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Introduction

The Emergency Dispatch Quality Improvement specialist (ED-Q™) occupies a key position in the calltaker quality management process. The ED-Q’s primary purpose is to objectively measure calltaker performance through random case review in a consistent manner. This purpose is achieved by adhering to a standardized procedure. The data collated during this process becomes the foundation of the quality management program. Accurate case review data, generated monthly, provides a clear picture of the communications center’s overall compliance to protocol and is the most useful measurement of quality customer care in a dispatch center.

A solid quality management program—driven by objective and consistent case review and conducted by trained and certified ED-Qs—can lead to recognition as an Accredited Center of Excellence (ACE) by the International Academies of Emergency Dispatch® (IAED™). It will also motivate calltakers to improve individual and center performance. Improved performance provides long-term benefits for the agency and, more importantly, for the callers and patients accessing the system.

It is important that the process is timely and accurate (excessive delays cause apathy and loss of credibility). It is also important that data is collated on a regular basis for review by the Dispatch Review Committee (DRC). One member of the Quality Improvement Unit (QIU), preferably the supervisor, should be a member of the DRC. The DRC members will track compliance to protocol, identify trends and compliance problems, and make recommendations to the Dispatch Steering Committee (DSC). Where more than one ED-Q is working on case review, it is imperative that these reviewers work together to develop consistency.

Accreditation

This book sets forth the Academy’s minimum standards for quality assurance and case review. Every agency licensed to use the Academy’s protocols must adhere to these standards. Centers choosing to set higher standards must incorporate these minimum performance standards. An agency desiring recognition as an Accredited Center of Excellence must document its compliance to these standards as described in the Twenty Points of Accreditation.

Universal Standards

When a performance standard applies to all three Academy protocols—the Medical Priority Dispatch System™ (MPDS®), Fire Priority Dispatch System™ (FPDS®), and Police Priority Dispatch System™ (PPDS®)—it is referred to as a universal standard. The universal standards given in sections 2, 3, and 4 apply to all performance categories. You must apply these standards when evaluating in every section.
References to Protocol

The Academy protocols are constantly evolving. Whenever possible, this text has been written to reflect the most current versions of the Academy protocols at the time of printing (North American English version 13.0 of the MPDS®, version 6.0 of the FPDS®, and version 4.2 of the PPDS®). However, the standards in this book will apply to all future versions of the Academy protocols until new standards are released. Please treat all examples in this text as examples only. Where a standard refers directly to a specific part of an Academy protocol, please realize that, although protocol revisions may have made a reference inaccurate, the standards remain the same.

Several conventions are used in this text to refer to particular questions in the Academy protocols. Again, the specific wording and sequence numbers given here are dependent on protocol version.

- The address question refers to “What’s the address of the emergency?” (MPDS, FPDS, and PPDS Case Entry Question 1).
- The callback number question refers to “What’s the phone number you’re calling from?” (MPDS, FPDS, and PPDS Case Entry Question 2).
- The complaint description question refers to “Okay, tell me exactly what happened.” (MPDS Case Entry Question 3, FPDS and PPDS Case Entry Question 4).
- The caller party question refers to “Are you with the patient now?” (MPDS Case Entry Question 3a) and “Are you at that location now?” (FPDS and PPDS Case Entry Question 5).
- The patient count question refers to “How many (other) people are hurt/sick?” (MPDS Case Entry Question 3b).
- The choking question refers to “Is s/he breathing or coughing at all? (You go check and tell me what you find.)” (MPDS Case Entry Question 3c).
- The age question refers to “How old is s/he?” (MPDS Case Entry Question 4).
- The awake question refers to “Is s/he awake (conscious)?” (MPDS Case Entry Question 5).
- The breathing question refers to “Is s/he breathing?” (MPDS Case Entry Question 6).
- The time of occurrence question refers to “When did this happen?” (PPDS Case Entry Question 6).
- The suspect location question refers to “Is the suspect/person/vehicle in the area?” (PPDS Case Entry Question 6a).
- The able to talk question refers to “Is s/he able to talk (or cry)?”.
- The completely alert question refers to “Is s/he completely alert (responding appropriately)” (Key Question in the MPDS).

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Edition 9a

Edition 9 of the IAED™ EMD-Q® Performance Standards was specifically designed to reduce the emphasis on scores in favor of a system better equipped to pinpoint and prioritize specific areas for improvement. In Edition 9, deviations from standard practice have been divided into four categories: CRITICAL, MAJOR, MODERATE, and MINOR. This categorization helps QI personnel use limited resources to address the most important problems first.

A parking lot analogy is often used to describe how this works. The CRITICAL deviations lot contains calls with problems that are likely to have a significant negative impact on the incident such as failure to obtain an address, selecting the wrong Chief Complaint Protocol, or failure to provide PAIs when appropriate. Clearly these issues need to be corrected as soon as possible.

After the CRITICAL lot has been cleared, QI personnel can start focusing on the MAJOR lot, followed by the MODERATE lot, and then the MINOR lot.

MINOR deviations include issues such as asking questions out of order or performing a brief lapse in customer service that is immediately corrected before having a negative effect on the call. These minor issues, especially in combination, may have a negative impact on the incident but are clearly less significant than the CRITICAL deviations described above. It would be any administrator's dream to get to the point where the greatest concern is clearing out the MINOR lot.

Feedback on the new Performance Standards and the parking lot concept has been largely positive. It seems that the new system does indeed do a better job of pinpointing and prioritizing specific areas for improvement.

However, as is the case with almost any major revision, a few areas of concern have been identified in the new standards. Edition 9a is designed to clarify or resolve some of the most significant concerns. Significant clarifications are explained throughout this manual in green italics.
Section 1

Performance Categories

There are seven performance categories for Emergency Dispatch Quality Improvement (ED-Q™). The evaluation results of all seven categories are designed to provide feedback for calltakers, shift supervisors, the Dispatch Review Committee, and the Dispatch Steering Committee.

Categories for the Compliance Determination

Compliance review is based on seven separate categories:
- Case Entry
- Chief Complaint Selection
- Key Questions
- Dispatch Life Support (DLS) Instructions
- Diagnostic and Instruction Tools
- Final Coding
- Customer Service

Section 2

Universal Protocol Standards

The Universal Protocol Standards apply across all sections of an Academy protocol, and generally to all three Academy Protocols (Medical, Fire, and Police).

Universal Protocol Standard 1 (As Written)

*Mention of insignificant errors in instructions has been removed because there are no Performance Determinations to address them. Each Case Entry Question or Key Question asked with an insignificant error is now recorded and tracked as a MINOR deviation.*

All questions will be read exactly as written in the protocol script, allowing only for the specific script variations defined in these standards (see Universal Protocol Standards 2 through 6).

On occasion, a calltaker may inadvertently substitute a word or stumble over a word or two while reading a question. In an effort to give calltakers the benefit of the doubt in these circumstances, a deviation of no more than two insignificant words (if the intent and results of the question are not altered) is considered an insignificant error. To prevent these errors from becoming a habit, insignificant errors are noted and tracked. A MINOR deviation results for every Case Entry Question or Key Question asked with an insignificant error.

The following description and examples best illustrate this type of deviation: any unintentional mispronunciation, slight change in wording or word order, or insignificant slip of the tongue that does not impact the effect or meaning of the question.
Example 1: On Protocol 10 in the MPDS®, the calltaker said, “Has she ever had any heart attack or angina?” but should have said, “Has she ever had a heart attack or angina?”

Example 2: On Protocol 53 in the FPDS®, the calltaker said, “Is anybody sick or injured?” but should have said, “Is anyone sick or injured?”

Example 3: On Protocol 114 in the PPDS®, the calltaker said, “Was the disturbance verbal or physical?” but should have said, “Was the disturbance physical or verbal?”

This standard does not apply to situations where a calltaker intentionally paraphrases or alters a question or instruction.

Universal Protocol Standard 2 (Clarifiers)

Clarifiers are words in the protocol that are contained within parentheses (“brackets” in the UK) ( ). Clarifiers are to be read only when the caller does not understand the original word or phrase (i.e., the part not in parentheses). It is not acceptable to use both the original text and the clarifier text in the same question at the same time. Such practice creates confusing questions and instructions that are not easily understood by the caller.

Example 1: On Protocol 1 in the MPDS, Key Question 1 reads “Is s/he completely alert (responding appropriately)?” The first time the calltaker asks the question, it should be read: “Is s/he completely alert?” If the caller does not understand the question, the calltaker may then ask, “Is s/he responding appropriately?” The question should never be read as “Is s/he completely alert, responding appropriately?”

Example 2: On Protocol 67 in the FPDS and Protocol 131 in the PPDS, a Key Question reads, “Do you know the warning placard numbers (chemical ID) of the hazardous materials?” The first time the calltaker asks the question, it should be read: “Do you know the warning placard numbers of the hazardous materials?” If the caller does not understand the question, the calltaker may then ask, “Do you know the chemical ID of the hazardous materials?” The question should never be read as “Do you know the warning placard numbers, chemical ID of the hazardous materials?”

Universal Protocol Standard 3 (Alternatives)

If a question or instruction includes words or phrases separated by a slash character /, the calltaker may choose the word or phrase that best fits the situation. In many cases, using both of the words or phrases may be appropriate. In these cases, the calltaker may substitute the slash character with the word “or.”

Example 1: On Protocol 8 in the MPDS, the question “Where are the chemicals/fumes coming from?” may be read as “Where are the chemicals coming from,” “Where are the fumes coming from,” or “Where are the chemicals or fumes coming from?”
Example 2: On Protocol 54 in the FPDS, the question “What type of building/space/structure is involved?” may be read in several ways: “What type of building is involved,” “What type of space is involved,” “What type of structure is involved,” or “What type of building or structure is involved?” etc.

Example 3: On Protocol 114 in the PPDS, the question “Is there a court order/restraining order in place?” may be read as “Is there a court order in place,” “Is there a restraining order in place,” or “Is there a court order or restraining order in place?”

Universal Protocol Standard 4 (Acceptable Clarifications or Enhancements)

The calltaker may provide an acceptable clarification or enhancement to any protocol question or instruction. Once the scripted protocol question or instruction has been read as written, if the caller does not understand the scripted protocol question or instruction, the calltaker will rephrase it, using language equivalent or nearly equivalent in meaning to that in the script.

Universal Protocol Standard 5 (Grammatical Substitutions)

The calltaker may modify the grammar of scripted protocol questions and instructions to address first-party callers. A first-party caller is one who is the patient/victim.

Example 1: On Case Entry in the MPDS, the calltaker may say, “How old are you?” instead of “How old is s/he?”

Example 2: On Protocol 53 in the FPDS, the calltaker may say, “What is the exact location of your vehicle?” instead of “What is the exact location of the vehicle?”

Example 3: In the PPDS, when the caller is the suspect, the calltaker may say, “Where are you now?” instead of “Where’s the suspect/person responsible now?”

The calltaker may replace a pronoun or generic noun with a more specific noun.

