

NATIONAL ACADEMY OF EMERGENCY MEDICAL DISPATCH®

Accreditation / Re-Accreditation



APPLICATION & SELF-ASSESSMENT

The purpose of this document is to guide the completion of a self-assessment study for an agency desiring recognition by the Academy as an Accredited Center of Excellence (ACE).

A site evaluation is required for all accreditations and may be required for re-accreditations at the option of the Board of Accreditation. Contact the Academy for the current site evaluation fee, award presentation fee, etc.

Two printed summary copies of all material must be provided, with supporting files stored on a standard 3.5" computer disk or CD (PC or Mac).

Accreditation Application

Re-Accreditation Application

For application, processing, and review fee, see insert.

Enroll in Accreditation Maintenance Plan

Currently enrolled in Accreditation Maintenance Plan

For more information, please contact the **Accreditation Planning & Assistance Division, Carlynn Page**, Associate Director, at the address and phone listed below, or see insert.

The Academy's accreditation process and the associated Advanced Medical Priority Dispatch System® (MPDS) protocols are based on generally accepted medical dispatch practice standards as published and promulgated by the National Association of EMS Physicians (NAEMSP), ASTM International, the American College of Emergency Physicians (ACEP), the U.S. Department of Transportation (USDOT), the National Institutes of Health (NIH), and the American Medical Association (AMA), among others.

The National Academy of Emergency Medical Dispatch®
139 E. South Temple, Suite 200, Salt Lake City, UT 84111
Phone: 801-359-6916 • Fax: 801-359-0996 • ace@emergencydispatch.org

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North American English • EMD Accreditation Application • 041210 / 090325

TWENTY POINTS OF ACCREDITATION

The Accreditation Self-Assessment Study must formally document:

- 1. Communications center overview and description.**
 - a. Document the total number of stations that are active (calltaking and dispatching) versus supervisory or standby (enter on line 9 of the application form).
 - b. Include a floor plan showing the placement of each workstation.
 - c. List any current accreditations and the accrediting body.

- 2. Medical Priority Dispatch System® (MPDS) version and licensing confirmation.**
 - a. Provide the following as applicable:
 - i. MPDS® version number
 - ii. ProQA® version number
 - iii. AQUA™ version number
 - iv. ED-Q™ Scoring Standards edition number
 - b. Include documentation (or policy) stating that the most recent versions of the MPDS (ProQA and/or cardsets) and the Scoring Standards will be implemented within one year of their release.

- 3. Current Academy EMD certification of all personnel authorized to process emergency calls.**
 - a. Provide a list of all EMDs, indicating their names, hire dates, last certification dates, next recertification dates, and Academy EMD certification numbers.

- 4. All EMD certification courses are conducted by Academy-certified instructors, and all case review is conducted by Academy-certified ED-Qs.**
 - a. If you have an in-house or contracted instructor, include her/his name, next recertification date, and certification number.
 - b. List all ED-Qs, indicating their names, next recertification dates, and Academy ED-Q certification numbers.

- 5. Full activity of quality improvement (QI) committee processes.**
 - a. Include copies of agendas and minutes of all Dispatch Review Committee (DRC) and Dispatch Steering Committee (DSC) meetings (minimum of three required in the six months immediately preceding the application).
 - b. List the names and titles of all committee members for the following:
 - i. Quality Improvement Unit
 - ii. Dispatch Review Committee
 - iii. Dispatch Steering Committee
 - c. List the objectives and tasks of each of these committees.

6. NAED quality assurance and improvement methodology.

- a. Attach a complete description of the methods used to evaluate EMD performance in using all elements of the MPDS correctly as outlined in the ED-Q Course Manual (consistent reviewing practices). The document should outline the following:
 - i. How cases are randomly selected.
 - ii. The minimum number of cases reviewed monthly.
 - iii. Any special case review practices employed. This can include cases identified by the agency that warrant additional reviews. Examples are cardiac arrest, choking, and childbirth.
- b. Attach a detailed description of how EMD performance is checked, tabulated, and tracked.
- c. Include details and dates of when case review began and how scores were shared with each employee.
- d. Include details and dates of when shift and center scores were posted.

