

# **"What Is the Value of Ambulance Accreditation?"**

## **Questions and Answers About Choosing Quality**

### **For Ambulance Providers and Contractors of Ambulance Services**

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#### **Where did the concept of ambulance accreditation originate?**

EMS began in the United States in the 1970s with federal agencies pressuring the states to establish standards for ambulance services. The term EMS was formalized with the "EMS Systems Act of 1973." Typically, states were able to set only minimum standards which might be described as the poorest you're willing to accept. In 1982, at an American Ambulance Association workshop, the need for high-quality standards was identified. A working committee was established, and over the next eight years, standards were developed through consensus of EMS experts from all over the country. In other words, the best EMS thinkers and practitioners, working together, determined those standards that should be met by a quality service. In 1990, an independent Commission on Accreditation of Ambulance Services (CAAS) was established to begin the process of accrediting ambulance services using these quality standards. CAAS is sponsored by the American Ambulance Association, the American College of Emergency Physicians, the National Association of EMS Physicians, the National Association of State EMS Directors, the National Association of EMTs, and the International Association of Fire Chiefs, with liaison representation from The National Highway Transportation Safety Administration.

#### **What do the accreditation standards include?**

The standards are very comprehensive, but are flexible enough to relate to agencies of all sizes and types. There are over 100 of them, covering all aspects of ambulance operations. They include standards for agency management; financial management, budgeting and strategic planning; relations with outside agencies; mutual aid and disaster coordination; community education and relations; human resources and personnel management, hiring, credentialing, training, problem resolution, and performance evaluations; clinical standards; quality improvement; safe operations and risk management; vehicles, equipment, and facilities; and communications/dispatch.

#### **Does accreditation really improve an agency's patient care?**

Any ambulance operation can claim it is delivering quality service, but the accredited agency can prove it through its written or documented procedures, systems, and reports. An accredited agency will have proven Medical Director involvement in all matters that affect patient care, from protocol development to vehicle equipment, education programs, training, quality improvement, and response time standards. The accredited agency will have a written continuous quality improvement program tied to its continuing education for all staff. Reports will show when problems arise, define what they are, and show how they are resolved through retraining in the agency's CQI program. The agency will further show how it tracks these developments for trends and how they analyze them for planned improvements. The accredited agency will track clinical training and certification of each patient care professional. Response time standards will be defined in writing and will be captured in daily, weekly, monthly, and annual reports. Prehospital providers will be properly credentialed for each medical transport run. The accredited agency will have strict procedures for safe handling of patients and their property, for accurate documentation of all patient care, for proper maintenance of all vehicles and medical equipment, for proper cleaning of vehicles and equipment, and for exacting decontamination when required. The accreditation process requires an agency to look closely at every aspect of its operation and to demonstrate through its policies and record keeping that it does as it says.

**How does accreditation impact an agency's personnel?**

Accredited agencies report a strong feeling of pride among their employees—support staff as well as patient care providers, and they share ownership in their company's success. Employee morale is enhanced by the knowledge that their company has a concern for their safety and training as well as stringent standards for patient care. Recruiting is also enhanced by the fact that quality people gravitate toward quality employers. In an accredited agency, all employment policies are clearly spelled out in terms of benefits, employee evaluations, expected conduct, and grievance procedures. Employees know exactly what to expect from their employers and what they are expected to contribute to the team effort. In an accredited agency, the emphasis is always on quality improvement, providing a positive daily focus.

**How does accreditation improve efficiency?**

The accredited agency must be able to clearly delineate its ownership and organizational structure, show that it maintains all required licenses and contracts to do business, demonstrate its strategic planning and budgeting processes, provide evidence of legal review of its policy/procedure manuals, show how it educates its managers and supervisors and maintains all types of records. The accredited agency must clearly show who has financial responsibility, must prove that its financial records are reviewed at least annually for compliance with Generally Accepted Accounting Principles, have complete accounts receivable records and policies, evidence all insurance coverage to include financial risk issues, and have a written compliance program to address applicable laws relating to Health Care Fraud and Abuse. All policies and programs, as well as changes to them, must be systematically presented to all employees so that everyone in the agency understands and operates under the same rules and procedures.

