site visit, corrective action, probation, suspension or termination
- For each item, based on evidence presented, indicate if that item meets the Recommendation or Standards:
- **Met** – there is sufficient evidence to demonstrate that the program meets the minimum requirement of that item.
- **Not Met** – the program has either: not demonstrated that it meets that item and/or there is evidence to show that the program is in violation of that item OR
- a portion of the item is adequate, but a portion of the element does not meet the Recommendation or Standard.
- Check the evidence that was presented. (Not all evidence listed for a given item is required to consider it "Met".)
- Provide a detailed rationale if an item is marked as Not Met. The team must state the reason(s) as to why that element of the item is not in compliance.
- Examples listed in the evidence column are common ways that items may be demonstrated as "Met". Other mechanisms may be acceptable, and if present, describe in the Rationale/Comments column.
- After completion of the form, it should be submitted to EDS Committee for discussion and awarding of the following status:
    - 5 year approval, 3 year approval, 1 year approval, Follow up site visit, Corrective Action, Probation, Suspension or Termination

Notes from Compliance Committee review:

Item #	Standard - S or Recommendation- R	Criteria	Interpretation/Rationale	Examples of Compliance	Met/ Not Met
		Dispatch			
1	R	The center that provides dispatch for the site organization utilizes an organized form of medical dispatching	Is the organization dispatched by an organization following one of the leading dispatch software programs (APCO, MPDS) or If it is a homegrown program, is there a protocolized approach used to dispatch medical assets?	Provision of a letter verifying that the service is dispatched by a specific dispatch center. Self-dispatch centers will need to demonstrate protocolization of call handling.	M / NM
		Medical Direction			
2	S A100 IE2f	Is the Medical Director engaged in CQI	Can the organization provide proof that the Medical Director is engaged in the CQI process?	Proof of involvement	M / NM
3	S A100 IE2f(iv)	Does the system have a manner to review and resolve cases discovered through complaints or CQI process with inappropriate medical care and bad outcomes?	The organization should be able to demonstrate that they have a sentinel event process.	Review list of protocol misadventures and how they were handled. Review of Standard Operating Procedures	M / NM
4	S A100 IE2a	Is the Medical Director engaged in medical education	The organization should be able to demonstrate that the Medical Director is participating in medical education.	Proof of Medical Director provided education.	M / NM
5 Or 6	S OAC 4765-3-05	Is the Medical Director Board certified in Emergency Medicine Has the Medical Director completed either the NAEMSP or State of Ohio Medical Director course?	The organization should be able to demonstrate that the Medical Director is Board Certified in Emergency Medicine or that the Medical Director has attended either of the required training programs for EMS Medical Directors.	See MD certifications See MD course certification	M / NM
7	R	Does the MD have training or a background in prehospital delivery of medicine or have they completed EMS fellowship?	The organization should be able to demonstrate that the Medical Director is either EMS fellowship trained or have practice pathway certification.	Review MD prehospital time or EMS fellowship qualifications.	M / NM

