



# Texas Department of State Health Services EMS Compliance

## EMS Provider Compliance Survey Checklist & Questionnaire

(Revised 05/02/2014)

Firm Name:	Survey Date:
The following is a site-survey checklist for: <input type="checkbox"/> License Renewal <input type="checkbox"/> Random Review <input type="checkbox"/> Complaint	
<p>The following tool will be utilized to conduct the EMS provider survey. All items below are essential components that all EMS providers must maintain to remain in compliance, per TAC EMS Rule §157.11(m):</p> <p><b>Items in Red are questions that should be asked of EMS Provider Administration.</b></p> <p><b>Items in Blue are to be reviewed and validated. All answers by EMS Provider Administration to questions asked are to be reviewed and validated, if applicable.</b></p>	
<p><b>(m) Responsibilities of the EMS Provider. During the license period, the provider’s responsibilities shall include:</b></p>	
	<p><b>(1) Assuring that all response-ready and in-service vehicles are maintained, operated, equipped and staffed in accordance with the requirements of the provider’s license-</b></p> <p><i>Previous Complaints/Inspections/Surveys/Audits: Prior to site-survey, confirm results from previous DSHS investigations, inspections, surveys and/or audits.</i></p> <p><b>Was a Plan of Correction submitted by the EMS Provider to the department, if not, how was the problem addressed?</b></p> <p><b>Review and validate the implementation of a previous Plan of Correction, if applicable.</b></p>
	<p><b>(2) Assuring the existence of and adhering to a quality assurance plan which shall, at a minimum, include:</b></p> <p><b>Do you have a Quality Assurance Plan?</b></p> <p><b>How is it used to better improve your EMS system?</b></p>
	<p><b>(A) the standard of patient care and the medical director’s protocols-</b></p> <p><b>What determines the need for protocol review/revision?</b></p> <p><b>Who is involved in making revisions?</b></p>

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	<p><b>(B) pharmaceutical storage</b></p> <p>Review and validate medication/narcotic tracking system, if applicable.</p> <p>Do you do internal audits on medications/narcotics? If so, how often and by whom?</p> <p>Does anyone outside your agency validate your audit findings for accuracy?</p> <p>Are you aware of how to report any possible violations such as drug diversions to DSHS?</p> <p>How to report to any other agencies – local police? TX Department of Public Safety? Drug Enforcement Administration?</p> <p>How are all solutions and pharmaceuticals stored and maintained in accordance with the manufacturers and/or U.S. Federal Drug Administration (FDA) recommendations?</p> <p>Review and validate that storage meets manufacturers and/or FDA recommendations.</p>
	<p><b>(C) readiness inspections</b></p> <p>Who makes sure that these are being done and how?</p>
	<p><b>(D) preventive maintenance</b></p> <p>Is a record kept of previous preventative maintenance of ambulances?</p> <p>How do crewmembers report possible mechanical issues with ambulances and medical equipment?</p> <p>Who makes the determination that an ambulance or medical equipment is inoperable or unsafe to operate?</p>
	<p><b>(E) policies and procedures</b></p> <p>How does your QA Plan affect the development and implementation of new policies and procedures or revision of existing ones?</p>
	<p><b>(F) complaint management</b></p> <p>Are complaints from customers, patients and employees documented and tracked?</p> <p>How do customer, patient or employee complaints affect your policies &amp; procedures and/or protocols?</p> <p>Who assures that the complaint gets looked at/investigated?</p> <p>Who “closes the loop” with the complainant once findings are made?</p>
	<p><b>(G) patient care reporting and documentation</b></p> <p>How does your agency verify that reports are done for each patient and in a timely manner?</p> <p>Who is in charge of making sure the PCR’s get done?</p> <p>How does improper/incomplete documentation affect your disciplinary actions, training and/or CE for personnel?</p>