**Are there requirements for relationships with outside agencies?**

A high-quality EMS system depends on cooperation among various types of public safety agencies and all local EMS providers. The CAAS-accredited agency must have preplanned, written processes for dealing with mutual aid requests in which all issues of liability, fees, reciprocity, and communications must be recounted. The agency must also have a written disaster plan to meet the community's emergency needs in catastrophic events, and it must be practiced and evaluated annually.

**What about community involvement?**

An accredited agency is committed to partnering with communities and health care systems to provide accident prevention and safety education programs. Agency staff participates in public education and safety events. From exacting listings in telephone directories to written policies for handling complaints, donations, and media inquiries, the accredited agency must demonstrate its role within the community. Since an important aspect of community involvement is diversity, an accredited agency must demonstrate its efforts to assess and address cultural and language diversity within the communities it serves.

**Do accredited agencies operate more safely?**

Comprehensive safety standards are required of accredited agencies, shielding patients, the employees, and the agency itself from unnecessary risk. There must be evidence of driving standards, a driver training program, proper use of safety restraints for patients and crews, and strict written policies to follow in case of vehicle crashes and other types of incidents. The minimum requirements for employee safety policies include facility safety, exposure control, scene safety, safe lifting, hazardous materials, employee wellness, safety committee duties, and adherence to all local, state, and federal requirements. The accredited agency must demonstrate that it reviews and reports all work-related injuries and infectious disease exposures, damage to company property, loss or theft of company property, potential clinical errors, and any suspected civil risks. With the accreditation standards' focus on decreasing risk, an accredited agency functions at the highest possible safety level.

**How does accreditation affect the agency's equipment and facilities?**

The accredited agency must prove that its vehicles meet all required federal, state, and/or local specifications and that the vehicles are cleaned and maintained to strict standards. The agency must have a preventive maintenance program, with records of all scheduled and unscheduled maintenance, for both the vehicles and the durable medical equipment inside. It must have policies governing the locking of drugs, needles and syringes; management of medicines in case of temperature extreme exposures; and proper handling of disposable medical items. The agency's facilities must be clean and meet all relevant safety standards.

**How does accreditation address communications?**

Efficient call taking, effective resource deployment, and continuous communications capabilities are required to operate an effective EMS agency. The CAAS-accredited agency must have policies developed and reviewed with input from the Medical Director. Policies include exacting call-taking standards which document time events from time of request through the time the vehicle and crew are returned to service. Crews must be able to communicate instantly with one another and with the dispatch center. All call-takers must be trained as emergency medical dispatchers capable of providing pre-arrival instructions. All radio licenses must be current and displayed. There must be a thoroughly documented system for testing and maintenance of equipment and back-up power. The communications program requires ongoing, inter-agency dialogue to facilitate improved relationships and service coordination, and the agency must evidence prospective, concurrent, and retrospective initiatives designed to improve the service provided under their CQI program.

**Do oversight agencies look seriously at accreditation?**

Yes. As of April 2002, four states (Missouri, Texas, North Carolina, and Iowa) have recognized accreditation in their EMS licensure requirements. Numerous other states are seriously considering it now. In some areas of the country, CAAS accreditation is required to enter into ambulance contracts. Some of these include the Metropolitan Ambulance Services Trust in Kansas City; the local EMS authority in Albuquerque for any ambulance agency providing 911 emergency service; Area Metropolitan Ambulance Authority, Texas; four counties in Mississippi; ten parishes/municipalities in Louisiana, and a local medical control authority in Michigan. CAAS accreditation is required by city ordinance in Henderson, Nevada. As the number of accredited agencies expands nationally, it is believed that more state EMS agencies, as well as cities and counties, will look to CAAS accreditation as the "gold standard."

**What's involved in the CAAS Accreditation?**

The process begins with a serious self-assessment of an EMS agency, comparing its operations to the accreditation standards. The agency then purchases an application package that guides them through the process of developing supporting documentation. The documentation is submitted to CAAS for an off-site review to determine the level of compliance of the paperwork submitted. An on-site review by a team of EMS experts, including a board certified emergency physician, spends at least two days at the agency to review all operational aspects of the service. Agencies report that this experience alone is worth far more than the costs of accreditation. The site review team then generates a report to CAAS. When all standards are successfully achieved, the agency's report and follow-up material goes before the Panel of Commissioners, an independent, impartial group of individuals from EMS law, business, and healthcare, for accreditation determination.