Example 1: On Case Entry in the MPDS, if the caller’s husband is the patient, the calltaker may ask, “How old is your husband?” instead of “How old is he?”

Example 2: On Protocol 58 in the FPDS, if the caller’s husband is trapped, the calltaker may ask, “What is your husband trapped in?” instead of “What are they trapped in?”

Example 3: On Protocol 114 in the PPDS, if the caller’s boyfriend is the suspect, the calltaker may ask, “Where’s your boyfriend now?” instead of “Where’s the suspect/person responsible now?”
Universal Protocol Standard 6 (Interrogation of Third-Party Callers)

It is recognized that it may be necessary to enhance the protocol to provide for proper interrogation, caller management, and customer service practices when speaking with third-party callers. A third-party caller is one who is not in the immediate presence of the patient, victim, or situation.

Example 1: The caller says, “There’s a man upstairs on the fifth floor having a seizure.”

Example 2: The caller says, “I saw a grass fire back at mile marker 44.”

Example 3: The caller says, “I just saw someone robbing the convenience store as I drove past.”

Only when possible and safe to do so, the calltaker should attempt to convert a third-party caller to a second-party caller by asking the caller to go to the location of the incident or to make direct contact with the person needing assistance. Anytime a caller is not in direct contact with those needing assistance, the calltaker will continue interrogating the caller according to protocol.

In keeping with sound customer service and caller management practices, the calltaker may advise a third-party caller in the following manner, whenever necessary: “Even though you’re not with the patient [or at the incident or with the victim], it’s very important that I get as much information from you as I can. I’m going to ask you several questions, so please answer the best you can, OK?”

If the caller has contact with someone in the immediate presence of those needing help, the calltaker will provide any necessary DLS Instructions, such as telling the caller to call back if the patient’s condition worsens or if more information becomes available.

The calltaker may terminate the phone call after multiple attempts have been made to gather information and it is clear that the caller has no further information.

Universal Protocol Standard 7 (Leading Questions)

Leading questions are explicitly prohibited at any time.

Example 1: “And he’s breathing, right?”

Example 2: “So he’s awake, right?”

Example 3: “There were no weapons involved?”

Example 4: “So the fire’s not threatening anything?”

Universal Protocol Standard 8 (Freelance Questions and Instructions)

The calltaker may not use freelance questions or instructions at any time. A freelance question or instruction is any question or instruction that is not written in the protocol or that does not provide an acceptable clarification or enhancement to a question or instruction explicitly listed in the protocol.
Freelance instructions also include those instructions that are generally considered to be beyond the calltaker’s scope of practice or that are incorrect.

**Example 1:** On Protocol 26 in the MPDS, the calltaker asks, “Has he been drinking today?” This question does not exist on Protocol 26 and does not clarify or enhance any question on Protocol 26.

**Example 2:** On Protocol 60 in the FPDS, the calltaker asks, “Has the gas company recently filled the tank?” This question does not exist on Protocol 60 and does not clarify or enhance any question on Protocol 60.

**Example 3:** On Protocol 114 in the PPDS, the calltaker asks, “Has your husband hit you like this before?” This question does not exist on Protocol 114 and does not clarify or enhance any question on Protocol 114.

**Universal Protocol Standard 9 (Order)**

All questions and instructions will be read in the order prescribed by the protocol (as they appear in the protocol sequence). The calltaker must follow any links or directors to move or go to a different part of the protocol when prompted (see also Universal Protocol Standards 11 and 14).

**Example 1:** On Case Entry in the MPDS, the calltaker must shunt directly to the appropriate Chief Complaint Protocol after asking the patient count question if the case involves multiple victims. No further Case Entry Questions need to be asked.

**Example 2:** On Protocol 66 in the FPDS, the calltaker must shunt directly to Protocol 60 if the caller smells an odor of natural gas. No further Key Questions need to be asked on Protocol 66.

**Example 3:** On Protocol 112 in the PPDS, the calltaker must shunt directly to Protocol 106 if the death was a witnessed homicide. No further Key Questions need to be asked on Protocol 112.

**Universal Protocol Standard 10 (Questions or Instructions in Inappropriate Areas)**

No protocol questions are to be asked or instructions given in an inappropriate area of the protocol.

**Example:** While on Case Entry, the calltaker asked a Key Question from a Chief Complaint Protocol before finishing all of the Case Entry Questions.
Universal Protocol Standard 11 (New or Updated Information)

Anytime the caller gives new or updated information that indicates a more appropriate response, protocol, or DLS Instruction(s), the calltaker must move to the correct point in the protocol that best addresses the new situation.

Example 1: The calltaker may move to a different Chief Complaint Protocol.

Example 2: The calltaker may move to different DLS Instructions.

Universal Protocol Standard 12 (Appropriate Protocol Links)

The “Determining AGONAL BREATHING” and “Take pulse & return to sequence” symbols have been removed as examples of protocol links since the use of these items is evaluated in the Diagnostic and Instruction Tools section.

The calltaker will follow all appropriate protocol links. Protocol links include:

- Go to PDIs, then DLS Links
- Send & return to questioning
- Send & go to PDIs
- Send, PDIs & return to questioning

Universal Protocol Standard 13 (Failure to Shunt)

The calltaker will shunt to a more appropriate protocol when directed by the protocol.

Example 1: On Protocol 26 in the MPDS, the calltaker must shunt directly to Protocol 10 if the calltaker asks, “Does s/he have any pain?” and the caller indicates chest pain or discomfort.

Example 2: On Protocol 66 in the FPDS, the calltaker must shunt directly to Protocol 69 if the odor is inside and the caller answers “Smoke” to KQ 2, “What does the odor smell like?”

Example 3: On Protocol 117 in the PPDS, the calltaker must shunt directly to protocol 108 if the calltaker asks, “Are there any unexploded devices left?” and the caller answers “Yes.”

Universal Protocol Standard 14 (Suspending Interrogation)

To suspend interrogation means to leave the question sequence; perform another function, such as sending or giving appropriate DLS Instructions; and then return to the question sequence. The calltaker may suspend interrogation in the following cases only:

- When the caller is in immediate danger and to continue interrogation would create a safety risk.

Example 1: “I’m in the basement, and I smell natural gas.”
Example 2: “The guy who stabbed my friend is coming back.”
Example 3: “I'm in the building, and the fire is spreading fast.”

- When the protocol directs the calltaker to send or provide specific instructions immediately, before completing interrogation.

Example 1: On Case Entry in the MPDS, if the caller reports a hanging victim, the calltaker is directed to send a 9-E-3 Determinant Code, give PDI-b (if not OBVIOUS DEATH) to cut the victim down, and return to the interrogation sequence (as directed by the Send, PDIs & return to questioning symbol).

Example 2: On Protocol 72 in the FPDS, after asking “How long have they been there?” the calltaker is directed to send any DELTA-level codes, give appropriate PDIs a and b for caller safety, and then return to the interrogation sequence (as directed by the Send, PDIs/DLS, & return to questioning symbol).

Example 3: On Protocol 114 in the PPDS, after asking if the disturbance was physical or verbal, the calltaker is directed to send any DELTA-level codes and return immediately to the interrogation sequence (as directed by the Send & return to questioning symbol).

- When the calltaker needs to give instructions pertaining to patient/victim safety or care.

Example 1: On Protocol 12 in the MPDS, the calltaker overhears someone talking about putting a wallet, spoon, or some other object in a seizing patient’s mouth. The calltaker should suspend interrogation long enough to tell the caller not to let that happen.

Example 2: On Protocol 69 in the FPDS, the calltaker overhears someone talking about putting water on a small grease fire on the stove. The calltaker should suspend interrogation long enough to tell the caller not to try to extinguish the fire and to leave the structure.

Example 3: On Protocol 106 in the PPDS, the calltaker overhears someone telling a sexual assault victim to go shower. The calltaker should suspend interrogation long enough to tell the caller not to let the victim shower.

If interrogation is suspended in one of the above-listed situations, the calltaker will continue with interrogation as soon as it is safe and possible to do so.
Universal Protocol Standard 15 (Calming Statements)

The calltaker may temporarily interrupt the protocol script at any time to add an acceptable calming statement.

Example: “Mary, help is on the way. Please listen to me very carefully so I can get some vital information and give you instructions until help arrives.”

Universal Protocol Standard 16 (Qualifiers)

If a calltaker reads a question or instruction excluded by a Pre-Question Qualifier (PQQ) or Pre-Instruction Qualifier (PIQ), it will be evaluated as having been asked incorrectly. This standard does not apply to the Pre-Question Qualifier “(Not obvious”).

Universal Protocol Standard 17 (Obvious Answers)

The calltaker is not required to ask a question when the answer is already obvious. Answers are considered obvious only in the following cases:

- When an answer to a specific question has already been explicitly stated by the caller.
- When the caller has already provided the answer through a clear and obvious reference to the patient or scene circumstances.

Example 1: During Case Entry in the MPDS, the caller states that the patient accidentally fell on rebar at a construction site. On Protocol 27, the Key Question “Is the assailant (attacker) still nearby?” is not required because the caller has made it clear and obvious that this is not a crime scene.

Example 2: During Case Entry in the FPDS, the caller states that flames are coming out of the windows of a neighbor’s house. On Protocol 69, the Key Question “Do you see flames or smoke?” is not required because the answer has already been explicitly stated by the caller.

Example 3: During Case Entry in the PPDS, the caller states that her bike was stolen sometime during the night and nothing else is missing. On Protocol 130, the Key Question “What was taken?” is not required because the answer has already been explicitly stated by the caller.

Universal Protocol Standard 18 (Description Essentials)

Description Essentials (sometimes referred to as Essential Information) contain questions (that may or may not be scripted) designed to obtain detailed information regarding weapons, persons, suspects, vehicles, aircraft, boats (vessels), explosive devices, suspicious packages, and trains and railroads. Description Essentials information sections are found in the Additional Information sections in printed cardsets and on the toolbar in ProQA®.
In the FPDS, all scripted Description Essentials must be asked and read as written. On both the FPDS and PPDS, unscripted questions may be asked with appropriate wording left to the discretion of the calltaker as long as he or she asks for the correct details of the item's description. At a minimum, for the unscripted Description Essentials, the calltaker will ask for a description of all of the required details in bold print. Vehicle descriptions must be obtained for bicycles and all motorized vehicles.

**Example 1:** (Police and Fire) For vehicle descriptions, the calltaker must at least ask for the two bolded items:

Calltaker: “I need to get the vehicle description.”
“*What is the color of the vehicle?***

*Answer:* “Red.”

Calltaker: “*What is the body style of the vehicle?***

*Answer:* “It’s a convertible.”

**Example 2:** (Police) For person descriptions, the calltaker must at least ask for the five bolded items:

Calltaker: “I need to get the suspect’s description.”
“*What race is the suspect?***

*Answer:* “White.”

Calltaker: “*What gender?***

*Answer:* “Male.”

Calltaker: “Describe his clothing.”

*Answer:* “Blue jeans and a white T-shirt.”

