EMERGENCY AMBULANCE SERVICE CONTRACT AUDIT FORM

CONTRA COSTA HEALTH SERVICES
Emergency Medical Services

SECTION 1 – CONTACT INFORMATION	
Date:	12/5/2019
Performed by:	Brandon Rowlery
Attendee:	Terence Carey & Michael Johnson
Additional Attendees:	

SECTION 2 – AUDIT RESULTS

OVERALL RATING (PASS/NO PASS) Pass = P No Pass = NP In Progress = IP Plan of Action: POA	P/NP/IP/POA	
Number of deficiencies from Section 3: **0**		Pass = less than (<) 2 deficiencies
		No Pass = greater than (>) 2 deficiencies

SECTION 3 – EMERGENCY AMBULANCE SERVICE CONTRACT

SECTION	DESCRIPTION	P	NP	IP	POA/COMMENTS
D.1.d. Pg. 7	**Ambulance Service Accreditation:** Must be current.	X			
D.1.b.ii. D.1.f. Pg. 6&7	**ALS Inter-facility Program:** Develop and implemented within twenty (24) months.	X			
D.4.a. Pg. 8	**Infrastructure:** All operational, clinical and support services are performed.	X			
D.4.b. Pg. 8	**Dispatch Center:** Operating and functioning without issues.	X			
E.4. Pg. 10	**Medical Reviews and Audits:** • Provide Case Based Learning • CCCEMS Audits	X			Peer review program implemented recently. Meets monthly.
E.7. Pg. 11	**Clinical Education and Training:** EQIP: • New Employee Education • FTO Program • CE Provider	X			

SECTION	DESCRIPTION	P	NP	IP	POA/COMMENTS
E.8. Pg. 11	**Clinical Quality Program Staff:** • Chief Medical Advisor • Assoc. Medical Advisor • CES Director • CES Manager • CES Coordinator • EMS Epidemiologist/Clinical Analyst	X			
E.8.g. Pg. 12	**CQI Activities:** 80 compensated hours/month for field employees.	X			
E.9. Pg. 12	**IHI Certificate:** Clinical and Quality Personnel will have certificate within 18 months of start date of contract or hire.	X			
E.10. Pg. 12	**Quality Leadership Council:** To recognize and recommend common issues related to an integrated EMS response.	X			
E.11. Pg. 13	**Data Gathering Tool:** Integrate electronic records	X			
E.12.a. Pg. 13	**KPIs:** • Benchmarks • QI tools • Provide Reports	X			
E.12.b. Pg. 13	**Non Clinical KPIs:** • Customer Satisfaction • HR/Employee Satisfaction • Community Health • Fleet • Safety • Unusual Occurrences • Financial Stability • Unit Hour Ratio • Net Revenue	X			
E.12.c. Pg. 14	**Medical Committee Participation:** Attendance.	X			
E.13. Pg. 14	**Medical Research:** • Pilot Programs • Research Projects	X			
E.15. Pg. 15	**Patient Satisfaction Program:** Feedback for improvement.	X			
E.17. Pg. 15	**Cardiac Arrest Performance Reporting System:** Provide cardiac arrest reports.	X			
E.18. Pg. 15	**Against Medical Advice Protocol:** • Protocol • Document failures	X			

SECTION	DESCRIPTION	P	NP	IP	POA/COMMENTS
F.2. Pg. 15	**CQI Program:** Develop and implement.	X			
G.1. Pg. 18	**Training Programs:** Training and education classes.	X			
G.2. Pg. 18	**Clinical Education Services:** Tracking that education and training requirements are met.	X			
G.3. Pg. 19	**Training Program Components:** New transport employees orientation.	X			
G.4. Pg. 20	**EMT Education/Training requirements**	X			
G.5. Pg. 20	**Paramedic Education/Training Requirements**	X			
G.6. Pg. 21	**Supervisor Education/Training Requirements**	X			
G.7. Pg. 21	**Management and Key Support Staff Education/Training Requirements**	X			
G.9. Pg. 22	**Driver Training and Safety:** • 16 hour driver training program • EVOC	X			
G.10. Pg. 22	**Infection Control Training:** Implement an infection control program.	X			
G.11. Pg. 23	**On-Going Evaluation of Training Programs:** Evaluate effectiveness of training programs.	X			
G.12. Pg. 23	**Quality Improvement Hotline**	X			
G.13. Pg. 23	**Diversity Awareness**	X			
I.3. Pg. 30	**Prescreening of New Hire Employees**	X			
I.4. Pg. 30	**Drug Testing**	X			
I.5. Pg. 30	**Physical Ability**	X			
I.6. Pg. 31	**Credentials:** Assure proper credentials of all transport employees.	X			
I.7. Pg. 31	**Employee Records/Termination:** Changes to employee status.	X			
I.8. Pg. 31	**Tuberculosis and Hepatitis:** Testing.	X			
I.9. Pg. 32	**Assault Management and Training:** Proper training.	X			

