



PROVIDER AUDIT

State Form 55257 (R / 7-15)



Name of provider organization		Provider certification number
Address of provider (<i>number and street, city, state, and ZIP code</i>)		County
Audited by:		Date of audit (<i>month, day, year</i>)
Current Contacts		
Name of director	E-mail address	Telephone number ()
Name of operations manager	E-mail address	Telephone number ()
Name of training officer	E-mail address	Telephone number ()
Name of medical director	E-mail address	Telephone number ()

AUDITED REQUIREMENTS				
Provider Operations		Met	Not Met	N/A
1.	836 IAC 1-1-5 Reports and records Sec. 5. (a) All emergency medical service provider organizations shall comply with this section. (b) All emergency medical service provider organizations shall participate in the emergency medical service system review by collecting and reporting data elements. The elements shall be submitted to the agency by the fifteenth of the following month by electronic format or submitted on disk in the format and manner specified by the commission. The data elements prescribed by the commission are the following National Emergency Medical Service Information System (NEMSIS), created by the National Association of Emergency Medical Services Directors in partnership with the federal National Highway Traffic Safety Administration data elements.			
	Provide to the Indiana Department of Homeland Security representative a current personnel roster up to date, with Public Safety Identification Numbers and contact information, to be verified by provider.			
	Data collection and reporting per code			
	Method of data collection: _____			
	Notes:			
2.	836 IAC 1-1-6 Audit and review Sec. 6. Each emergency medical service provider organization shall conduct audit and review at least quarterly to assess, monitor, and evaluate the quality of patient care.			
	Audit and Review at regularly scheduled intervals			
	Documented:			
	A. The criteria used to select audited runs.			
	B. Problem identification and resolution.			
	C. Date of review.			
	D. Attendance at the review.			
	E. A summary of the discussion at the review.			
	Method identifying needs for staff development			
Notes:				

AUDITED REQUIREMENTS (continued)				
Provider Operations (continued)		Met	Not Met	N/A
3.	836 IAC 1-1-7 Training Sec. 7. (a) Each emergency medical service provider organization shall designate one (1) person as the organization's training officer to assume responsibility for in-service training.			
	Training Officer is certified at or greater than operations level of the service			
	The Training Officer maintains the following in-service training session information:			
	A. Summary of the program content.			
	B. The name of the instructor.			
	C. The names of those attending.			
	D. The date, time, and location of the in-service training sessions.			
	Notes:			
4.	836 IAC 1-1-8 Operating procedures Sec. 8. (a) All emergency medical service provider organizations shall comply with this section.			
	Premise is maintained suitably to conduct service			
	Adequate storage available for equipment			
	All equipment is in good working condition			
	Medication and supplies have not exceeded expiration date			
	All equipment is within the scope of practice of services operations level			
	Equipment is clean			
	Written defined sanitation procedure			
	Vehicle equipment, supplies, and storage comply with code			
	Vehicle and equipment check sheets completed per shift and on file			
	Notes:			
5.	Rule 2. Certification of Ambulance Service Providers 836 IAC 1-2-1 General certification provisions			
	Staffing schedule shows appropriate staffing per provider level			
	Medical Director fulfills the following responsibilities:			
	Participates in Audit and Review			
	Participates in skills review/evaluation			
	Established and signed protocols			
	Is available to staff for consultation and assistance			
	Notes:			

AUDITED REQUIREMENTS (continued)				
Vehicles and Equipment		Met	Not Met	N/A
6.	836 IAC 1-3 See inspection form attached.			
7.	836 IAC 1-3-6 Insurance			
	Current insurance certificate, limits as per State code			
	Notes:			
Communications		Met	Not Met	N/A
8.	836 IAC 1-4-1 Provider dispatch requirements Sec. 1. All emergency medical service provider organizations dispatch centers			
	Properly maintained and functioning two (2) way communications (other than cellular)			
	Base station (Tactical)			
	Dispatch Center (Tactical or alternate frequency)			
	Current FCC license or letter of authority			
	Notes:			
9.	836 IAC 1-4-2 Emergency medical services vehicle radio equipment Sec. 2. (a) All communication used in emergency medical service vehicles for the purpose of dispatch or tactical communications shall demonstrate and maintain the ability to provide a voice communications linkage with the emergency medical service provider organization's dispatch center within the area that the emergency medical service provider organization normally serves or proposes to serve.			
	One (1) channel or talk-group shall be used primarily for dispatch and tactical communications.			
	One (1) channel or talk-group shall be 155.340 MHz and have the proper tone equipment to operate on the Indiana Hospital Emergency Radio Network (IHERN)			
	Notes:			
Advanced Life Support		Met	Not Met	N/A
10.	Advanced provider organizations; general requirements			
	Supervising hospital agreement for continuing Education, and skills practice			
	Supervising hospital clearly defines responsibility and accountability			
	Protocol consistent with ☐ Advanced EMT ☐ Paramedic scope of practice			
	Medication per protocol, properly stored, and not expired			
	Notes:			
11.	☐ Advanced EMT ☐ Paramedic			
	All Advanced Life Support electronic and mechanical equipment is present and in good working order			
	All Advanced Life Support supplies are present and in sufficient quantity			
	All Advanced Life Support medications are present, sufficient quantity, and not expired			
	All Advanced Life Support medications are stored per state and Federal requirements			
	Is the provider giving specialty care (exceeding Indiana curriculum)?			
	If yes above, does protocol/medical director cover this?			
	Notes:			

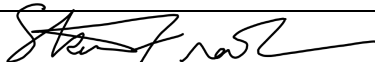
Representative comments:

Please be advised that, if you desire an administrative review of this order, you must file a written petition for review with the Emergency Medical Commission and the Department of Homeland Security at 302 West Washington Street, Room E239, Indianapolis, Indiana, 46204, identifying the violations for which you seek review **no later than eighteen (18) days from the date of this Order**, unless such a date is a Saturday or Sunday or legal holiday under state statute or day the Department of Homeland Security's offices are closed during regular business hours.

If you do so, your petition for review will be granted and an administrative proceeding will be conducted by an administrative law judge appointed by the Emergency Medical Commission.

If you do not file a petition for review, this Order will be **FINAL** and you **MUST** comply with its requirements.

Signature of authorized state representative



Date (month, day, year)

Signature of provider representative



Date (month, day, year)