TWENTY POINTS OF ACCREDITATION

The Accreditation Self-Assessment Study must formally document and describe the following:

1. **Communication center overview and description**
   a. Document the total number of stations that are active (calltaking and dispatching) and the number of supervisory or standby stations. 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 protocol version number
      ii. ProQA® Paramount version number
      iii. AQUA® version number
      iv. ED-Q™ Performance Standards edition number
   b. Include documentation (policy, directive, etc.) stating that the most recent versions of the MPDS (ProQA Paramount and/or cardsets) and the Performance 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 including 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. Provide a list of all ED-Qs, including 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 (at least two DRC meetings and one DSC meeting 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. **IAED quality assurance and improvement methodology**
   a. Attach a complete description of the methods used to evaluate EMD performance and correct use of the MPDS 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 may include cases the agency has identified that warrant additional reviews, such as 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 and how they were posted.
7. **Consistent case evaluation that meets or exceeds the Academy’s minimum expectations**

a. The minimum case evaluation requirement is based on agency size, as follows:
   i. Agencies whose annual call volume is above 500,000 are required to audit 1% of their cases.
   ii. Agencies whose annual call volume is between 43,333 and 500,000 are required to audit a percentage ranging between 3% and 1%. Use the sliding scale calculator on the Academy’s Web site to calculate your agency’s required percentage and provide a printed screenshot of the calculation and total.
   iii. Agencies whose annual call volume is between 1,300 and 43,332 are required to audit 1,300 cases (25 per week).
   iv. Agencies whose annual call volume is below 1,300 are required to audit 100% of their cases.

b. List the total number of emergency medical calls the center received 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, Agency ACE Performance Report (or equivalent) that includes the following:
   i. Case Entry compliance
   ii. Key Question compliance
   iii. DLS compliance
   iv. Chief Complaint selection compliance
   v. Final coding compliance
   vi. Total compliance level

b. Determinant Drift Reports (or equivalent) for the center

*Indicate on cover letter if these items are not available.

9. **Monthly average case evaluation compliance levels for the communication center for the six months preceding the accreditation application, with compliance levels at or above accreditation levels for at least the three months immediately preceding application**

a. Include Accreditation report showing compliance at or above the following expected minimum performance levels for at least the three months preceding the application:

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<thead>
<tr>
<th></th>
<th>ACE</th>
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<tbody>
<tr>
<td>High Compliance</td>
<td></td>
</tr>
<tr>
<td>Compliant</td>
<td></td>
</tr>
<tr>
<td>Partial Compliance</td>
<td>10%</td>
</tr>
<tr>
<td>Low Compliance</td>
<td>10%</td>
</tr>
<tr>
<td>Non-Compliant</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of Deviation Accepted</th>
<th>Critical Deviation</th>
<th>Major Deviation</th>
<th>Moderate Deviation</th>
<th>Minor Deviation</th>
</tr>
</thead>
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<tr>
<td></td>
<td>3%</td>
<td>3%</td>
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b. Include a Communication Center Determinant Drift Report for the three months preceding the application showing that under-response and over-response each occur in no more than 5% of cases.
10. Verification of correct case evaluation and QI techniques, validated through independent Academy review
   a. Provide copies of 25 case review audio files with completed Incident Performance Reports 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. These cases should include the first case with Pre-Arrival Instructions reviewed in each of the three months immediately preceding the application.

11. Implementation and/or maintenance of MPDS orientation and case feedback methodology for all field personnel
   a. Describe your MPDS field personnel 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 field feedback forms were distributed to all field stations.

12. Verification of local policies and procedures for implementation and maintenance of the MPDS. 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:
      • OBVIOUS DEATH and EXPECTED DEATH
      • OMEGA referrals (if applicable)
      • HIGH RISK Complications for childbirth
      • Protocol 33 ACUITY Levels (if applicable)
      • Aspirin Diagnostic and Instruction Tool
      • STROKE Treatment Time Window
      • Cardiac Arrest Pathway
   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 the other agencies as applicable.
   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 assignments.
   b. Include a list of all MPDS Determinant Codes and each locally determined response assignment.
   c. Include copies of the specific Dispatch Steering Committee (DSC) minutes with verification that all response 
      assignments are approved.

16. Maintenance and modification processes for local response assignments to MPDS 
    Determinant Codes
   a. Provide documentation describing how local MPDS response assignments are regularly reviewed and how 
      recommended changes are approved.

17. The communication center’s incidence (number of occurrences) of all MPDS codes and levels for 
    the six months immediately preceding application
   a. Each Chief Complaint (1–37).
   b. Each individual Determinant Code (approximately 393).
   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 Web site).

20. Agreement to abide by the Academy’s Code of Ethics, Code of Conduct, 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 the date, location, and verification of the prominent posting of the Code of Ethics and Code of 
      Conduct.