Calltaker: “*What is his age?***

*Answer:* “About thirty.”

Calltaker: “*What was his demeanor?***

*Answer:* “He was really agitated.”

**Example 3:** (Police) For boat (vessel) descriptions, the calltaker must at least ask for the two bolded items:

Calltaker: “I need to get specific boat information.”
“*What is the size of the vessel?***

*Answer:* “27 feet.”

Calltaker: “*What type of boat is it?***

*Answer:* “It’s a sailboat.”

When there are multiple vehicles, boats, aircraft, or persons involved, each agency must define the minimum performance expectation and how many descriptions must be obtained to meet the standard.

If the calltaker asks for the minimum required Description Essentials information, it is considered to have been done correctly. If the calltaker asks for some, but not all of the required details, it is considered a MODERATE deviation. If the calltaker does not ask any of the required items, it is considered a MAJOR deviation.
Universal Protocol Standard 19 (Lists)

There is another type of informational tool referred to as “Lists”. These are tools designed to assist in gathering certain types of information from the caller, or to serve as prompts that are NOT to be read to the caller. As such, the use of these lists is not evaluated or recorded in case review.

These lists may be used following a statement or Key Question that requires recording or asking for information from the caller, as demonstrated in these examples:

- FPDS Protocol 74 KQ and PPDS Protocol 108 KQ:
  “Without getting any closer or touching it, describe it to me.”

- PPDS Protocol weapons subquestion (on various protocols):
  “What type?”

- PPDS Protocol 109 Critical EPD Information:
  “*Refer to agency policy on documenting suspect/caller characteristics.”

Lists include:

- The CBRN Surveillance, Severe Respiratory Infection Symptoms, and Suspect Information lists on the toolbar in Medical ProQA.

- The HAZMAT (HAZCHEM in the UK) list (MPDS Protocol 8) located in the Additional Information section of the cardsets and on the toolbar of ProQA.

- Explosive Device Information (FPDS Protocol 74 and 76, PPDS Protocol 109), Suspicious Package Information (FPDS Protocol 74, PPDS Protocol 109), and Suspect/Caller Characteristics lists (PPDS Protocols 101 and 109) in the Additional Information section of the cardsets and on the toolbar of ProQA.

- The Weapons list in the PPDS in the Additional Information section of the cardsets and on the toolbar of ProQA.

Notice that these lists differ from the unscripted Description Essentials items in that they do not include any bolded items.

Universal Protocol Standard 20 (Record Information Correctly)

Recording information correctly applies only to Key Questions.

When data is exported from ProQA® into AQUA®, it is possible to determine if the caller’s answer to a Key Question was recorded correctly in ProQA. If the caller’s answer was not correctly recorded in ProQA, it is considered a MODERATE deviation.
Performance Determinations for Universal Protocol Standards

Each Case Entry Question or Key Question asked with an insignificant error is now recorded and tracked as a MINOR deviation. Deviations for Case Entry Questions have been removed from this section and moved to the Case Entry section because different questions are weighted differently.

CRITICAL Deviations

• Failure to shunt to the correct Chief Complaint Protocol (when a SHUNT was required)
• Failure to move to a more appropriate Protocol or DLS Instruction after receiving new or updated information

MAJOR Deviations

• Failure to ask a Key Question
• Failure to follow an appropriate protocol link
• Complete failure to gather any appropriate Description Essentials information (incorrect/incomplete gathering of Description Essentials information is a MODERATE deviation)

MODERATE Deviations

• Failure to ask a Key Question correctly
• Asking any protocol question or giving any protocol instruction in an inappropriate area
• Asking a freelance question
• Giving a freelance instruction
• Incorrect/incomplete gathering of Description Essentials information
• Failure to record the answer to a Key Question correctly (ProQA® export only)

MINOR Deviations

• Asking a question with an insignificant error
• Asking Case Entry Questions out of order (of questions that were asked)
• Asking Key Questions out of order (of questions that were asked)
Section 3

Universal Standards for the Caller’s Emotional Content and Cooperation

When a caller is emotional, agitated, afraid, or excited, it is often necessary to get the caller to calm down so he or she can hear the calltaker’s questions and instructions and respond to them appropriately. Sometimes, the caller’s situation determines the emotional content and cooperation of the caller; sometimes, it is the demeanor or behavior of the calltaker. As most experienced agencies know, the outcome of a call can depend on the tone in which the questions or instructions are delivered by the calltaker. When the caller’s Emotional Content and Cooperation Score (ECCS) starts at 1 but escalates to 2 or 3, the change can often be attributed to the tone and mannerisms of the calltaker.

This section details the universal performance standards to be applied to the caller’s emotional content and cooperation. When reviewing a case, you must periodically measure the caller’s emotional state. You need to monitor the application of calming techniques and then record the change in the caller’s emotional content. The caller’s Emotional Content and Cooperation Score is measured and recorded during the review of Case Entry, Key Questions, and DLS Instructions. The determinations for the use of calming techniques are recorded in, and are a part of, the customer service record (see “Universal Standards for Customer Service,” section 4). The scale used to assess the caller’s emotional content and cooperation is:

Universal ECCS Standard 1
The caller uses a normal, conversational tone and volume.

Universal ECCS Standard 2
The caller is anxious and demonstrating concern, but is cooperative.

Universal ECCS Standard 3
The caller’s tone is bordering on distress and becoming more demanding. The volume is increasing, but the caller is still responsive to questioning. The caller may need to be asked the same question more than once because of her/his distracted behavior.

Universal ECCS Standard 4
The caller is yelling loudly, is not listening to the questions, and fails to understand why help is not being sent or what the delay is. The caller is uncooperative.
Universal ECCS Standard 5

The caller is doing the only thing s/he is immediately able to do, and that is calling for help. The caller’s distress is such that s/he does not comprehend what the calltaker is saying. The caller only knows s/he needs help. The caller is only able to act as a small infant, crying for assistance. Often, the calltaker will get the location, an outline of what happened, and no other information.
Section 4

Universal Standards for Customer Service

Customer service is the practice of providing confident, compassionate, and personalized care for callers, patients, and victims. Individual emotional needs and the specific circumstances of each case play a key role when handling callers. The calltaker’s telephone demeanor often makes the difference between a positive and a negative experience with the entire emergency services system.

Another part of exemplary calltaker customer service is controlling the call so the calltaker’s questions are understood and the answers given are helpful in determining the correct response and the correct delivery of DLS Instructions. Also, by controlling the customer’s (caller’s) emotional content and cooperation, the calltaker can have a more positive effect on patient/victim care by directing the caller to follow Pre-Arrival Instructions.

Customer Service Definitions

Positive ambiguity: Providing noncommittal reassurance in response to specific questions about responder arrival time, incident outcome, etc. (see Universal Customer Service Standards 6 and 7).

Voice tone: Intonation, pitch, modulation, etc., that expresses a particular meaning or attitude of the speaker (see Universal Customer Service Standard 2).

Repetitive persistence: A hysteria-controlling technique in which the calltaker repeats verbatim a calming request that is accompanied by a reason for the request. This technique will help most callers regain self-control and become able to provide answers to interrogation questions or carry out Pre-Arrival Instructions (see Universal Customer Service Standard 9).

Customer Service Performance Determinations

Providing exemplary customer service requires a number of desired behaviors—statements and actions—to gain the caller’s confidence that correct and prompt actions are being taken. Exemplary customer service requires that the calltaker empathize with the caller’s emotions while directing and encouraging the caller to help the patient or victim. It also requires refraining from prohibited behaviors—those that may exacerbate an already tense and emotional event and create unnecessary feelings of anxiety, anger, confusion, or helplessness.

Calltaker performance is determined according to the Universal Customer Service Standards listed in this section. Each performance area has a set of desired behaviors that are used in determining the final compliance to performance determinations. Prohibited behaviors (Universal Customer Service Standard 8) apply to all performance areas.
Universal Customer Service Standard 1 (Calltaker Attitude)

When a person does the same job, hears the same complaints, and performs the same tasks day after day, it is sometimes difficult not to become complacent, bored, disrespectful, sarcastic, or judgmental. While this problem may not be as evident in active, energetic communications centers as it is in other types of customer-oriented telecommunication centers, it can and does occur occasionally. Although dealing with emergency calls may become “old hat” for many calltakers, it is prudent to remember that an average person makes only one or two calls to 9-1-1 in a lifetime. Callers expect to be treated in a competent, professional, respectful manner and to have their complaint taken seriously.

DESIRED BEHAVIOR: The attitude expressed in the calltaker’s voice and mannerisms shows concern for the caller and patient/victim, is respectful, and is not judgmental, complacent, or sarcastic.

Universal Customer Service Standard 2 (Use Correct Volume, Tone, and Rate)

When a caller requests emergency services, it is not unusual for the caller to be afraid, concerned, anxious, and sometimes even petrified. If the caller detects apprehension, fear, nervousness, or excitement from the calltaker, it can raise the Emotional Content and Cooperation Score of the caller.

DESIRED BEHAVIOR: The calltaker uses a calm, even voice. The volume of the calltaker’s speech stays at a normal level. The expression in the calltaker’s voice shows concern for the caller and patient/victim and lets the caller know that the problem is being handled by an experienced, competent dispatch professional. The calltaker’s tone and volume give the caller the impression that everything possible is being done to help. The rate of the calltaker’s interrogation and instruction delivery ensures effective communication with the caller. The calltaker checks understanding periodically by asking if the caller understands the instructions so far.

Universal Customer Service Standard 3 (Display Compassion)

When faced with an emergency, callers want to know that the person they are looking to for immediate help has empathy and compassion for their situation. They want to know that they are dealing with someone who really cares. The words and language used in statements and questions can leave a lasting impression on the caller.

DESIRED BEHAVIOR: The calltaker uses words and phrases consistent with professional, compassionate communication.

Example 1: “I’m here to help you.”

Example 2: “We’re going to do this together.”
Universal Customer Service Standard 4 (Avoid Gaps)

Silent gaps in the calltaking process are often viewed by the caller as indecision or incompetence on the part of the calltaker. When this happens, the caller often attempts to “take over” the call and the calltaker loses control of the case. Remember that seconds often seem like minutes to callers when they are in an emergency situation.

**DESIRED BEHAVIOR:** The calltaker avoids unnecessary gaps by telling the caller what s/he is doing and what is going to happen next. When gaps cannot be avoided, the calltaker explains why there will be a short lull in the conversation.

**Example:** “I’m typing some information into the computer to tell the responders how to find you and what is going on. Don’t hang up. I’m going to ask you a few more questions so we can do a better job of helping you.”

Universal Customer Service Standard 5 (Explain Actions)

Quite often, callers will give the address of the emergency, the phone number, and a brief description of what is happening, and then attempt to discontinue the call. Often, the caller will hang up just as soon as s/he does not hear the calltaker’s voice (when placed on hold during dispatch or when the calltaker is reading Critical Emergency Dispatcher Information from the protocol).

