



Top 10 Standard Challenges

Top 10 Most Challenging Standards



- Soliciting Customer Feedback 105.02.01
- Community Diversity 105.02.05/ 106.05.03
- Performance Evaluations 106.08.01
- Medical Direction 201.01.01
- Distribution of Medical Records 201.03.02
- Performance Improvement Program 201.06
- Locking of Ambulances and ALS Supplies 203.03.03
- Temperature Extremes 203.03.04
- Communication Abilities 204.01.05
- Communications Center Contingency Plan 204.02.01/ 204.02.02

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Soliciting Customer Feedback 105.02.01

- Identify who your customers are
- Develop a tool for querying and collecting data
 - Paper or electronic or phone surveys
- Conduct/send promptly
- Ensure that you are soliciting feedback from a high enough percentage of your total call volume
- Use the data. Summarize feedback (monthly most common)
- SHARE with management and field providers
- TRACK and TREND... learn and make changes to help your organization

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Community Diversity 105.02.05/ 106.05.03

- Identify the diverse makeup of your community/service area
 - City Hall, census data, community civic groups, employees
- Identify needs or challenges your patients and providers face
 - Cultural norms and expectations, barriers to communication
- Develop tools and materials
 - Employee education, materials printed in several languages, interpreter programs/ apps
- Strive to match community diversity in hiring practices
 - School education days, job fairs, civic events, EMS classes marketed to diverse groups

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Performance Evaluations 106.08.01

- Conducted for all employees
 - Includes part-time, per-diem, contracted employees
 - Applies to clinical/non-clinical, union/non-union
- At least annually (can be more frequent)
- Based upon job description and other performance standards
- Memorialized in writing/ filed in employee records
- Includes mechanism for written employee input and signature
- Employees allowed to review previous evaluations
- Does NOT require that evaluations be tied to merit or pay

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Medical Direction 201.01.01

- Agency Medical Director -vs- Hospital Medical Control
- Actively involved in 17 key standards
- Clinical protocols, provider hiring, education and training
- Performance improvement initiatives and ongoing quality assurance
- System design, equipment selection
- Dispatch and response protocols

- A letter attesting to MD involvement is not enough- provide evidence and examples

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Distribution of Medical Records 201.03.02

- PCR must be left at receiving facility AT the time patient is delivered
- Exceptions allowed for emergent departures
 - exceptions must be preapproved by Medical Director
 - must contain established minimum essential information
 - must be delivered/transmitted to facility BEFORE the end of shift
- All PCR's must have "time stamp" indicating actual time of delivery
- Agency must maintain records internally
- Must comply with any state/local reporting requirements

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Performance Improvement Program 201.06

- 6 standards addressing PI/CQI program
- Prospective/ Concurrent/ Retrospective initiatives
 - BLS or ALS; EMS, SCT or IFT
- Establish measurable clinical indicators based upon protocols
- Establish thresholds of compliance for each indicator
 - Individual and overall performance
- Report PI results on a regular basis (weekly/monthly/quarterly)
 - Management, Medical Director, employees
- Use findings to refine employee training programs
- Assess overall program effectiveness
 - Summary of how the PI program worked (or didn't)

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Locking of Ambulances and ALS Supplies 203.03.03

- Ambulances MUST be locked when unattended/unsecured
 - Includes while “on scene”, “at hospital”.
 - Locked garage bays would be considered secured
- ALS supplies and medications must be tamper-evident locked when vehicles are unattended
 - No loose ALS supplies or medications on action wall or bench
 - Use of numbered or initialed “zip ties”, shrink wrap, locked containers all meet the “tamper-evident” requirements

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Temperature Extremes 203.03.04

- Protect medications and fluids from extreme temperature changes
- Know what you carry and manufacturers high/low recommendations
- Have a mechanism to measure actual temperatures inside units
- Have a procedure to follow when medications may have been exposed
- Consider units typically stored outdoors, long and short term
- Consider local weather conditions

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Communication Abilities 204.01.05

- Requires two company issued portable communication devices per in-service ambulance
- Capable of immediate, push to talk communications with dispatch
 - Safety of personnel, ability to immediately call for help
- Crews have ability to communicate with each other if separated
- If DEDICATED to SCT/ IFT, may substitute cellular technology (not push to talk) for one or both portable devices
 - Must be company issued
 - Allowed only on units doing transports in/out of medical facilities

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Communications Center Contingency Plan 204.02.01/ 204.02.02

- Must have contingency plan for back-up communications/dispatch
 - Radios, telephones, computers, CAD programs, pagers, etc.
 - Back up power/ generator
 - Off site capabilities
- Two levels of redundancy/ back up
- Must be practiced and critiqued at least twice a year
 - Practice must include all components of the standard
 - Including off site capabilities- “flipping the switch”
 - Actual event may replace one simulation IF properly critiqued

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External Influencers

- Third Party Billing
- External Communications Centers

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The greatest challenge new agencies face is recognizing the need for ***Cultural Change***.

The greatest challenge reaccrediting agencies face is ***Complacency***.

Accreditation is a process, not a project.

Future Standard Revisions



- Standards are developed and reviewed by the EMS industry
- Standards review committee consensus based
 - EMS stakeholders- EMS leaders, agencies, providers, reviewers, EMS device and ambulance manufactures, association and trade groups
- Review and revisions on ANSI approved cycle
- Anyone can submit recommendations /suggestions
- All standard open for several public review/comment periods
- All ultimately approved by consensus body

Questions?



<http://www.caas.org/help/ask-caas/>

A screenshot of the CAAS website's 'ASK CAAS' page. The browser address bar shows 'www.caas.org/help/ask-caas/'. The page header includes the CAAS Accredited logo, social media icons, and a navigation menu with options like 'About CAAS', 'CAAS Standards', 'Accredited Agencies', 'Events', 'News', 'Resource Center', and 'GVS'. A dropdown menu under 'Resource Center' is open, showing 'Frequently Asked Questions', 'ASK CAAS', 'EMS Related Resources', and 'CAAS Accredited Agency Photos'. The main content area has a breadcrumb trail 'Home » Help » ASK CAAS' and a large heading 'ASK CAAS'. Below this is a text box explaining the 'Ask CAAS' form: 'Need a fast answer to a CAAS related question? Then use Ask CAAS to submit your question. Fill out the form below and a CAAS staff member will review your question and provide a reply within two business days.' The form itself is titled 'Ask CAAS' and includes fields for 'Your Name' (with 'First' and 'Last' sub-fields), 'Email', 'Phone Number' (with a format '### - ## - ####'), and 'Agency Name'. Below the form is an 'Accreditation Status' section with a radio button selected for 'Learning about CAAS - not accredited'. On the right side of the page, there are sections for 'CAAS News' (listing 'CAAS Newsletter - Fall 2017' and 'Rethinking Remounts - Developing a national standard for ambulance remounts'), 'Order CAAS Products' (with a link to 'Visit CAAS's new Online Store' and a thumbnail for 'CAAS Store'), and 'Upcoming Events' (listing 'Top 10 Standard Challenges and How to Avoid Them (Webinar)').

For More Information...



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- Contact us at 1-847-657-6828