		Protocol/Level of Care/Operations			
8	S A100 IG1	Does the organization provide medical care based on Academy of Medicine medical protocols	Can the organization demonstrate that the care rendered follows the AOM protocols	Review a few calls for treatment compliance. Review the CQI records	M / NM
9	S A100 IIIB1	Is paramedic (ALS) level of care provided 24/7	Can the organization demonstrate that it provides 24/7 ALS service.	A schedule reflecting a full line up of paramedics Review of calls that reflect ALS treatment	M / NM
10	S A100 IIIA	Are two paramedics responding to all high acuity calls and 90% of runs where medical care must be provided under the AOM protocol	Can the organization demonstrate that patients that meet the classification of a High acuity call receive care from paramedic level providers.	Review random sampling of cardiac arrests or stroke dispatches to ensure paramedic response	M / NM
11	S A100 IIIC1	Do all paramedics have an ACLS certification	Can the organization demonstrate that all paramedics are ACLS certified.	Review list of certifications and look for any that may be expired.	M / NM
12	R ORC 4766.04	Are all EMT and Paramedic certifications up to date?	Can the organization demonstrate that all EMT and paramedic certifications are not expired.	Review list of certifications and look for any that may be expired.	M / NM
13	S A100 IF1	Providers have a mechanism for online medical control?	Can the organization demonstrate that there a mechanism by which the EMT or Paramedic can call the hospital for medical orders or for notification	Cell phone, Radio	M / NM
14	S A100 IH2	Does the Service have a system by which to leave a paper or electronic copy of the PCR is left with the patient at the hospital?	Does the service have the ability to leave a copy of the EMS PCR at the hospital.	Proof of system.	M / NM
15	R	What electronic PCR software is the department using?	Enter Here:		M / NM
		Education			
16	R OAC 4765-7-01	Is the organization an accredited Education program?	Can the organization demonstrate that is in compliance with the Standards and Guidelines for accreditation by the State EMS Office or CoAEMSP?	Certificate	M / NM
17	R	Does the organization provide the prehospital caregivers a manner in which they can maintain their procedural skills?	Can the organization demonstrate that it provides the opportunity to practice procedural skills to ensure the providers of all levels have appropriate continued training in procedural skills?	Training proof	M / NM

		EMS Program Personnel			
18	R	Does the EMS program officer have adequate experience managing an EMS Program	Can the organization demonstrate that the officer in charge of EMS has adequate EMS background?	Is there an officer responsible for the EMS function of the department?	M / NM
19	R	Is the EMS program officer a full time position?	Can the organization demonstrate that there is an office assigned to be in charge of EMS Operations?	Table of Organization	M / NM
20	S A100 IE2f	Is the EMS program officer involved in the CQI process?	Can the organization demonstrate that the EMS Officer is engaged in the EMS CQI process?	Written proof of involvement	M / NM
		Patient Safety			
21	R	For the safety of the patient and the providers, are ambulance operators provided/required with EVOC or similar training?	Can the organization demonstrate that training is provided that is appropriate for the safe operation of an ambulance?	Review driver training.	M / NM
22	R	Does the organization have a review process for all ambulance accidents?	Can the organization demonstrate that there is a policy to investigate all ambulance accidents?	Review SOP for process.	M / NM
23	R	Does the organization monitor response time averages?	NFPA?		M / NM
24	R	Does the department have a response guide GPS and/or mapping ability	Can the organization demonstrate that it has directional guidance for response to initial scenes as well as to hospitals?	GPS device Map	M / NM
25	R	Are there appropriate HIPAA guidelines and training in place to protect the patient's private information?	Can the organization demonstrate that there is a policy that protects the patient's personal medical information?	Policy	M / NM
26	S A100 IH4	Does the service track critical patient care procedures?	Does the organization track the success of self-defined critical procedures such as ET, IO, tourniquet application.	Proof of system, report of percent success.	M / NM
27	S A100 IIID2	Does the Service have an appropriate CLIA License?	Can the organization demonstrate a CLIA license certificate?	Copy of License	M / NM
28	S A100 IIID3	Does the Service have an appropriately signed Ohio Board of Pharmacy license? For Departments that carry controlled substances, do they have a federal DEA license?	Can the organization demonstrate a signed Board of Pharmacy License and a DEA license if appropriate?	Copy of License(s)	M / NM
		Provider Safety			
29	S CDC[1] and OAC 4123:1-21-07	Are new employees offered the Hepatitis B vaccine?	It is recommended by the CDC, OAC and C.F.R. 1910.1030 that all healthcare workers be vaccinated against Hepatitis B. Can the organization demonstrate that all employees are offered the Hepatitis B vaccine prior to any patient contact.	Review SOP for policy	M / NM