7. Consistent case evaluation that meets or exceeds the Academy's minimum performance expectations.

- a. Based on agency size, one of the following will apply:
 - i. Agencies whose call volume is above 500,000 will be required to audit 1% of their cases.
 - ii. Agencies whose call volume is between 43,333 and 500,000 will be required to audit a percentage ranging between 3% and 1%. Use the sliding scale calculator on the Academy's Web site and provide a screenshot printout of the calculation and total.
 - iii. Agencies whose call volume is between 1,300 and 43,332 will be required to audit 1,300 cases (25 per week).
 - iv. Agencies whose call volume is below 1,300 will be required to audit 100% of their cases.
- b. List the total number of emergency medical calls received by the center in the six months immediately prior to the accreditation application.
- c. List the total number of cases reviewed in the same time period.

8. Historical baseline QA data from initial implementation of structured Academy QA processes (first QI Summary Report, if available).

- a. A baseline QI Summary Report (or equivalent) that includes the following:
 - i. Case Entry compliance
 - ii. Key Question compliance
 - iii. DLS compliance
 1. PDI compliance
 2. PAI compliance
 - iv. Chief Complaint Selection compliance
 - v. Final Coding compliance
 - vi. Total Compliance Score
- b. Determinant Drift Reports (or equivalent) for the center
- c. Indicate on cover letter if these items are not available.

9. Monthly average case evaluation compliance scores for the dispatch center for six months immediately preceding the accreditation application at or above accreditation levels.

- a. Include a QI Summary Report showing the agency has reached the following expected minimum performance levels for at least the three months preceding the application:
 - 95% Case Entry
 - 90% Key Questions
 - 90% PDIs
 - 95% PAIs
 - 95% Chief Complaint Selection
 - 90% Final Coding
 - 90% Total Compliance Score
- b. Include a Communications Center Determinant Drift Report showing that both risk and waste responses are 5% or less for the last three months preceding the application.

10. Verification of correct case evaluation and QI techniques, validated through independent Academy review.

- a. Provide copies of 25 example case review audio files with completed Case Evaluation Records for Academy assessment.
 - i. Include 22 calls from the one-month period immediately preceding the application. These calls must be selected purely at random; they must not be cases specifically marked for feedback or other review.
 - ii. State the process for random selection of these calls.
 - iii. Include an additional 3 cases involving Pre-Arrival Instructions (the first pre-arrival case taken for each month in the three months immediately preceding this application).

11. Implementation and/or maintenance of MPDS orientation and dispatch case feedback methodology for all field personnel.

- a. Describe your MPDS field orientation process.
 - i. Include copies of handouts, presentations, and any other materials used.
 - ii. List the number of Field Responder Guides distributed, along with the dates these were given out.
- b. Describe your EMD case feedback methodology.
- c. Include a blank copy of the field feedback form utilized by your agency.
 - i. Include documentation of the dates these were distributed to all field stations.

12. Verification of local policies and procedures for implementation and maintenance of EMD. Include all policies relating to EMD practices, which must include the following:

- a. Implementation and application of MPDS.
- b. Medical Director approval of all MPDS protocols, including those requiring local approval, for example:
 - i. OBVIOUS DEATH and EXPECTED DEATH
 - ii. OMEGA referrals (if applicable)
 - iii. HIGH RISK Complications for childbirth
 - iv. Protocol 33 ACUITY Levels (if applicable)
- c. Protocol compliance.
 - i. Quality improvement
 - ii. CDE requirements
 - iii. Performance management and remediation
 - iv. Customer service skills (how customer service scores are addressed by your agency)
 - v. Language translation processes
- d. A policy stating that all emergency medical calls are only processed by EMD-certified personnel, and that employees are removed from their calltaking duties if their certification is expired, suspended, or revoked.

13. Copies of all documents pertaining to your Continuing Dispatch Education (CDE) Program.

- a. Submit the CDE schedules and topics for the past six months.
- b. Submit EMD attendance records.
- c. Submit a CDE schedule draft for the next six months.

Check this box if utilizing the *EMD Advancement Series*.