**DESIRED BEHAVIOR:** When a caller is impatient or frustrated and wants to hang up the phone, the calltaker tells the caller that s/he needs to stay on the phone. The calltaker explains to the caller what is happening or what is going to happen and what to expect next.

**Example 1:** “I’m going to have my partner send help now. Please stay on the line. I’ll be right back.”

**Example 2:** “Please stay on the line. I’m going to ask you a few questions and then give you some instructions so you can help your friend. If I have to put you on hold, don’t hang up. I’ll be right back with you.”

Universal Customer Service Standard 6 (Provide Reassurance)

When callers are facing emergencies or emotional situations, they want and need to know that help is on the way and that someone is going to tell them what to do until help arrives.

**DESIRED BEHAVIOR:** When appropriate, the calltaker reassures the caller that help is on the way and that s/he will help the caller until the responders arrive. The calltaker reassures the caller more than once, if necessary.

**Example 1:** The responders are on the way to the scene. The calltaker hears the victim yelling in pain and can sense the caller’s fear. The calltaker says to the caller, “Tell him that help is on the way and that we are going to provide instructions on what to do until they get there.”
Example 2: “While my partner is getting some help on the way, I’m going to ask you a few very important questions.”

Example 3: “It’s normal for a person who has had a seizure to not respond or not be alert for a few minutes after the seizure stops.”

Universal Customer Service Standard 7 (Don’t Create Uncontrollable Expectations)

When dealing with an excited or emotional caller, it is often tempting to tell the caller that everything is going to be OK or that the responders will be there in just a couple of minutes. However, everything may not be OK, and the responders may be several minutes away because of traffic congestion or other problems.

**DESIRE BEHAVIOR:** The calltaker avoids any statement that may create unattainable or unrealistic expectations for the caller.

Examples of statements to avoid are:

- **Example 1:** “Don’t worry, he’s going to be fine.”
- **Example 2:** “The firefighters will be there in three minutes.”
- **Example 3:** “Don’t blame yourself. You didn’t do anything wrong. Your baby was only underwater for a couple of minutes. She’ll be okay.”

These examples are promises that may not come true. Instead, the calltaker will use positive ambiguity.

Examples of acceptable statements are:

- **Example 1:** “Everything possible will be done for him.”
- **Example 2:** “They’re on the way and will be there as soon as possible.”

Universal Customer Service Standard 8 (Prohibited Behaviors)

**DESIRE BEHAVIOR:** The calltaker will not employ any statement or action that may create feelings of anger, confusion, anxiety, or helplessness for the caller, family, patient, or victim.

Prohibited behaviors include, but are not limited to, the following:

- Questioning the integrity of the caller
  - **Example 1:** “You’ve called before. We can’t come every time you want some company.”
  - **Example 2:** “How do I know you’re telling me the truth?”

- Yelling at the caller

- Using derogatory, offensive, hostile, demeaning, or discriminatory language or tone of voice

- Showing disdain or disrespect for the caller
**Example 1:** “I don’t think you know what you’re talking about. Is anyone there who really knows what’s going on?”

**Example 2:** “How do you know? Let me talk to the patient!”

- Using threats or any statement that carries the same or similar meaning as those listed here:
  **Example 1:** “I’m going to hang up on you.”
  **Example 2:** “I’m not going to help you until . . .”
  **Example 3:** “Shut up!”
  **Example 4:** “Be quiet now!”
- Making any sound that may be interpreted as offensive or derogatory
  Examples: Laughing, chuckling, sighs of frustration, unintelligible noises, etc.
- Reprimanding the caller, patient, victim, or family for any of their actions
  **Example 1:** “You should have called a lot sooner.”
  **Example 2:** “Don’t you know you aren’t supposed to do that?”


Applying the desired behaviors listed above in Universal Customer Service Standards 1–6 will sufficiently calm and reassure most callers. However, some emotionally charged situations may require stronger intervention. If other calming techniques do not calm and reassure the caller, the calltaker will employ the following repetitive persistence practices for all callers who score above 1 on the Emotional Content and Cooperation Score anytime during Case Entry, Key Questions, or DLS Instructions.

**DESIRED BEHAVIOR 1:** The statement is repeated to the caller *verbatim*, maintaining a firm but caring tone. The calltaker repeats the statement several times, including reassurance and explanatory statements, using exactly the same language and voice tone.

**DESIRED BEHAVIOR 2:** The statement includes a required *action* with a *reason* for the action.

**DESIRED BEHAVIOR 3:** The calltaker uses the caller’s name or title whenever possible. This may be dependent on the culture and the age of the caller.

**Example 1:** “Shari, listen carefully and I’ll tell you what to do next.”

**Example 2:** “Mr. Jones, please listen carefully. I have some very important instructions for you.”

**Example 3:** “Lynn, you need to turn your grandfather gently on his side when the seizure stops so he can breathe better.”
Performance Determinations for Customer Service

Both “failure to apply Universal Customer Service Standards 1–7” and “performing a small error when applying Customer Service Standards 1–6” are now recorded and tracked as MINOR deviations.

CRITICAL Deviations

• Failure to apply Universal Customer Service Standard 8 (Prohibited Behaviors); if the calltaker uses any (even one) of the prohibited behaviors, it is considered a CRITICAL deviation

MODERATE Deviations

• Failure to apply Universal Customer Service Standard 9 (Calming Statements – Repetitive Persistence) when appropriate

MINOR Deviations

• Failure to apply any of the Universal Customer Service Standards 1–7 when appropriate
• Performing a small error* when applying Customer Service Standards 1–6

* A small error is one in which the mistake does not have a negative impact on the outcome of the call. The calltaker makes a mistake while applying Universal Customer Service Standards 1–6, but immediately realizes the mistake and does not repeat it during the call.

Examples:

Example 1

It was apparent when the calltaker answered the call that she was interrupted from doing something else or that her mind was on something she considered to be more important than taking this call (Universal Customer Service Standard 1). The calltaker handled the call appropriately otherwise and did not exhibit any of the prohibited behaviors.

This is a MINOR deviation for failure to apply Universal Customer Service Standard 1.

Example 2

The caller’s ECCS was 3 during Case Entry, and the calltaker did not use required calming statements or repetitive persistence (Universal Customer Service Standard 9).

This is a MODERATE deviation for failure to apply Universal Customer Service Standard 9.
Example 3
The calltaker used one or more of the prohibited behaviors (Universal Customer Service Standard 8).

This is a CRITICAL deviation for failure to apply Universal Customer Service Standard 8.

Example 4
The calltaker became anxious and nervous after discovering that the caller's baby was not breathing, and this anxiety was apparent in the calltaker's voice (Universal Customer Service Standard 2). However, the calltaker recovered quickly and exhibited the desired behavior for Universal Customer Service Standard 2 throughout the remainder of the call.

This is a MINOR deviation for performing a small error when applying Universal Customer Service Standard 2.

Example 5
There was an eight-second gap in the interrogation during Case Entry as the calltaker was typing information in the CAD system, and the calltaker did not tell the caller what he was doing. The caller became agitated and started yelling at the calltaker to hurry up (Universal Customer Service Standard 4).

This is a MINOR deviation for failure to apply Universal Customer Service Standard 4.

Example 6
The calltaker told the caller that the ambulance would be there in less than five minutes (Universal Customer Service Standard 7).

This is a MINOR deviation for failure to apply Universal Customer Service Standard 7.

Example 7
The calltaker placed the caller on hold to dispatch without telling the caller what he was doing and without telling the caller to stay on the line (Universal Customer Service Standard 5).

This is a MINOR deviation for failure to apply Universal Customer Service Standard 5.
Section 5

Performance Standards for Case Entry

The Case Entry Protocol serves as a starting point for the Academy protocols. From Case Entry, the calltaker selects the appropriate Chief Complaint Protocol.

It is acknowledged that some agencies have standard primary greetings. In these cases, the calltaker is to follow the agency policy (this is an exception to Universal Protocol Standard 1). However, it is expected that this greeting will be formulated in a materially identical way to the address and callback number questions.

Asking for the caller's name is agency-specific and is not evaluated.

Note that the complaint description question (Okay, tell me exactly what happened) and its three subquestions (the caller party, patient count, and choking questions) are evaluated as you listen to the case recording for Case Entry, but the determinations for these questions are applied in the Chief Complaint Selection section.

Case Entry Standard 1

The calltaker will complete all Case Entry Questions before asking any Key Questions or giving any instructions to the caller, except in the following cases:

• When the calltaker is instructed to do so by the protocol (see Universal Protocol Standards 9, 11, 12, 13, and 14).

• When the deviation from the scripted questions is to provide an acceptable enhancement or calming statement (see Universal Protocol Standards 4 and 15).

Case Entry Standard 2

As an extension of Universal Protocol Standard 17, the answers to both the awake question and the breathing question are considered obvious when the caller is the patient (and the only patient).

Case Entry Standard 3

The awake and breathing questions will always be asked as two separate questions.

Case Entry Standard 4

In most cases, the gender of the patient is made obvious by statements or answers provided by the caller. If the gender of the patient is not obvious by the completion of Case Entry, the calltaker must ask if the patient is male or female.
Case Entry Standard 5

The calltaker must read Case Entry Questions 4a and 6a when appropriate to do so.

<table>
<thead>
<tr>
<th>CRITICAL Deviations</th>
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<tbody>
<tr>
<td>Failure to ask the address question (Case Entry Question 1)</td>
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<tr>
<td>Failure to ask the callback number question (Case Entry Question 2)</td>
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<table>
<thead>
<tr>
<th>MAJOR Deviations</th>
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</thead>
<tbody>
<tr>
<td>Failure to verify the address (Case Entry Question 1)</td>
</tr>
<tr>
<td>Failure to verify the callback number (Case Entry Question 2)</td>
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<td>Failure to ask the age question (Case Entry Question 4)</td>
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<tr>
<td>Failure to ask the awake question (Case Entry Question 5)</td>
</tr>
<tr>
<td>Failure to ask the breathing question (Case Entry Question 6)</td>
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</tbody>
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Performance Determinations for Case Entry

*Items that were repeated from the Performance Determinations for Universal Protocol Standards have been removed from this section. Items related to the specific weighting of Case Entry Questions are now included here.*

**CRITICAL Deviations**

- Failure to ask the address question (Case Entry Question 1)
- Failure to ask the callback number question (Case Entry Question 2)

**MAJOR Deviations**

- Failure to verify the address (Case Entry Question 1)
- Failure to verify the callback number (Case Entry Question 2)
- Failure to ask the age question (Case Entry Question 4)
- Failure to ask the awake question (Case Entry Question 5)
- Failure to ask the breathing question (Case Entry Question 6)
MODERATE Deviations

- Failure to ask the age subquestion (Case Entry Question 4a) when appropriate to do so
- Failure to ask the breathing subquestion (Case Entry Question 6a) when appropriate to do so
- Failure to ask a main Case Entry Question correctly (failure to ask a complaint description subquestion correctly is a MINOR deviation in the Chief Complaint Selection section; the age and breathing subquestions are not evaluated for correctness)

MINOR Deviations

- Failure to ask the gender of the patient if it is not obvious

Examples:

Example 1
The calltaker failed to ask the callback number question.
This is a CRITICAL deviation.