30	R OAC 4123:1-21-07	Does the program have a method of identify, limit, prevent and handling a blood borne pathogen exposures?	Can the organization demonstrate that it has a manner to test patient and provider, obtain results, and initiate PEP PRN. This is also required by C.F.R. 1910.1030	Review SOP for course of action.	M / NM
31	R	Does the organization provide the appropriate PPE for the care of the medical patient?	Can the organization demonstrate that it provides appropriate PPE for the care of the medical patient.	Observation	M / NM
32	R	Does program provide resources to cope with stressful runs?	Can the organization demonstrate that there is a mechanism by which it can assist members to cope with the stress of the job in total or specific EMS incidents?	Review resources Should provide phone numbers or counseling PRN.	M / NM
33	R	Does the organization have a manner in which to handle the impaired provider (ie drug or alcohol abuse)	Can the organization demonstrate that there a plan on how to handle the misconduct of providers?	Identify that there is a written plan.	M / NM
		Equipment and Medications			
34	S A100 IIID1	Does the organization provide the baseline medications as prescribed by the Academy of Medicine?	Can the organization demonstrate that it is providing the level of care as covered by the AOM protocols. If not, explain.	Review of Drug license	M / NM
35	S T705 IIIA	Does the organization provide a back up/safety airway device?	Can the organization demonstrate that it has some form of advanced rescue airway device for when endotracheal intubation is not successful.	observation	M / NM
36	R T705 IIID	Does the organization allow EMTs to insert a SGA device? If so, is there proof of training?	If the organization allows such practice, can the organization demonstrate there is a documented training program?	Sign in sheet for specific training	M / NM
37	S SB203 IIIH	Does the organization have a cardiac monitor that is 12 lead capable	Can the organization demonstrate that it has a cardiac monitor that is 12-lead capable?	Visual confirmation	M / NM
38	S T705 IVA	Does the organization have a cardiac monitor that is End tidal CO2 capable	Can the organization demonstrate that it has a cardiac monitor that is end tidal CO_2 capable?	Visual confirmation	M / NM
39	S SB203 IIIH	Does the organization have ability to transmit EKGs to hospitals?	Can the organization demonstrate that it can send a 12-Lead EKG to a hospital?	Visual confirmation	M / NM
40	S A101	Does the organization have pre-arrival notification policy or procedure for time critical conditions or patients?	Can the organization demonstrate a policy that reflects this requirement?	Review process of pre-notification	M / NM
41	S DEA[2] and OAC 4729:5-14-03	Does the organization follow the rules established by the Ohio Board of Pharmacy (OPB) for the storage of controlled substances	Can the organization demonstrate a tamper-evident system that meets the DEA and OPB rules?	Verify in person and Hard copy record	M / NM

42	S DEA[2] and 4729:5-14-04	Does the organization provide appropriate accounting of controlled and dangerous drug usage	Can the organization demonstrate a system that accounts for all controlled and dangerous drug administrations, storage and destruction?	Verify in person and Hard copy record	M / NM
43	S A100 IG4	Are there medication used by the site organization that are not on the protocol or are there medications or equipment being used that are not on the AOM Standard protocol	Is there a special protocol for the medication or equipment to cover usage not covered by the AOM protocol?	Review protocol for medical appropriateness.	M / NM

Site Visit Citations Sheet

Unmet Item	Site Visit Rationale	Response from EMS Agency	Final Decision

Process:

1. Notification to the service that they are up for site review (every 5 years).
2. Copies of this Site Visit Package will be sent to the appropriately identified person at the EMS service
3. The EMS Service will have 3 months to prepare a response to the Site Visit Package.
4. The Chairman of the Compliance Committee or his/her designee will perform a preliminary review of whether the EMS Service meets each item on the list based upon what is submitted.
5. After review the site visit paperwork will be submitted for site visit scheduling and provision to site visitors.
6. A site visit date will be set
7. The Site visit team will consist of a physician and two paramedics. Nurses well versed in EMS can also fulfill one of the paramedic positions.
8. The Site visit team will use the form above to verify if all items of the site visit meet approval.
    a. Explanations of any unmet items will be provided.
9. The EMS Site Team will send comments back to the Compliance Committee member that reviewed the form.
10. The Compliance Chairman will present the EMS Site for review and approval at the next possible EDS Committee meeting.
11. Final Decision will lie with the EDS Committee.

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[1] https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6103a1.htm
[2] https://www.deadiversion.usdoj.gov/pubs/manuals/pract/pract_manual012508.pdf