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	<p><b>(3) monitoring the quality of patient care provided by the service and personnel and taking appropriate and immediate corrective action to insure that quality of service is maintained in accordance with the existing standards of care</b></p> <p><b>How are patient care reports reviewed? How often, by whom?</b></p> <p><b>Are debriefings available/required with crew due to certain call types?</b></p> <p><b>What disciplinary actions, trainings and/or CE has your agency implemented based off of findings on the quality of patient care that was given?</b></p>
	<p><b>(4) ensuring that all personnel are currently certified or licensed by the department</b></p> <p><b>Who verifies that certifications are current and how is it done and documented?</b></p> <p><b>Review and validate that EMS Provider has a policy, procedure or system in place to ensure certifications.</b></p> <p><b>Any on-going tracking of employee's certification expiration date?</b></p> <p><b>Do you re-check any employee that is going through or has gone through a DSHS investigation to make sure they remain certified?</b></p>
	<p><b>(5) assuring that all personnel, when on an in-service vehicle or when on the scene of an emergency, are prominently identified, by at least, the last name and the first initial of the first name, the certification or license level and the provider name. a provider may utilize an alternative identification system in incident specific situations that pose a potential for danger if the individuals are identified by name</b></p> <p><b>Who assures that everyone on shift is properly identified?</b></p>
	<p><b>(6) assuring the confidentiality of all patient information in compliance with all federal and state Laws</b></p> <p><b>How are completed patient care reports secured in the ambulance if call volume dictates the ambulance remaining response-ready/in service through multiple calls?</b></p> <p><b>How and where are completed patient care reports stored at a sub-station location, if applicable? How often do they get picked up from sub-station locations?</b></p> <p><b>How and where are all completed patient care reports stored?</b></p> <p><b>Review and validate that all completed patient care reports are being stored securely.</b></p> <p><b>How long are patient care reports stored for? What happens after that?</b></p> <p><b>If electronic, how are they protected?</b></p>
	<p><b>(7) assuring that Informed Treatment/Transport Refusal forms are obtained from all patients refusing service, or documenting incidents when an Informed Treatment/Transport Refusal form cannot be obtained</b></p> <p><b>What is your policy on Informed Treatment/Transport Refusal calls and documentation of such?</b></p> <p><b>Does your agency require or recommend crewmembers get a 3<sup>rd</sup> party witness (Fire, Police, Family Member, bystander) the request of an Informed Treatment/Transport Refusal by a patient?</b></p> <p><b>Who checks to see if no transport calls had a Transport Refusal Form done by crewmembers?</b></p>
	<p><b>(8) assuring that patient care reports are completed accurately on all patients</b></p>

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	<p><b>(9) assuring that patient care reports are provided to emergency facilities receiving the patients:</b></p> <p><b>How are reports provided to emergency facility – paper/electronic?</b></p>
	<p><b>(A) the report shall be accurate, complete and clearly written or computer generated</b></p> <p><b>How are incomplete and/or illegible reports handled within your agency?</b></p> <p><b>How are addendums to reports handled?</b></p>
	<p><b>(B) the report shall document, at a minimum, the patient’s name, condition upon arrival at scene; the prehospital care provided; the patient’s status during transport, including vital signs, symptoms, and responses during transport; the call initiation time; dispatch time; scene arrival time; scene departure time; hospital arrival time; and, the identification of the EMS staff</b></p> <p><b>Do your reports require the above minimums?</b></p> <p><b>How are “times” on the patient care report validated back to dispatch log?</b></p> <p><b>Do your reports require signature and/or identification of both crewmembers?</b></p>
	<p><b>(C) whenever operationally feasible, the report shall be provided to the receiving facility at the time the patient is delivered; and/or</b></p>
	<p><b>(D) if in a response-pending status, an abbreviated written report shall be provided at the time the patient is delivered and a full written or computer generated report shall be delivered to the facility within one business day of the delivery of the patient</b></p> <p><b>For those reports that do not get left, what is the process for assuring they make it to the receiving facility?</b></p> <p><b>If an abbreviated report is left due to response-pending, what minimums must be on that report?</b></p>
	<p><b>(10) assuring that all requested patient records are made promptly available to the medical director or department when requested</b></p> <p><b>How often does your medical director and/or his/her designee request/review patient care records?</b></p> <p><b>When was the last time this occurred?</b></p> <p><b>What were the results of his/her review?</b></p>
	<p><b>(11) assuring that all current protocols, current equipment, supply and medication lists, and the correct original Vehicle Authorization at the appropriate level are maintained on each response-ready and in-service vehicle</b></p> <p><b>Are these items part of the crew’s daily readiness inspection of their ambulance?</b></p> <p><b>What is your agency’s process for replacing any of the above missing items in any response-ready vehicle?</b></p>
	<p><b>(12) monitoring and enforcing compliance with all policies</b></p>

