

Methodist Health Services Corporation UnityPoint Health- Proctor	Page # 1 of 5	Section:	Policy #: 1
	Approved by:		Date: 6/17 Review by: 6/18
	Supersedes: Date Revised: 6/10/17		
	Primary Responsible Parties: Dr. Ashley N. Huff Secondary Responsible Parties:		
	Joint Commission Standard:		
SUBJECT: AGENCY RESPONSIBILITY			

I. POLICY:

Listed below is a summary of the important responsibilities of the provider agencies that are in the UnityPoint Health EMS System. This list is based on the System manuals and IDPH rules and regulations. These responsibilities are categorized into four major areas: Operational Requirements, Notification Requirements, Training & Education Requirements and Additional Reports and Records Requirements. Some items have been repeated to stress the importance of compliance.

II. PURPOSE AND STANDARD:

This list is based on the System manuals and IDPH rules and regulations. These responsibilities are categorized into four major areas: Operational Requirements, Notification Requirements, Training & Education Requirements and Additional Reports and Records Requirements. Some items have been repeated to stress the importance of compliance.

III. POLICY SCOPE: Departmental

IV. GENERAL INFORMATION:

A. Operational Responsibilities

A provider agency must comply with minimum staffing requirements for the level and type of vehicle. Staffing patterns must be in accordance with the approved System Program Plan and in compliance with [Section 515.830\(g\)](#).

- i. Each ambulance shall be staffed by a minimum of two EMTs, Pre-Hospital RNs or physicians on all emergency calls.
- ii. Each BLS vehicle using automated defibrillation shall be staffed by a minimum of one EMT-B approved by the EMS Medical Director for automated defibrillation, a Pre-Hospital RN, or physician and one

other EMT, Pre-Hospital RN, or physician.

- iii. Each ambulance used as an ILS vehicle shall be staffed by a minimum of one EMT-I, Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician.
  - iv. Each ILS vehicle using automated defibrillation shall be staffed by a minimum of one EMT-I approved by the EMS Medical Director for automated defibrillation, a Pre-Hospital RN or Physician and one other EMT, Pre-Hospital RN or Physician.
  - v. Each ambulance used as an ALS vehicle shall be staffed by a minimum of one EMT-P, Pre-Hospital RN or physician and one other EMT, Pre-Hospital RN or physician.
1. No agency shall employ or permit any member or employee to perform services for which he or she is not licensed, certified or otherwise authorized to perform [Section 515.170](#).
  2. Agencies which provide patient care and/or transport must comply with the Documentation Policy, including leaving a Patient Care Short Report form with the patient prior to leaving the receiving facility, timely completion of Prehospital patient care reports, refusal forms and any other required documentation. Documentation not left with patient upon completion of the call will be faxed to the receiving hospital ***within 24 hours***.
  3. Non-Transport agencies must have an agreement with a transporting agency to respond and transport their patients.
  4. All agencies must have a Mutual Aid Agreements or provide a description of the agency's own back-up system; which detail how adequate coverage will be ensured when an EMS vehicle is responding to a call and a simultaneous call is received for service within that vehicle's coverage area. [Section 515.810\(h\)](#)
  5. Agencies with controlled substances must abide by all provisions of the Controlled Substance Policy including: *maintaining a security log, maintaining a Controlled Substance Usage Form and **reporting any discrepancies to the EMS Office***.
  6. Agencies must have an agreement with the agency answering emergency calls for the EMS agency and dispatching the EMS agency, which the dispatcher will provide the caller with as accurate an estimated time of arrival (ETA) of the EMS agency as possible if the caller requests this

information.

#### B. Notification Requirements

An agency participating as an EMS provider in the UnityPoint Health EMS System must notify the EMS Office, of the following within 24 unless otherwise stated:

1. Notify the EMS System in any instance when the agency lacks the appropriately licensed and System-certified personnel to provide 24-hour coverage. Transporting agencies must apply for an ambulance staffing waiver if the agency is aware a staffing shortage is interfering with the ability to provide such coverage. Also, the waiver request should include a plan of action to remedying the need for this waiver. The EMS office will assist in the drafting in this plan of action upon request.
2. Notify the System of agency personnel changes and updates **within 10 days**. This includes addition of new personnel and resignations of existing personnel. All new employees cannot have any patient contact, unless credentialed by the EMS medical director.

Rosters must include: *Legal name, level of provider, IDPH license number, license expiration date, CPR, ACLS, PALS/PEPP and PHTLS/ITLS certification expiration dates, current address, phone number, and date of birth*. No provider may provide expanded scope care for their level of licensure until approved by the UnityPoint Health EMS System.

3. Notify the EMS System of **any** incident or unusual occurrence, via incident report within 24 hours, which could or did adversely affect a patient, another provider or the EMS System.
4. Any patient death which involves an incident or unusual occurrence, this should be reported to the EMS office immediately.
5. Provide the EMS Office with updated copies of FCC Licenses and Mutual Aid Agreements every two years or when a new FCC License or Mutual Aid Agreement is obtained.
6. Notify the EMS System **before** any new medical equipment or supplies are purchased.
7. Consult the EMS System before purchasing any new ambulances. **ALL vehicles must be inspected by IDPH and the EMS System and the appropriate paperwork must be completed prior to the vehicle being placed into service.**

8. Notify the EMS System if the agency's role changes in providing EMS.
9. Notify the EMS System if the agency's response area changes.
10. Notify the EMS System if changes occur in communication capacities or equipment.

#### C. Training and Education Responsibilities

1. Appoint a training officer. The EMS training officer should be an IDPH Lead Instructor. The training officer (or approved designee) will be required to attend mandatory training officer in-services, when offered.
2. Develop a training plan which meets the requirements for re-licensure and EMS System certification as detailed in the *Continuing Education and Re-licensure Requirements Policy*.
3. Submit the agency's training plan (along with a current roster) annually to the EMS Office for System and Department (IDPH) approval. The applications are due by October 1<sup>st</sup> for the following training year.
4. Any changes made to an approved training application must be communicated to the EMS Office prior to the training.
5. Maintain sign-in rosters for all training conducted and provide participants with a certificate of attendance.

#### D. Additional Reports and Records Responsibilities

Maintain the following records on each individual functioning in an EMS capacity within the UnityPoint Health EMS System.

- a. Copy of current IDPH EMS license(s) (EMT, Instructor, ECRN).
  - b. Copy of current CPR card
  - c. Copy of current ACLS, ITLS, PHTLS, PALS and/or PEPP cards.
1. Comply with the UnityPoint Health EMS System Quality Improvement Program, including agency self-review, submission of incident reports and submission of patient care reports.
  2. Maintain controlled substance security logs and usage tracking forms. Logs and controlled substance waste will be collected monthly by the EMS Office.
  3. Maintain glucometer logs. *Testing should be done a minimum of once per week, any time a new bottle of strips is put into service and any time the glucometer is dropped.* Glucometer logs should be kept in the ambulance

(or other vehicle) and must be made available upon request of EMS Office personnel.

4. All agencies and agency personnel are to comply with all of the requirements outlined in HIPAA regulations with regard to protected health information.
5. Provider agencies must provide the EMS System with all patient care report data in a UnityPoint Health EMS System approved format monthly by the 15<sup>th</sup> of the next month.