**How long does it take to complete an application?**

There is no definable time frame for an agency to compile its accreditation materials. Some agencies have been able to complete everything for submission in about six months. Others have taken much longer. On average, it takes about one year to prepare all the paperwork, institute policies, and provide proof that policies are being met within the agency. Agencies usually appoint a CAAS Coordinator, and allow the coordinator to organize committees of individuals within the organization to contribute a portion of the overall work. Sharing the preparation ensures that everyone in an organization has an opportunity to contribute and provides buy-in for the accreditation.

**Is there outside help available?**

Some agencies prefer to hire an outside consultant to assist with the preparation of accreditation materials. Others use peer reviewers from similarly configured accredited agencies to conduct a practice review. One of the best ways to learn about the process and how to begin, is to attend one of the CAAS accreditation seminars which are held at least twice per year at announced locations.

**Is accreditation affordable?**

Recognizing a need to make accreditation affordable for agencies of all sizes, CAAS instituted a three-tier fee schedule in 1997. The accreditation fee for agencies doing less than 5,000 medical transports per year is only \$3,500 for a three-year accreditation. There are no interim fees to pay. Amortized over three years, the fee amounts to a little over \$1,000 per year of accreditation. Mid-sized agencies pay a three-year accreditation fee of \$7,500 for medical transports of between 5,000 and 20,000. The largest agencies, carrying more than 20,000 medical transports per year, pay \$10,000 for their three-year accreditation. The agency also pays on-site reviewer expenses. These usually cost between \$5,000 and \$6,000 for a three-member team.

**Are there any real benefits of accreditation to the agency?**

The CAAS-accredited agency capitalizes on its distinction. Its peers and the medical community recognize it as having achieved the gold standard. Accreditation is often used to negotiate improved insurance rates due to decreased liability. In fact, the standards are sometimes used in defense of lawsuits. Many agencies use accreditation as a competitive edge in bidding for contracts. Municipal agencies have found accreditation to be helpful in gaining funding from elected officials or city government for new equipment or initiatives. The accredited agency's solid involvement in community education and community relations can be highlighted effectively in the media to the agency's advantage. Accredited agencies attract a high caliber of employee and show marked improvement in employee retention. More than anything, achieving accreditation is thought to be its own reward by most accredited agencies. The CAAS accreditation process is a journey of discovery--What are we doing right? What are our weaknesses? How can we improve our operations and patient care? Without exception, agencies report that they are much improved for having gone through the process.

**Why should contractors choose to work with an accredited agency?**

There is comfort in knowing that your provider meets the highest national standards for the medical transportation industry—standards that often exceed those of local and state EMS regulatory bodies. In fact, the CAAS standards can serve as a guide in evaluating contract service bids. Using a CAAS-accredited agency ensures that your community will receive first-rate patient care. Agency personnel are properly trained and credentialed and ambulances and equipment are meticulously stocked and maintained. CAAS-accredited agencies' detailed record-keeping and analysis ensures that they are meeting your local emergency response plan. Because accreditation leads to improved claims processing and reimbursement procedures, your liability is decreased. (CAAS-accredited agencies have actually used the standards in defense of lawsuits.) CAAS-accredited agencies' mutual aid agreements ensure that they will be ready to play an active role in any disaster that could befall your community. CAAS' demanding standards cover all organizational and financial management practices to assure greatest efficiency in your business dealings. CAAS-accredited agencies are committed to partnering with their communities and healthcare systems in providing prevention and safety education programs. Last, but not least, you can count on continuous quality improvement in your ambulance service. Consistent quality improvement at all operational levels is the ultimate goal and higher duty of the CAAS-accredited agency.

**About CAAS**

The Commission on Accreditation of Ambulance Services (CAAS) was formed in 1990 as a not-for-profit agency to be a standard bearer for medical transportation systems. Accreditation signifies that ambulance services have met the "gold standard" determined by the ambulance industry to be essential in a modern emergency medical services provider. CAAS accreditation is a voluntary process, open to all types of services--private, fire-based, volunteer, hospital-based, or municipal. More information is available on the CAAS web site at [www.caas.org](http://www.caas.org). Or for answers to your questions, please contact Meredith Hellestrae,

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