



# 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:	Timeline:	Date
Address of Site Visit: _____	EMS Service Notified:	_____
Site Visit Leader: _____	EMS Service Submission:	_____
Site Visitor: _____	Review by Chairman:	_____
Site Visitor: _____	Site Visit Scheduled:	_____
Present for EMS Service: _____	Site Visit Completed:	_____
Present for EMS Service: _____	Presented to EDS Comm:	_____
Present for EMS Service: _____		
Present for EMS Service: _____		

EMS Service Medical Director: \_\_\_\_\_

Recommendation from the EDS Committee:

Final Recommendation by the EDS Committee: (check)

1 year

3 year

5 year

EDS Chairman Signature:

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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
<b>Dispatch</b>					
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.	<input type="checkbox"/> M <input type="checkbox"/> NM
<b>Medical Direction</b>					
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	<input type="checkbox"/> M <input type="checkbox"/> 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	<input type="checkbox"/> M <input type="checkbox"/> 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.	<input type="checkbox"/> M <input type="checkbox"/> 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	<input type="checkbox"/> M <input type="checkbox"/> 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.	<input type="checkbox"/> M <input type="checkbox"/> 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.	<input type="checkbox"/> M <input type="checkbox"/> 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	<input type="checkbox"/> M <input type="checkbox"/> 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.	<input type="checkbox"/> M <input type="checkbox"/> 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.	<input type="checkbox"/> M <input type="checkbox"/> NM
<b>Equipment and Medications</b>					
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	<input type="checkbox"/> M <input type="checkbox"/> 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	<input type="checkbox"/> M <input type="checkbox"/> 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	<input type="checkbox"/> M <input type="checkbox"/> 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	<input type="checkbox"/> M <input type="checkbox"/> 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 <sub>2</sub> capable?	Visual confirmation	<input type="checkbox"/> M <input type="checkbox"/> 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	<input type="checkbox"/> M <input type="checkbox"/> 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	<input type="checkbox"/> M <input type="checkbox"/> NM
41	S DEA <sup>2</sup> 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	<input type="checkbox"/> M <input type="checkbox"/> NM







## 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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<sup>1</sup> <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6103a1.htm>

<sup>2</sup> [https://www.deadiversion.usdoj.gov/pubs/manuals/pract/pract\\_manual012508.pdf](https://www.deadiversion.usdoj.gov/pubs/manuals/pract/pract_manual012508.pdf)