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	<p><b>(13) assuring provisions for the appropriate disposal of medical and/or bio hazardous waste Materials</b></p> <p><b>How does each crew dispose of medical waste after each call?</b></p> <p><b>Is there a secure area at each sub-station location for the storage/disposal that is inaccessible to the public?</b></p> <p><b>Review and validate how and where medical and biohazard waste is stored/disposed of.</b></p> <p><b>Do you have a vendor for the pick-up of such waste from each of the sub-station locations?</b></p> <p><b>How often does it get picked up from each sub-station location?</b></p>
	<p><b>(14) assuring ongoing compliance with the terms of first responder agreements</b></p> <p><b>Who do you have FRO agreements with?</b></p> <p><b>Do you share the same/similar Medical Direction/Protocols with your FRO's?</b></p> <p><b>What are the terms of your First Responder Agreements?</b></p> <p><b>Do your crewmembers know the terms of these agreements with FRO's?</b></p> <p><b>How often are these agreements/protocols reviewed for continued validity and effectiveness?</b></p> <p><b>Who reviews these? How are changes documented?</b></p>
	<p><b>(15) assuring that all documents, reports or information provided to the department are current, accurate and complete</b></p> <p><b>Are you familiar with Health and Safety Code 773.0612 Access to Records?</b></p> <p><b>Is everyone who deals with records requests within your company/agency/city management familiar with HSC 773.0612?</b></p> <p><b>How does your company/agency/city management handle a request for records by DSHS?</b></p>
	<p><b>(16) assuring compliance with all federal and state laws and regulations and all local ordinances, policies and codes at all times</b></p> <p><b>Are there any local ordinances, policies and codes affecting EMS in your declared service areas that you are aware of?</b></p>
	<p><b>(17) assuring that all response data required by the department is submitted in accordance with the department's requirements</b></p> <p><b>Are you aware of the requirement by HSC 773 and TAC Rule 157.11 to submit all response data required by the department?</b></p> <p><b>What is the process for entering data into the Trauma Registry?</b></p> <p><b>Is this done internally or by an outside vendor?</b></p> <p><b>How do you assure that this gets done?</b></p> <p><b>Review and validate proof of prior and/or on-going submissions to Trauma Registry.</b></p>
	<p><b>(18) assuring that, whenever there is a change in the name of the provider or the service's operational assumed name, the printed name on the vehicles are changed accordingly within 30 days of the change</b></p>

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	<p><b>(19) assuring that the department is notified in five business days whenever</b></p> <p><b>Review and validate the following for accuracy according to what DSHS shows:</b></p> <ul style="list-style-type: none"> <li>• # of vehicles/VIN #'s</li> <li>• level of service/authorizations</li> <li>• declared service areas/station location addresses</li> <li>• correct mailing information and pertinent phone #'s</li> <li>• physical location of patient report file storage</li> <li>• current administrator of record</li> </ul> <p><b>What is your process for notifying DSHS of changes for any of the items listed below (A-H)?</b></p>
	<b>(A) a vehicle is substituted or replaced</b>
	<b>(B) there is a change in the level of service</b>
	<b>(C) there is a change in the declared service area</b>
	<b>(D) there is a change in the official business mailing address</b>
	<b>(E) there is a change in the physical location of the business</b>