Example 2
The calltaker determined the address, but did not verify it.
This is a MAJOR deviation.

Example 3
The calltaker failed to follow the appropriate protocol link directed for a hanging person (Universal Protocol Standard 12).
This is a MAJOR deviation.

Example 4
The calltaker asked one main Case Entry Question incorrectly (Universal Protocol Standard 1).
This is a MODERATE deviation.

Example 5
The calltaker asked one freelance question (Universal Protocol Standard 8).
This is a MODERATE deviation.

Example 6
The calltaker asked one question in an inappropriate area (Universal Protocol Standard 10).
This is a MODERATE deviation.

Example 7
The calltaker asked the awake and breathing questions as one question (Universal Protocol Standard 1, Case Entry Standard 3)
This is two MODERATE deviations (both questions were asked incorrectly).

Example 8
The calltaker asked a Case Entry Question out of order (Universal Protocol Standard 9).
This is a MINOR deviation.
Section 6

Performance Standards for Chief Complaint Selection

This section is used to evaluate the calltaker’s selection of a Chief Complaint Protocol. It is also used to evaluate the complaint description question and its subquestions (the caller party, patient count, and choking questions).

Chief Complaint Selection Standard 1

The complaint description question will be asked exactly as written.

Chief Complaint Selection Standard 2

As an extension of Universal Protocol Standard 17, the answer to the complaint description question is considered obvious only when the caller specifically volunteers all the necessary information before the question is asked. If there is any doubt, the question must be asked or the answer must be verified.

Chief Complaint Selection Standard 3

The Chief Complaint Selection Rules have been removed. Please refer to the current version of the MPDS* for an up-to-date listing of Chief Complaint Selection Rules.

When selecting a Chief Complaint Protocol, the calltaker will apply the Chief Complaint Selection Rules contained in the MPDS.

Chief Complaint Selection Standard 4

If the caller is not the patient, the calltaker will ask, “Are you with the patient now?” (CE 3a) unless the caller specifically volunteers that s/he is with the patient now.
Chief Complaint Selection Standard 5

If the complaint description includes a traffic/transportation incident or any other complaint that may include multiple victims, the calltaker will ask, “How many (other) people are hurt/sick?” (CE 3b).

Chief Complaint Selection Standard 6

This standard has been made more generic to account for changes made in MPDS® v13.

When the calltaker is directed by the Case Entry Protocol to shunt to a Chief Complaint Protocol before completing Case Entry, the calltaker may go directly to the Chief Complaint Protocol. No further Case Entry Questions need to be asked.

Chief Complaint Selection Standard 7

If the complaint description is choking, the calltaker will ask the choking question (CE 3c). If the caller is not with the patient and does not know if the patient is still choking, the calltaker must say, “You go check and tell me what you find.” Otherwise, the calltaker does not receive credit for asking the choking question.

Chief Complaint Selection Standard 8

If the Case Entry Question 3c is appropriate, the calltaker must read Case Entry Question 3ci, “Do not slap her/him on the back.” If the calltaker fails to read 3ci when appropriate, or fails to read it correctly, credit is not given for asking CE 3c.

Chief Complaint Selection Standard 9

This standard has been made more generic to account for changes made in MPDS® v13.

More than one Chief Complaint Protocol may apply in situations where multiple complaints of equal or nearly equal severity are identified. In such situations, the calltaker is permitted to use either Chief Complaint Protocol provided the calltaker does not go against any Chief Complaint Selection Rule contained in the MPDS.

**Special Note**

In the case of a patient who is choking, it is critically important to obtain the answers to question 3a “Are you with the patient now?” and question 3c “Is s/he breathing or coughing at all?”
Performance Determinations for Chief Complaint Selection

CRITICAL Deviations
• Failure to choose a correct Chief Complaint Protocol

MAJOR Deviations
• Failure to say “Okay, tell me exactly what happened”

MODERATE Deviations
• Failure to say “Okay, tell me exactly what happened” correctly
• Failure to ask CE 3a, 3b, and/or 3c when appropriate

MINOR Deviations
• Failure to ask CE 3a, 3b, and/or 3c correctly when appropriate

Examples:
Example 1
When the caller reported a snake bite, the calltaker chose Protocol 3: Animal Bites/Attacks as the Chief Complaint Protocol, but should have chosen Protocol 2: Allergies (Reactions)/Envenomations (Stings, Bites).

This is a CRITICAL deviation.

Example 2
The calltaker did not say, “Okay, tell me exactly what happened.”

This is a MAJOR deviation.

Example 3
The calltaker said, “Okay, so describe to me what happened,” instead of “Okay, tell me exactly what happened.”

This is a MODERATE deviation.

Example 4
The calltaker did not ask CE 3c (the choking question) when appropriate.

This is a MODERATE deviation.

Example 5
The caller was not with the patient and did not know if the patient was still choking. The calltaker did not say, “You go check and tell me what you find.”

This is a MODERATE deviation (Chief Complaint Selection Standard 7).
Section 7

Performance Standards for Key Questions

This section provides the performance standards necessary to accurately and fairly evaluate the calltaker's performance during Key Question interrogation. The caller’s answers to Key Questions provide necessary information for dispatchers to send an appropriate Determinant Code and response as well as to alert responders to scene safety issues.

The answers to Key Questions can also prepare responders to address the situation by providing accurate descriptions of what has occurred. Asking all Key Questions ensures that the calltaker has a clear picture of the patient’s condition in order to deliver complete DLS Instructions.

If the calltaker should have shunted to another Chief Complaint Protocol, but did not (Universal Protocol Standard 13), it is noted during the evaluation of Key Questions.

Key Question Standard 1

When the calltaker asks a Key Question, but the caller does not answer, the calltaker must ask the question again. If the calltaker senses that the caller did not answer the question because it was not understood, the calltaker should rephrase the question per Universal Protocol Standard 4. The calltaker is allowed to move on without penalty after asking the question at least twice.

Key Question Standard 2

The calltaker will ask all Key Questions before giving any instructions to the caller, except in the cases specifically listed in Universal Protocol Standard 14 and Key Question Standard 3.

Key Question Standard 3

Key Questions may be discontinued completely in the following situations only:

- In any of the situations listed in Universal Protocol Standard 14, when it is not safe or possible to continue Key Questions after a reasonable period of time
- When the protocol specifically directs the calltaker to stop Key Questions and move to DLS Instructions without returning to the Key Question sequence

Example: On Protocol 13 in the MPDS, if the patient is reported as unconscious during Case Entry, the protocol directs the calltaker to send a 13-D-1 Determinant Code and go directly to PDIs without returning to Key Questions.

Special Note

Key Question Standard 1 is meant to emphasize the importance of obtaining answers to all of the Key Questions when possible. The calltaker should never discontinue or unnecessarily delay processing the case just because the caller will not or cannot answer a question.
Key Question Standard 4

All conditional questions (those with a Pre-Question Qualifier) will be evaluated the same as independent Key Questions when they are applicable.

Example: On Protocol 2 in the MPDS, there are three conditional subquestions under KQ 4, “(Allergy) Has s/he ever had a severe allergic reaction before?”

a. (Yes) Does s/he have any specific injections or other medicines to treat this type of reaction?
   i. (Yes) Have they been used?
      ii. (No) Tell her/him to use them now.

These conditional subquestions (a, i, and ii) may be appropriate to ask the caller, depending on the caller’s response to the previous question. When applicable, all three subquestions should be evaluated as independent Key Questions.

Key Question Standard 5

As an extension of Universal Protocol Standard 17, the answers to the completely alert question and the difficulty speaking between breaths questions are considered obvious when the caller is the patient (and the only patient).

Performance Determinations for Key Questions

CRITICAL Deviations

- Failure to shunt to a more appropriate protocol when directed by the protocol (Universal Protocol Standard 13)

MAJOR Deviations

- Failure to ask a Key Question
- Failure to ask an appropriate conditional question or subquestion

MODERATE Deviations

- Failure to ask a Key Question correctly
- Failure to ask an appropriate conditional question or subquestion correctly
- Asking a freelance question or giving a freelance instruction (Universal Protocol Standard 8)
MINOR Deviations

- Failure to ask a Key Question in the order prescribed by the protocol (Universal Protocol Standard 9)

Examples:

Example 1

The calltaker did not ask Key Question 2. (It was appropriate to ask and the answer was not obvious.)

This is a MAJOR deviation.

Example 2

On Protocol 14 in the MPDS, the calltaker asked KQ 4 as, “Is s/he breathing *pretty* normally now?” when the question should have been asked as, “Is s/he breathing normally?”

This is a MODERATE deviation.

Example 3

A conditional question was asked when it should not have been.

This is a MODERATE deviation (question asked incorrectly).

Example 4

A conditional question was not asked when it should have been.

This is a MAJOR deviation (evaluated as a failure to ask a Key Question—see Key Question Standard 4).

Example 5

The calltaker asked Key Questions 1, 2, 3, 5 and 4 in that order.

This is a MINOR deviation (a question asked out of order).

Performance Determinations for Key Questions Using AQUA® and ProQA®

ProQA® is a computerized version of the Academy protocols (MPDS®, FPDS®, and PPDS®). AQUA® is a software tool that automates much of the case review process. When using ProQA, the answers the calltaker enters into the computer are recorded, and this information can be imported into AQUA to shorten data entry and expedite case review.

When reviewing cases where the calltaker has used an Academy protocol cardset, you can hear what the caller says in response to the calltaker’s question, but you do not know what the calltaker actually “hears” in that moment and ultimately determines the answer to be.
Example 1: While replaying a recording of a call, you can hear the caller answer “No” to a Key Question, but the calltaker entered “Yes” in ProQA.

Example 2: On the Key Question “Does s/he have chest pain or chest discomfort?” the caller’s answer is: “Well . . . I don’t know. She says there is some pressure in her chest and it’s uncomfortable.” How did the calltaker react to this information? Did the calltaker determine the answer to be a “No” or a “Yes”? We expect that any answer other than an outright “No” be recorded as a “Yes” for this question.

Example 3: On the Key Question “Does s/he have chest pain or chest discomfort?” the caller’s answer is “Yeah” (i.e., yes), but the calltaker isn't listening very well and hears “Nah” (i.e., no) and enters “No” in ProQA. This mistake should be addressed in the QI process.

When using ProQA, the calltaker must select a specific answer to each question, and the answers are recorded in the ProQA database. The answers to all of the questions can then be exported to AQUA for case review. When reviewing cases in AQUA, you know:

1. If the question was asked (from listening to the case recording).
2. If the question was asked correctly (from listening to the case recording).
3. If the calltaker heard and entered the correct answer (from the answer recorded in ProQA).
How AQUA® is Used to Evaluate Key Questions

AQUA adds an additional evaluation variable. Not only are questions evaluated for having been asked and asked correctly, but they are also evaluated for having been recorded correctly. If the calltaker records the answer incorrectly, it is considered a MODERATE deviation (see Universal Protocol Standard 20).