14. Secondary Emergency Notification of Dispatch (SEND) orientation.

- a. Include documentation of the distribution of SEND Protocol information to all police and fire dispatchers and to other agencies routinely forwarding emergency calls.
 - i. List others as appropriate.
 - b. Include documentation of agencies trained, copies of attendance records, and any training materials used for this process.
- Check this box if utilizing the *Special Procedures Briefing CD on SEND*.

15. Established local response assignments for each MPDS Determinant Code.

- a. Include a description of the process for developing response configurations.
- b. Include a list of all MPDS Determinant Codes and each locally assigned response configuration.
- c. Include copies of the specific Dispatch Steering Committee (DSC) minutes with verification that all response configurations are approved.

16. Maintenance and modification processes for local response assignments to MPDS Determinant Codes.

- a. Provide documentation about how MPDS local response assignments are regularly reviewed and how recommended changes are approved.

17. The call center's incidence (numbers) of all MPDS codes and levels for six months immediately preceding application.

- a. Each Chief Complaint (1–36).
- b. Each individual Determinant Code (approximately 350).
- c. Each Determinant Level (Ω , A, B, C, D, and E).

18. Appointment and appropriate involvement of the Medical Director to provide oversight of the center's EMD activities.

- a. List the name, address, license number, and country/state/province (or equivalent) in which the Medical Director is licensed to practice.
- b. Include a copy of the documentation appointing the Medical Director.
- c. List the approved roles and responsibilities of the Medical Director within the dispatch system.

19. Agreement to share nonconfidential EMD data with the Academy and others for the improvement of the MPDS and the enhancement of EMD in general.

- a. Include written verification, signed by the agency's senior executive, agreeing to the above requirement.
- b. Include written verification, signed by the agency's senior executive, agreeing to submit the semiannual compliance summary reports to the Academy (submitted electronically through the Academy's website).

20. Agreement to abide by the Academy's Code of Ethics and the standards set forth for an Accredited Center of Excellence.

- a. Include written verification, signed by the agency's senior executive, agreeing to the above requirement.
- b. Provide verification and date of the prominent posting of the Code of Ethics and its location.

ACCREDITATION APPLICATION



FOR OFFICE USE ONLY:

Date Application Received: _____ Board-Assigned Reviewer: _____
Date Payment Received: _____ Date Review Paperwork Received: _____
Date Call Samples Received: _____ Date Accreditation Approved/Denied: _____

GENERAL CONTACT INFORMATION: *(Please type or print. Attach additional paper as necessary.)*

1) Name of Agency or Organization: _____

2) Primary Contact Person: _____ Title: _____

Daytime Phone Number: (____) _____ Fax: (____) _____

Mailing Address: _____ E-mail Address: _____

City: _____ ST/Prov: _____ Postal Code: _____ Country: _____

3) Chief or Executive Officer *(or management equivalent)*: _____

Address *(if different from above)*: _____

City: _____ ST/Prov: _____ Postal Code: _____ Country: _____

4) Medical Director/Advisor *(or equivalent)*: _____

Address *(if different from above)*: _____

City: _____ ST/Prov: _____ Postal Code: _____ Country: _____

Specialty: _____ License #: _____ ST/Prov(s) in which licensed: _____

DISPATCH SERVICE INFORMATION:

5) Type of PSAP: Primary Secondary 6) Scope: EMS Only Consolidated with Police/Fire

7) Total Population Served *(approx.)*: _____ 8) Total Annual EMS Call Volume *(approx.)*: _____

9) Number of Licensed EMD Stations: _____ (of which _____ are Active & _____ are Supervisory/Standby)

10) MPDS License Number(s) for Cardsets: _____ and/or ProQA® Software: _____

11) Please attach a brief statement describing the service and scope of your agency or organization. Be sure to mention any corporate mission statements, goals, objectives, and/or reasons for wanting to become an Accredited Center of Excellence.

12) Please attach a completed **Accreditation Self-Assessment Summary**, with all supporting documentation clearly referenced, to demonstrate compliance with each of the Academy's Twenty Points of Accreditation.

On behalf of the above-named agency or organization, I hereby affirm that all the above information is true and correct, and I acknowledge that if it is not correct, this application may be rejected. Furthermore, I hereby agree that we will abide by the Academy's Code of Ethics and practice standards set forth for an Accredited Center of Excellence and respect all copyrights and patents regarding course materials and/or protocols.