	<b>(F) there is a change in the physical location of patient report file storage, to assure that the department has access to these records at all times; and</b>
	<b>(H) there is a change of the administrator</b>
	<b>Are you aware of the requirements for an Administrator of Record?</b>
	<p><b>(20) assuring that when a change of the medical director has occurred the department be notified within one business day</b></p> <p><b>Are you aware of the requirement to notify the department of a medical director change within one business day?</b></p> <p><b>Do you know how to notify the department if such a change was required?</b></p>
	<p><b>(21) develop, implement and enforce written operating policies and procedures required under this chapter and/or adopted by the licensee. Assure that each employee is provided a copy upon employment and whenever such policies and/or procedures are changed. A copy of the written operating policies and procedures shall be made available to the department on request. Policies at a minimum shall adequately address:</b></p> <p><b>How do you make sure that all employees receive a copy of your policies and procedures upon hire? After revisions are made?</b></p> <p><b>Review and validate that policies and procedures at a minimum adequately addresses the following (A-H):</b></p>
	<p><b>(A) personal protective equipment</b></p> <p><b>How often are PPE policies and procedures evaluated?</b></p> <p><b>When was the last time new PPE equipment was incorporated? What caused this change?</b></p>

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	<p><b>(B) immunizations available to staff</b></p> <p>Are immunizations made available to staff?</p> <p>If so, which ones are available?</p> <p>If made available, is someone within your company/agency authorized/credentialed to administer to other employees or is this outsourced?</p>
	<p><b>(C) infection control procedures</b></p> <p>What infection control procedures do your crewmembers have to do on a per call/daily basis?</p>
	<p><b>(D) communicable disease exposure</b></p> <p>Describe in detail your communicable disease exposure procedure for a needle stick from the time of the incident, to employee reporting, treatment, tracking and any end result documentation and reporting.</p>
	<p><b>(E) emergency vehicle operations</b></p> <p>Do you offer or require an Emergency Vehicle Operation Course for all your crewmembers prior to/upon hiring?</p> <p>Do you provide any on-going training in regards to vehicle operations?</p> <p>Do you check for a valid driver's license upon hire of a crewmember?</p> <p>Do you do any random driver's license checks for continued validity after employment?</p>
	<p><b>(F) credentialing of new response personnel before being assigned primary care responsibilities. The credentialing process shall include as a minimum:</b></p>
	<p><b>(i) a comprehensive orientation session of the services policies and procedures, treatment and transport protocols, safety precautions, and quality management process; and</b></p> <p>How soon after hire does an employee get an orientation session?</p> <p>What all gets covered within this orientation session?</p> <p>How is this documented?</p> <p>Review and validate the documentation of employee orientation.</p> <p>Is there any test (P&amp;P/Protocol/safety) needed before an employee can move on to the internship period?</p>