Fig. 6 AQUA speeds up the case review process and makes it easier for the ED-Q to collate, review, and disseminate data. © 2013 PDC.
Section 8

Performance Standards for Dispatch Life Support Instructions

Post-Dispatch Instructions (PDIs) and Pre-Arrival Instructions (PAIs) are now evaluated separately for all calls.

Dispatch Life Support (DLS) includes Post-Dispatch Instructions (PDIs) and Pre-Arrival Instructions (PAIs). In the Quality Assurance (QA) Guide™, PDIs are those displayed on the right-hand side of the Case Entry Protocol, in the upper right-hand corner of each Chief Complaint Protocol (Protocols 1–33), and on the Case Exit Protocol. Corresponding instructions on various ProQA® screens should also be considered PDIs. PAIs are the instructions on Protocols A, B, C, D, F, Y, Yb, Yc, Z and the Sinking Vehicle and the Accelerator Stuck & Can’t Stop Vehicle Protocols.

PDIs and PAIs are to be evaluated separately. Since there is always at least one appropriate PDI, every case will have a PDI evaluation (CRITICAL, MAJOR, MODERATE, MINOR, or CORRECT). When PAIs are appropriate, the case will also have a PAI evaluation (CRITICAL, MAJOR, MODERATE, MINOR, or CORRECT). This means that when both PDIs and PAIs are appropriate there will be two DLS evaluations, one for PDIs and one for PAIs.

DLS Standard 1

The calltaker will deliver DLS Instructions in all situations where they are possible and appropriate.

- DLS Instructions are considered possible when the caller is a first- or second-party caller or is in close proximity to the scene, patient, or victim.
- DLS Instructions are considered appropriate when instructed by the protocol, when situations present at the scene warrant DLS intervention (situationally appropriate), and when there are no safety hazards present that may put the patient, victim, caller, bystanders, or any other persons at increased risk during delivery of DLS Instructions.

Following is an example of when it may not be appropriate to give specific DLS Instructions.

Example: On Case Exit in the MPDS, telling a first-party caller with chest pain to gather medications, put pets away, and meet paramedics may cause undue risk to that patient.

DLS Standard 2

Pre-Arrival Instructions are to be read only as written. Post-Dispatch Instructions (which include Case Exit Instructions) will be read according to the script, in a materially identical way (i.e., in a way that doesn't change the intent of the instruction). The calltaker is permitted to introduce instructions with a situational or conditional statement.

Example: On Protocol 24 in the MPDS, PDI-b and PDI-c may be delivered in the following manner: “I know you’re worried about her giving birth before the ambulance arrives, but please do not try to prevent the birth, and tell her not to cross her legs or sit on the toilet.”

Special Note

DLS Standard 2 does not apply to situations where the emergency dispatcher intentionally paraphrases or alters the script.
DLS Standard 3

The calltaker must follow the appropriate DLS Links based on the information obtained from the caller. DLS Links are found on the Case Entry Protocol directly under the Post-Dispatch Instructions, on the individual Chief Complaint Protocols under the Post-Dispatch Instructions, and on the Pre-Arrival Protocol panels and Case Exit Protocol panels in the lower right-hand corner of the individual panels (also referred to as Panel Directors).

DLS Standard 4

DLS Instructions may be discontinued only when the Emergency Rule applies or when safety hazards may put the patient, victim, caller, bystanders, or any other persons at increased risk by continuing DLS Instructions.

DLS Standard 5

The calltaker will choose the correct set of Case Exit Instructions based on the following factors:

• The caller’s relative position to the patient (first-, second-, third-, or fourth-party)
• The patient’s level of consciousness
• The patient’s airway status
• The presence of unstable or worsening conditions (described in the CEI Universal Instructions on the Case Exit Protocol)
• The status of any unanswered incoming emergency calls

Determining DLS Compliance

Post-Dispatch Instructions (PDIs) and Pre-Arrival Instructions (PAIs) are now evaluated separately for all calls.

In order to evaluate DLS Instructions, you must first determine the calltaker’s PDI and PAI compliance percentages.

PDI Compliance Percentage

Using the Quality Assurance (QA) Guide™, count the total number of possible and appropriate PDIs (see DLS Standard 1). Each PDI identified by a lowercase letter or number is counted as one instruction. Each instruction on the Case Exit Protocol that is separated by a dotted line in the QA Guide is also counted as one instruction.

Out of the total number of possible and appropriate instructions, count the number of instructions that were given correctly. The calltaker does not receive credit for the instruction if:

• The instruction was not read at all.
• The instruction was not read correctly.
• The instruction was read out of order.
• The instruction was excluded by a Pre-Instruction Qualifier but was read anyway.

Special Note

The Emergency Rule is a legal term referring to the decreased expectations of someone performing under extremely abnormal circumstances.
Divide the total number of PDIs for which the calltaker should receive credit by the total number of possible and appropriate PDIs and multiply the result by 100 to calculate the calltaker’s PDI compliance percentage.

**Example**

Possible and appropriate PDIs (Chief Complaint Protocol) 3
Possible and appropriate PDIs (Case Exit Protocol) + 12
Total possible and appropriate PDIs = 15
Number of PDIs given correctly 14
PDI compliance percentage 

\[
\frac{14}{15} \times 100 = 93.3\% \text{ (MINOR)}
\]

**PAI Compliance Percentage**

Using the Quality Assurance (QA) Guide™, count the total number of possible and appropriate PAIs (see DLS Standard 1). Each instruction on the PAI Protocols that is separated by a dotted line in the QA Guide is counted as one instruction.

Out of the total number of possible and appropriate instructions, count the number of instructions that were given correctly. The calltaker does not receive credit for the instruction if:

- The instruction was not read at all.
- The instruction was not read correctly.
- The instruction was read out of order.
- The instruction was excluded by a Pre-Instruction Qualifier but was read anyway.

Divide the total number of PAIs for which the calltaker should receive credit by the total number of possible and appropriate PAIs and multiply the result by 100 to calculate the calltaker’s PAI compliance percentage.

**Example**

Possible and appropriate PAIs 21
Number of PAIs given correctly 19
PAI compliance percentage 

\[
\frac{19}{21} \times 100 = 90.4\% \text{ (MODERATE)}
\]
Performance Determinations for DLS Instructions

Minor errors in PDIs are now classified as a MINOR deviation.

CRITICAL Deviations (Marked as ABSOLUTE in AQUA®)

The following CRITICAL deviations should be marked as ABSOLUTE in AQUA®. These were considered an ABSOLUTE deviation in the Edition 8 EMD Scoring Standards. Although these will be evaluated the same as other CRITICAL deviations when using the Edition 9a Performance Standards, marking them as ABSOLUTE in AQUA will ensure that both the traditional reports and the new QI reports remain accurate.

- Absolute failure to read any DLS (PDI/PAI) Instructions at all
- Failure to provide any instruction that is considered the minimum standard of care in a DLS environment
- The calltaker made two or more of the errors listed under CRITICAL deviations (marked as CRITICAL in AQUA®) below

CRITICAL Deviations (Marked as CRITICAL in AQUA®)

- Adhering to a DLS (PDI/PAI) compliance percentage between 0.01% and 50%
- Failure to follow an appropriate DLS Link
- Failure to read a complete panel (or set) of instructions
- Failure to complete full DLS Instructions (inappropriately discontinued)
- Failure to move to a more appropriate section after receiving new or updated information (Universal Protocol Standard 11)

MAJOR Deviations

- Adhering to a DLS (PDI/PAI) compliance percentage between 50.01% and 75% (with no other DLS deviations)

MODERATE Deviations

- Adhering to a PAI compliance percentage between 75.01% and 95% (with no other PAI deviations)

MINOR Deviations

- Adhering to a PDI compliance percentage between 75.01% and 95% (with no other PDI deviations)

CORRECT

- Adhering to a DLS (PDI/PAI) compliance percentage between 95.01% and 100% (with no other DLS deviations)
Section 9

Performance Standards for Diagnostic and Instruction Tools

Some Diagnostic and Instruction Tools are found in the Additional Information sections and on pull-out cards in the cardsets. All are also included in ProQA® and can be accessed on the ProQA toolbar.

There are two categories of Diagnostic and Instruction Tools—Level 1 and Level 2.

• Level 1—These are scripted tools that must be used when directed by the protocol. Level 1 Diagnostic and Instruction Tools include:
  • The Stroke Diagnostic Tool
  • The Breathing Detector Tool (Determining AGONAL BREATHING)
  • The Pulse Check Tool (Instructions for Taking a Pulse)
  • The Aspirin Diagnostic and Instruction Tool (when approved by local medical control)

• Level 2—These are tools (that may or may not be scripted) that are recommended by the Academy but are used at the discretion of individual agencies as per published policy. They are used to identify and document symptoms, hazards, or descriptions; to collect data; or to time contractions and compressions. Level 2 Diagnostic and Instruction Tools include:
  • The Compressions Monitor Tool
  • The Contractions Timer Tool
  • The Chemical Sucides Diagnostic Tool (ProQA® only)

Diagnostic and Instruction Tools Standard 1

Level 1 Diagnostic and Instruction Tools must be completed when directed by the protocol.

Diagnostic and Instruction Tools Standard 2

Scripted Diagnostic and Instruction Tool questions and instructions are to be read as written.

Diagnostic and Instruction Tools Standard 3

Level 1 Diagnostic and Instruction Tool results and/or instructions must be interpreted and implemented correctly by the calltaker.

Diagnostic and Instruction Tools Standard 4

Level 2 Diagnostic and Instruction Tools must be completed when directed by agency policy.
Performance Determinations for Use of Diagnostic and Instruction Tools

MAJOR Deviations

• Failure to use a Level 1 Diagnostic and Instruction Tool when directed by the protocol
• Failure to use a Level 1 Diagnostic and Instruction Tool when appropriate

MODERATE Deviations

• Failure to use a Level 1 Diagnostic and Instruction Tool correctly
• Failure to use or incorrectly using a Level 2 Diagnostic and Instruction Tool when appropriate

Examples:

Example 1

On Protocol 28, in response to KQ 3, the caller described the patient’s sudden speech problems and facial droop. The calltaker did NOT follow the protocol’s direction to use the Stroke Diagnostic Tool (a Level 1 Diagnostic and Instruction Tool) and instead continued with Key Questions.

This is a MAJOR deviation.

Example 2

The calltaker did not read a Level 1 Diagnostic and Instruction Tool as written.

This is a MODERATE deviation.

Example 3

The calltaker did not use the Contractions Timer Tool (a Level 2 Diagnostic and Instruction Tool) when directed to do so by agency policy.

This is a MODERATE deviation.

Example 4

The calltaker did not use the Compressions Monitor Tool (a Level 2 Diagnostic and Instruction Tool) correctly.