SECTION	DESCRIPTION	P	NP	IP	POA/COMMENTS
I.10. Pg. 32	**Paramedic Minimum Qualifications**	X			
I.11. Pg. 33	**EMT Minimum Qualifications**	X			
I.12. Pg. 33	**Supervisors:** Minimum qualifications.	X			
I.13. Pg. 33	**Dispatchers:** Minimum qualifications.	X			
I.14. Pg. 33	**Uniforms:** Provided for all transport employees.	X			
I.15. Pg. 34	**Fatigue Awareness and Mitigation**	X			
I.16. Pg. 34	**Paramedic Preceptors:** • Preceptor Training • Internships	X			Working with NCTI on ongoing preceptor training. CCC will need to provide a preceptor workshop.
J.1. J.2. J.3. Pg. 34 & 35	**Fleet and Equipment:** • 120% over peak staffing • 1 Bariatric transport unit • 1 infectious disease unit • 5 Supervisor vehicles • 3 Support Vehicles • 4 Disaster units • 2 Decon units	X			
K.5. Pg. 37	**Communications Staffing:** • Lead Direction • Dispatcher/Call taker • EMS Advancement series • QA reviewers	X			
L.1. Pg. 38	**Community Education:** • Health Plan • Community Education Accomplishments	X			
L.1.a. Pg. 38	**Community Educations Funding:** • Minimum of $300,000 to community. • $50,000 AED, CPR and HeartSafe	X			
L.1.b. Pg. 38	**Public Health Initiatives:** • AED programs • Hands only CPR • HeartSafe program	X			
L.2. Pg. 39	**Community Outreach Coordinator**	X			
L.3. Pg. 39	**Customer Satisfaction:** • Hotline • Tracking customer feedback • Proof or response's to public	X			
M.4. Pg. 41	**Performance Reports:** Process and tracking.	X			

SECTION	DESCRIPTION	P	NP	IP	POA/COMMENTS
N.3. Pg. 42	**Integration with First Responders:** • CE programs • Contract person/liaison • Transportation services	X			
O. Pg. 42	**Disaster, MCI and Mutual Aid Response**	X			Section O.8 needs to be re-submitted to county.
P.10. Pg. 47	**First Responder Billing**	X			
P.11. Pg. 47	**Financial Reporting:** Demonstrate billing compliance.	X			
P.12. Pg. 47	**Periodic Reporting:** Demonstrate billing compliance with current rates.	X			
Q.2. Pg. 48	**Medicare and Medicaid Compliance Program Requirements:** Comprehensive Compliance Program for services.	X			
Q.3. Pg. 48	**Annual Medicare Claims Review:** Conduct a claims review.	X			
Q.4. Pg. 48	**HIPPA, CAL HIPPA and HITECH Compliance Program Requirements**: Implement a plan and develop policies.	X			
R.1. Pg. 50	**Workforce Engagement:** • Employee satisfaction • Develop measures to improve satisfaction • Adopt programs to improve satisfaction	X			
S.1. Pg. 51	**Illness and Injury Prevention**	X			
S.2. Pg. 51	**Incident Reporting, Investigation and Corrective Actions:** Develop, implement and maintain a program.	X			
S.3. Pg. 51	**Ethics and Compliance Program:** Develop, implement and maintain a program.	X			