	<p><b>(ii) an internship period in which all new personnel practice under the supervision of, and are evaluated by, another more experienced person, if operationally feasible</b></p> <p><b>How long is your internship period for?</b></p> <p><b>Do new employees have certain amount of shifts they must practice and be evaluated on before being assigned as one of two crewmembers on an ambulance?</b></p> <p><b>Who does the evaluation?</b></p> <p><b>How is the internship period/evaluation documented?</b></p> <p><b>Review and validate the documentation of employee internship period.</b></p> <p><b>What happens at the end of the internship period if evaluator feels employee is not ready?</b></p>
	<p><b>(F) appropriate documentation of patient care; and</b></p> <p><b>What is your policy for making changes to an existing patient care report?</b></p> <p><b>Who is authorized to change and/or make addendums to a patient care report?</b></p> <p><b>Are your reports on paper or electronic?</b></p> <p><b>If electronic, what back up system do you have in place for continued documentation of patient care records, if electronic equipment fails?</b></p>
	<p><b>(H) vehicle checks, equipment, and readiness inspections</b></p> <p><b>Describe the requirements of an incoming crew in regards to checking the ambulance, requesting missing/expired supplies and making themselves available to be dispatched?</b></p> <p><b>Do crews have a different check-off sheet as the Medical Director's approved/signed Equipment, Supply and Medication List? If so, how are they different and why?</b></p> <p><b>Review and validate the use of readiness inspections.</b></p>
	<p><b>(22) assuring that manufacturers' operating instructions for all critical patient care electronics and/or technical equipment utilized by the provider are available for all response personnel</b></p> <p><b>Are these easily accessed by ALL crew members at any time, day or night, and at any additional sub-station locations?</b></p> <p><b>Where are they kept?</b></p> <p><b>How often are these updated?</b></p> <p><b>Review and validate the availability and accessibility of manufacturer's operating instructions.</b></p>
	<p><b>(23) assuring that the department is notified within five business days of a collision involving an in-service or response ready EMS vehicle that results in vehicle damage whenever:</b></p> <p><b>Are you aware of how to make the department aware that an ambulance collision has occurred and the notification timelines associated with each type?</b></p>
	<p><b>(A) the vehicle is rendered disabled and inoperable at the scene of the occurrence; or</b></p>
	<p><b>(B) there is a patient on board</b></p>

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	(24) assuring that the department is notified within 1 business day of a collision involving an in-service or response ready EMS vehicle that results in vehicle damage whenever there is personal injury or death to any person-
	(25) maintaining motor vehicle liability insurance as required under the Texas Transportation Code-

	(26) maintaining professional liability insurance coverage in the minimum amount of \$500,000 per occurrence, with a company licensed or deemed eligible by the Texas Department of Insurance to do business in Texas in order to secure payment for any loss or damage resulting from any occurrence arising out of, or caused by the care, or lack of care, of a patient-
	(27) insuring continuous coverage for the service area defined in documents submitted with the EMS provider application-  <b>Review the EMS Provider's staffing plan and recent/upcoming crew/station work duty schedules.</b>
	(28) responding to requests for assistance from the highest elected official of a political subdivision or from the department during a declared emergency or mass casualty situation  <b>Review the EMS Provider's Emergency/Mass Casualty Plan.</b>  <b>Do you have a current Memorandum of Agreement with your local Regional Advisory Council?</b>
	(29) assuring all EMS personnel receive continuing education training on the provider's anaphylaxis treatment protocols. The provider shall maintain training records to include date, time, and location of such training for all its EMS personnel  <b>Are all employees trained on anaphylaxis protocols?</b>  <b>Who does the training?</b>  <b>How is the training documented?</b>  <b>Review and validate that training has occurred and has been documented for all current crewmembers.</b>
	(30) immediately notify the department in writing when operations cease in any service area  <b>Are you aware of how to notify the department when you cease coverage in a declared service area?</b>
	(31) assure that all patients transported by stretcher must be in a department authorized EMS vehicle; and-
	(32) develop or adopt and then implement policies, procedures and protocols necessary for its operations as an EMS provider, and enforce all such policies, procedures and protocols-  <b>How do you determine what policies need to be developed and implemented?</b>  <b>What was the last major addition to your policies and procedures and how did that come about?</b>

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## SUMMARY

**Observations:**

**Recommendations:** *Any aspects of the survey which were marked as Needs Improvement (NI) serves to provide you with information that will help you to set goals and evaluate the progress of your service.*

**Requirements:** *Findings identified as Not Met will need to be addressed in a Plan of Correction which you will be requested to submit to this office within ten (10) days of receipt of this report but no later than [\[enter a specific date\]](#), for review and approval. Items identify as requirements must be corrected within the time specified in order to be in compliance with Texas Administrative Code 25, Chapter 157.11(m)*

Survey Report Prepared by:

Signature:

Dated: