Reset Form

PROVIDER AUDIT

State Form 55257 (R / 7-15)

Name of provider organization	Provider certification number
Washington County EMS	
Address of provider *(number and street, city, state, and ZIP code)*	County
1013 S Webb St Salem In 47167	Washington
Audited by:	Date of audit *(month, day, year)*
Jason Smith, Robin Stump, Stan Frank	01/28/2020

Current Contacts

Name of director	E-mail address	Telephone number
Greg Scott		( )
Name of operations manager	E-mail address	Telephone number
Greg Scott		( )
Name of training officer	E-mail address	Telephone number
Steve Young		( )
Name of medical director	E-mail address	Telephone number
Jeffery G Morgan		( )

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: Image Trend Elite			
	Notes: presented a roster with recent changes			
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: Audit and reviews are done monthly during monthly in-service training. Medical director isn't involved in the audit and reviews reports are pulled based on what in-service is being preformed that month			

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: training records were lost when the last training officer terminated employment. training officer advised that he does hard copies and electronic files			
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: all trucks aren't inspected daily. Should be completed daily on all trucks Narcs arent checked daily either. no sanitation procedures for cleaning of the trucks			
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: medical director is hard to contact. doesn't read emails regular unless directed to check his email medical director isn't involved in audit and review. its done in house by training officer.			

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: all vehicles are county owned and maintained	☐	☐	☐
Communications		**Met**	**Not Met**	**N/A**
8.	**836 IAC 1-4-1 Provider dispatch requirements** Sec. I. 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: dispatching are done by a county dispatch center	☐	☐	☐
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: Protocols dont list type and quantities of drugs required.	☐	☐	☐
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)* 01/28/2020
Signature of provider representative	Date *(month, day, year)* 01/28/2020