Authorized Signature: _____ **Date:** _____

RE-ACCREDITATION APPLICATION



FOR OFFICE USE ONLY:

Date Application Received: _____ Board-Assigned Reviewer: _____
Date Payment Received: _____ Date Review Paperwork Received: _____
Date Call Samples Received: _____ Date Re-Accreditation Approved/Denied: _____

GENERAL CONTACT INFORMATION: *(Please type or print. Attach additional paper as necessary.)*

1) Name of Agency or Organization: _____

2) Primary Contact Person: _____ Title: _____

Daytime Phone Number: () _____ Fax: () _____

Mailing Address: _____ E-mail Address: _____

City: _____ ST/Prov: _____ Postal Code: _____ Country: _____

3) Chief or Executive Officer *(or management equivalent)*: _____

Address *(if different from above)*: _____

City: _____ ST/Prov: _____ Postal Code: _____ Country: _____

4) Medical Director/Advisor *(or equivalent)*: _____

Address *(if different from above)*: _____

City: _____ ST/Prov: _____ Postal Code: _____ Country: _____

Specialty: _____ License #: _____ ST/Prov(s) in which licensed: _____

DISPATCH SERVICE INFORMATION:

5) Type of PSAP: Primary Secondary 6) Scope: EMS Only Consolidated with Police/Fire

7) Total Population Served *(approx.)*: _____ 8) Total Annual EMS Call Volume *(approx.)*: _____

9) Number of Licensed EMD Stations: _____ (of which _____ are Active & _____ are Supervisory/Standby)

10) MPDS License Number(s) for Cardsets: _____ and/or ProQA® Software: _____

11) Please attach a brief statement describing the service and scope of your agency or organization. Be sure to mention any corporate mission statements, goals, objectives, and/or reasons for wanting to maintain the status of Accredited Center of Excellence.

12) Please attach a completed **Self-Assessment Summary**, with supporting documentation clearly referenced, to demonstrate any changes to compliance with each of the Academy's Twenty Points of Accreditation.

On behalf of the above-named agency or organization, I hereby affirm that all the above information is true and correct, and I acknowledge that if it is not correct, this application may be rejected or Accreditation rescinded. Furthermore, I hereby agree that we will abide by the Academy's Code of Ethics and practice standards set forth for an Accredited Center of Excellence and respect all copyrights and patents regarding course materials and/or protocols.

Authorized Signature: _____ **Date:** _____

ACADEMY ETHICS POLICY

The Academy encourages, advocates, and supports the proposition that “the community relies on the sound application of Priority Dispatch and imposes on the certified EMD an **obligation** to maintain professional standards of technical competence, morality, and integrity.” To accomplish this, the Academy’s *College of Fellows* has unanimously adopted the following Code of Ethics, which serves as a guideline for the Academy in determining whether initial certification and/or recertification should be granted and in assessing grounds for possible suspension or termination.

THE CODE OF ETHICS

1. Academy-certified personnel should endeavor to put the **needs of the public** above their own professional ambitions.
2. Academy-certified personnel should continually seek to maintain and improve their professional **knowledge, skill, and competence** and should seek continuing education whenever available.
3. Academy-certified personnel should obey all **laws and regulations** and should avoid any conduct or activity that would cause unjust harm to the citizens they serve.
4. Academy-certified personnel should be **diligent and caring** in the performance of their occupational duties.
5. Academy-certified personnel should establish and maintain **honorable relationships** with their service peers and with all those who rely on their professional skill and judgment.
6. Academy-certified personnel should assist in improving the **public understanding** of emergency dispatching.
7. Academy-certified personnel should **assist in the operation** of and **enhance the performance** of their dispatch systems.
8. Academy-certified personnel should seek to maintain the highest standard of **personal practice** and also maintain the **integrity** of the National Academies of Emergency Dispatch by **exemplifying** this professional *Code of Ethics*.



**NATIONAL ACADEMY
OF EMERGENCY
MEDICAL DISPATCH®**
a nonprofit organization

139 E. South Temple, Suite 200, Salt Lake City, Utah 84111

Toll-Free: 800-960-6236 Local: 801-359-6916

Fax: 801-359-0996 E-mail: ace@emergencydispatch.org