This is a MODERATE deviation.
Section 10

Performance Standards for Final Coding

If a calltaker chooses an incorrect Chief Complaint Protocol, it is noted in the Chief Complaint Selection section. This, of course, results in the selection of an incorrect Determinant Code. In an effort to provide better feedback for quality improvement, however, the calltaker is evaluated in Final Coding for choosing the correct Determinant Code based on the Key Questions actually asked, instead of the questions that should have been asked from the correct Chief Complaint Protocol (Final Coding Standard 2).

Final Coding Standard 1 (Final Code)

The calltaker will select the correct final Determinant Code based on all of the caller's answers to the Key Questions. When no Key Questions are asked and there is no final Determinant Code apparent from Case Entry, the Final Code assigned is considered to be wrong and the error is regarded as a CRITICAL deviation in Final Coding.

Final Coding Standard 2 (Chief Complaint)

When the calltaker has chosen the wrong Chief Complaint Protocol, the correct Determinant Code is considered, for quality improvement purposes, to be the one determined by the answers to the Key Questions actually asked, not the ones that should have been asked if the calltaker had gone to the correct Chief Complaint Protocol. In other words, the calltaker can select an incorrect Chief Complaint Protocol from Case Entry and still possibly be considered as having selected the correct Determinant Code in Final Coding.

Final Coding Standard 3 (Determinant Level)

If the calltaker selected an incorrect Determinant Level, it is considered to be a CRITICAL deviation in Final Coding and the Determinant Descriptor is not evaluated. When the Determinant Level is incorrect, it is impossible for the Determinant Descriptor to be correct. This is accounted for in the CRITICAL deviation.

Final Coding Standard 4 (Determinant Descriptor)

If the calltaker selected the correct Chief Complaint Protocol and Determinant Level, but selected an incorrect Determinant Descriptor, it is considered to be a MAJOR deviation.

Final Coding Standard 5 (Determinant Suffix)

If the calltaker assigned an incorrect suffix, failed to assign a suffix when appropriate, or assigned a suffix when it was not appropriate, it is considered to be a MAJOR deviation.
Performance Determinations for Final Coding

CRITICAL Deviations

- Failure to ask Key Questions when no final Determinant Code was apparent from Case Entry
- Assigning an incorrect Determinant Level (the Determinant Descriptor is always incorrect if the Level is incorrect)

MAJOR Deviations

- Assigning an incorrect Determinant Descriptor (the Level is correct)
- Failure to assign a suffix when appropriate
- Assigning an incorrect suffix
- Assigning a suffix when a suffix is not appropriate
Section 11

Compliance Summary

The Compliance Summary is essentially a list of all of the deviations found in a case sorted by category (CRITICAL, MAJOR, MODERATE, and MINOR).

Example 1:

1 CRITICAL deviation (failure to ask for the callback number)
2 MAJOR deviations (failure to ask two Key Questions)
2 MODERATE deviations (failure to ask a Key Question correctly, adhering to a PAI compliance of 78%)
1 MINOR deviation (asking a Key Question with an insignificant error)

Example 2:

0 CRITICAL deviations
0 MAJOR deviations
0 MODERATE deviations
1 MINOR deviation (performing a small error when applying Universal Customer Service Standard 2)

Quality Improvement Review Matrix

The Quality Improvement Review Matrix now shows minimum thresholds for each Compliance Level instead of maximum deviations allowed in each Compliance Level. Additional explanation has been added below to clarify this change.

The Academy-recommended timing and method of feedback is determined by comparing the Compliance Summary with the Quality Improvement Review Matrix as shown in figure 8. Not all possible combinations of deviations are shown in the chart. Those shown represent the minimum threshold required for each Compliance Level.
### Compliance Level

The Quality Improvement Review Matrix contains five distinct Compliance Levels: High Compliance, Compliant, Partial Compliance, Low Compliance, and Non-Compliant. These levels will help you determine when you should provide feedback and what method you should use to provide feedback.

AQUA® software automatically determines the Compliance Level for any combination of deviations. Those not using AQUA may find it difficult to determine the exact Compliance Level in some situations. Be aware, however, that determining the Compliance Level is simply a means to an end. The important thing to remember is that feedback for CRITICAL and MAJOR errors should be given before feedback on MODERATE or MINOR deviations. Similarly, feedback for calltakers with large numbers of deviations should be given before feedback for calltakers with smaller numbers of deviations. Effective quality assurance is all about tracking trends. With limited time and resources, it may not always be possible to provide feedback for every case reviewed. In these situations, the Quality Improvement Review Matrix helps you prioritize your time so that the most urgent problems get addressed first.

### High Compliance

Cases in the High Compliance level contain no deviations at all.

Immediate feedback is appropriate to let calltakers know that you have caught them doing it right. Individual feedback should be provided using the Incident Performance Report. Public recognition of these perfect cases may also be appropriate.
**Compliant**

Cases in the Compliant level contain one or more MINOR deviations, but fewer than the number of deviations shown for the Partial Compliance level. This means that four MINOR deviations, or one MODERATE deviation and three MINOR deviations, or even two MODERATE deviations and two MINOR deviations all fall within the Compliant level.

Based on local policies and resources, it may not be necessary to discuss each of these individual cases with calltakers. However, trends should be reported to the calltaker using the Individual Performance Report as part of a routine feedback cycle. Public display of the Agency Performance Report and/or the Shift Performance Report will help calltakers see how their trends match up with others on their shift or with the agency as a whole.

**Partial Compliance**

Cases in the Partial Compliance level fall below the Low Compliance threshold, but contain at least two MODERATE deviations and three MINOR deviations, at least one MODERATE deviation and four MINOR deviations, or at least five MINOR deviations.

Individual feedback using the Incident Performance Report is appropriate for these cases. Because of the large number of deviations, each individual case should be discussed with the calltaker when possible. However, this discussion can take place as part of a routine feedback cycle.

**Low Compliance**

Cases in the Low Compliance level fall below the Non-Compliant threshold, but contain at least one MAJOR deviation and two MODERATE deviations; at least one MAJOR deviation, one MODERATE deviation, and two MINOR deviations; at least one MAJOR deviation and three MINOR deviations; or at least three MODERATE deviations.

The large number of significant deviations in these cases make feedback for these cases urgent. Feedback for these cases should be scheduled as soon as conveniently possible. Individual feedback should be provided for each case using the Incident Performance Report.

**Non-Compliant**

Calls in the Non-Compliant level contain at least one CRITICAL deviation or at least two MAJOR deviations.

Immediate feedback is appropriate to help resolve these high-level problems before they are repeated. Individual feedback should be provided as soon as possible using the Incident Performance Report. An action plan should also be created to ensure that the calltaker receives the assistance, resources, or training required to avoid these problems in the future.
Medical Dispatch Case Evaluation Record Guide

The Medical Dispatch Case Evaluation Record has changed significantly to include the new standards for evaluating calltaker compliance to performance standards.

The form is divided into seven sections that reflect the performance categories:
Case Entry
Chief Complaint Selection
Key Questions
Dispatch Life Support Instructions
Diagnostic & Instruction Tools
Final Coding
Customer Service

Each section lists the criteria for determining any CRITICAL, MAJOR, MODERATE, or MINOR deviations from the performance standards. These deviation levels are sometimes abbreviated on this form as:


Case Entry and Key Questions Sections

On the Case Entry and Key Questions sections, the ED-Q can use the provided checklists to mark whether each question was asked, obvious, not asked, or not applicable.

On Key Questions, the ED-Q can also specify whether a question was not appropriate, insignificantly changed, or asked incorrectly.
### Case Entry

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<th>Address question asked?</th>
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<th>Obs</th>
<th>N</th>
<th>N/A</th>
<th>Address verified?</th>
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<th>Obs</th>
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<td>Age subquestion asked?</td>
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<td>Breathing question asked?</td>
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<td>Asked correctly?</td>
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<td>Breathing subquestion asked?</td>
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**CRITICAL (C) # ☐**
- Failure to follow appropriate protocol link

**MODERATE (D) # ☐**
- Number of freelance questions/instructions: ______________
- Number of questions/instructions in inappropriate areas: ______________

**MINOR (M) # ☐**
- Failure to ask CE 3a, 3b, and/or 3c correctly when appropriate
- Failure to follow appropriate protocol link

**Fig. 9** Case Entry section on the Medical Dispatch Case Evaluation Record. © 1985–2013 IAED.

### Key Questions

<table>
<thead>
<tr>
<th></th>
<th>Key question asked?</th>
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<th>Obs</th>
<th>N</th>
<th>N/A</th>
<th>Asked incorrectly?</th>
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</table>

**CRITICAL (C) # ☐**
- Failure to shunt to a more appropriate protocol
- Failure to move to a more appropriate protocol after receiving new or updated information

**MODERATE (D) # ☐**
- Incorrect/incomplete DE information
- Number of freelance questions/instructions: ______________
- Number of questions/instructions in inappropriate areas: ______________

**MINOR (M) # ☐**
- Failure to ask a Key Question in the order prescribed by the protocol

**Fig. 10** Key Questions section on the Medical Dispatch Case Evaluation Record. © 1985–2013 IAED.

A few of these checklist boxes are marked with a letter (C, J, D, or M as shown above) to the right of the box to indicate the type of deviation that has occurred (CRITICAL, MAJOR, MODERATE, or MINOR). These deviations may apply to questions that were not asked (when appropriate) or that were asked incorrectly.

Other possible deviations for each section are listed below or beside the checklists.

### Totaling Deviations

To use this form effectively, the ED-Q should count the number of each type of deviation that has occurred (from both the checklists and any other applicable deviations listed in the section) and write that number in the box next to the appropriate heading: e.g., “CRITICAL (C) # ☐”. The subtotals of each of these sections will allow the ED-Q to total the deviations throughout the case for the Compliance Summary.
**Medical Dispatch Case Evaluation Record**

Case #: _______________ Date: _______________ Time: _______________ How obtained: 911 / E911 / Other

Dispatcher(s): ________________________________________ Dispatcher ID: __________

Complaint description: ____________________________________ Shift: ___________________

Caller is: □ The patient (1st party) □ With patient (2nd party) □ Remote from patient (3rd party) □ Referring agency (4th party)

Performance deviations throughout this form are abbreviated: [C]ritical [M]ajor [M]oderate [M]inor

### CASE ENTRY

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<tr>
<th>1. Address question asked?</th>
<th>Y</th>
<th>Obv</th>
<th>N</th>
<th>C</th>
<th>Address verified?</th>
<th>Y</th>
<th>Obv</th>
<th>N</th>
<th>J</th>
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<td>Obv</td>
<td>N</td>
<td>C</td>
<td>Callback number verified?</td>
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<td>Obv</td>
<td>N</td>
<td>J</td>
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<tr>
<td>3a. Caller party question asked?</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>D</td>
<td>Asked correctly?</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>3b. Patient count question asked?</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>D</td>
<td>Asked correctly?</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>M</td>
</tr>
<tr>
<td>3c. Choking question asked?</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>D</td>
<td>Asked correctly?</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>M</td>
</tr>
</tbody>
</table>

**CRITICAL (C) # □**

**MODERATE (D) # □**

□ Number of freelance questions/instructions: _____________

□ Number of questions/instructions in inappropriate areas: ___

** ECCS: Beginning _____________ End ______________

**CHIEF COMPLAINT SELECTION**

Chief Complaint Protocol selected: ________ □ Correct □ Incorrect □ Should have selected: ________

**CRITICAL # □**

□ Failure to choose a correct Chief Complaint Protocol

**MAJOR (J) # □**

□ Failure to follow appropriate protocol link

**MODERATE # □**

□ Failure to say “Okay, tell me exactly what happened” correctly

**MINOR (M) # □**

□ Failure to ask CE 3a, 3b, and/or 3c correctly when appropriate

**KEY QUESTIONS**

<table>
<thead>
<tr>
<th>KQ asked?</th>
<th>Y</th>
<th>Obv</th>
<th>N</th>
<th>N/A</th>
<th>Insig</th>
<th>Asked incorrectly?</th>
<th>MAJOR (J) # □</th>
<th>MODERATE (D) # □</th>
<th>MINOR (M) # □</th>
</tr>
</thead>
<tbody>
<tr>
<td>KQ ______</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>C</td>
<td>M</td>
<td>D</td>
<td>□</td>
<td>Failure to follow appropriate protocol link</td>
<td>□</td>
</tr>
<tr>
<td>KQ ______</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>C</td>
<td>M</td>
<td>D</td>
<td>□</td>
<td>Complete failure to gather any DE information</td>
<td>□</td>
</tr>
<tr>
<td>KQ ______</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>C</td>
<td>M</td>
<td>D</td>
<td>□</td>
<td>Number of questions/instructions in inappropriate areas: ___</td>
<td>□</td>
</tr>
<tr>
<td>KQ ______</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>C</td>
<td>M</td>
<td>D</td>
<td>□</td>
<td>** ECCS: Beginning _____________ End ______________</td>
<td>□</td>
</tr>
<tr>
<td>KQ ______</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>C</td>
<td>M</td>
<td>D</td>
<td>□</td>
<td>** ECCS: Beginning _____________ End ______________</td>
<td>□</td>
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<tr>
<td>KQ ______</td>
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<td>C</td>
<td>M</td>
<td>D</td>
<td>□</td>
<td>** ECCS: Beginning _____________ End ______________</td>
<td>□</td>
</tr>
<tr>
<td>KQ ______</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>C</td>
<td>M</td>
<td>D</td>
<td>□</td>
<td>** ECCS: Beginning _____________ End ______________</td>
<td>□</td>
</tr>
<tr>
<td>KQ ______</td>
<td>Y</td>
<td>Obv</td>
<td>N</td>
<td>C</td>
<td>M</td>
<td>D</td>
<td>□</td>
<td>** ECCS: Beginning _____________ End ______________</td>
<td>□</td>
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</tbody>
</table>

**CRITICAL (C) # □**

□ Failure to shunt to a more appropriate protocol

□ Failure to move to a more appropriate protocol after receiving new or updated information

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DISPATCH LIFE SUPPORT INSTRUCTIONS (Pre-Arrival & Post-Dispatch Instructions)

Appropriate to give Pre-Arrival Instructions?  Y  N  N/A
Possible to give Pre-Arrival Instructions?  (If yes)  Were PAIs given?  Y  N  N/A

CRITICAL #  MAJOR #  MODERATE #
Failure to read any DLS Instructions  Failure to adhere to a DLS compliance percentage between 50.01% and 75% (with no other DLS deviations)
Failure to provide minimum standard of care in DLS environment
Failure to follow an appropriate DLS Link
Failure to move to a more appropriate section after receiving new or updated information
Adhering to a DLS compliance percentage between 0.01% and 50%
Failure to read a complete panel (or set) of instructions
Failure to complete full DLS Instructions (inappropriately discontinued)
Adhering to a PAI compliance percentage between 75.01% and 95% (with no other PAI deviations)
Number of freelance questions/instructions:  
Number of questions/instructions in inappropriate areas:  
** ECCS: Beginning  End  
MINOR #
Adhering to a PDI compliance percentage between 75.01% and 95% (with no other PDI deviations)

DIAGNOSTIC & INSTRUCTION TOOLS

Appropriate to use Diagnostic Tools?  MAJOR #
Possible to use Diagnostic Tools?  (If yes)  Were Diagnostic Tools used?  Y  N  N/A

MAJOR #
Failure to use a Level 1 Diagnostic and Instruction Tool when directed by the protocol
Failure to use a Level 1 Diagnostic and Instruction Tool when appropriate
MODERATE #
Failure to use a Level 1 Diagnostic and Instruction Tool correctly
Failure to use, or incorrectly using a Level 2 Diagnostic and Instruction Tool when appropriate

FINAL CODING

Determinant Code selected:  -  -  -  -  Determinant Code as reviewed:  -  -  -  -
CRITICAL #
No KQs asked and no Determinant Code apparent from Case Entry
Determinant Level incorrect

MAXOR #
Determinant Descriptor incorrect (Level is correct)
Failure to assign a suffix when appropriate
Assigning an incorrect suffix
Assigning a suffix when a suffix is not appropriate

CUSTOMER SERVICE

CRITICAL #
Performing any of the prohibited behaviors in Universal Customer Service Standard 8
MODERATE
Failure to apply calming statements and repetitive persistence when appropriate

MINOR #
Failure to apply any of the Universal Customer Service Standards 1–7 when appropriate
Performing a small error in Universal Customer Service Standards 1–6 that does not negatively impact the call

COMPLIANCE SUMMARY

Total number of CRITICAL deviations
Total number of MAJOR deviations
Total number of MODERATE deviations
Total number of MINOR deviations

Attach a separate sheet with your comments.
EMD-Q Course Evaluation Form

We would like to know your impression of the course you just completed. Your feedback is vital and appreciated. The comments you supply help us ensure consistent quality and continuing improvement for our training. Thank you for your time.

Instructor’s name: __________________________ Course Dates: _________ Course #: __________

City & State/Province where course was taught: ____________________________________________

Please rate each item using the scale provided on the right.

1. How well did the instructor manage class time (start/end on time, provide appropriate breaks, etc.)?

   | Very Poor | Poor | Fair | Good | Very Good |
   | 1          | 2    | 3    | 4    | 5         |

2. How well did the instructor act professionally and respectfully?

   | Very Poor | Poor | Fair | Good | Very Good |
   | 1          | 2    | 3    | 4    | 5         |

3. How well did the course prepare you to evaluate an emergency call?

   | Very Poor | Poor | Fair | Good | Very Good |
   | 1          | 2    | 3    | 4    | 5         |

4. How well did the course materials (PowerPoint slides, course manuals, etc.) increase your understanding of the course content?

   | Very Poor | Poor | Fair | Good | Very Good |
   | 1          | 2    | 3    | 4    | 5         |

5. How well did the instructor demonstrate knowledge of the course material?

   | Very Poor | Poor | Fair | Good | Very Good |
   | 1          | 2    | 3    | 4    | 5         |

6. How well did the instructor provide feedback on your performance?

   | Very Poor | Poor | Fair | Good | Very Good |
   | 1          | 2    | 3    | 4    | 5         |

7. Would you recommend this instructor to others?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Please see other side for additional items.

**If you prefer to submit this form directly to the Academy, please mail it to:
IAED, ATTN: Member Services, 110 South Regent Street, Suite 800, Salt Lake City, UT 84111 or email to: cert@emergencydispatch.org **
8. What could the instructor have done differently to improve the quality of the course?

9. What could be done to improve the materials used in this course?

10. What did you like most about this course and why?

**If you prefer to submit this form directly to the Academy, please mail it to:
IAED, ATTN: Member Services, 110 South Regent Street, Suite 800, Salt Lake City, UT 84111
or email to: cert@emergencydispatch.org**
**EMD-Q CERTIFICATION APPLICATION**

To receive your **EMD-Q Certification Card**, please submit this signed and completed application.

**WORLD HEADQUARTERS:**
110 South Regent Street, Suite 800
Salt Lake City, Utah 84111, USA

---

Mark “a” for TRUE and “b” for FALSE.

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1. | a | b | c | d | 11. | a | b | c | d | 21. | a | b | c | d | 31. | a | b | c | d |
| 2. | a | b | c | d | 12. | a | b | c | d | 22. | a | b | c | d | 32. | a | b | c | d |
| 3. | a | b | c | d | 13. | a | b | c | d | 23. | a | b | c | d | 33. | a | b | c | d |
| 4. | a | b | c | d | 14. | a | b | c | d | 24. | a | b | c | d | 34. | a | b | c | d |
| 5. | a | b | c | d | 15. | a | b | c | d | 25. | a | b | c | d | 35. | a | b | c | d |
| 6. | a | b | c | d | 16. | a | b | c | d | 26. | a | b | c | d | 36. | a | b | c | d |
| 7. | a | b | c | d | 17. | a | b | c | d | 27. | a | b | c | d | 37. | a | b | c | d |
| 8. | a | b | c | d | 18. | a | b | c | d | 28. | a | b | c | d | 38. | a | b | c | d |
| 9. | a | b | c | d | 19. | a | b | c | d | 29. | a | b | c | d | 39. | a | b | c | d |
| 10. | a | b | c | d | 20. | a | b | c | d | 30. | a | b | c | d | 40. | a | b | c | d |

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I authorize the release of the results of my certification exam to my employer, prospective employer, and/or the person or entity to whom the cost of certification is invoiced. I hereby affirm that the exam answers are my own work and that all information is correct, and I acknowledge that if a violation is discovered, my application may be rejected or certification revoked. I also agree to abide by the Academy’s Code of Ethics and Code of Conduct and to respect all IAED or PDC intellectual property rights, including copyrights, patents, and trademarks regarding course materials, software, and/or protocols.

**Signature of Applicant:** ___________________________  **Date Signed:** ___________________________

**YOU MUST SIGN HERE TO COMPLETE APPLICATION**

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**Current Academy EMD Certification Number (REQUIRED)**

<p>| | | | | | | |</p>
<table>
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<tr>
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<td>F</td>
<td>M</td>
<td>Last Name</td>
<td>First Name</td>
<td>M.I.</td>
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**Home Mailing Address** (Check here if you would prefer to have mailings sent to your HOME ADDRESS.)

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<tr>
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**E-mail Address**

**Agency Name (place of employment)**

<table>
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<th>Agency Name</th>
<th>Job Title</th>
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**Agency Mailing Address**

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<th>Postal Code</th>
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**Instructor’s Name**

**Instructor’s Certification Number**

**Course/Test Site**

<table>
<thead>
<tr>
<th>Course/Test Site</th>
<th>City/Town</th>
<th>State/Province</th>
<th>Country</th>
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</thead>
</table>

**Course Dates**

**Test Number**

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PS9 • NAE 130901