

Docket No. SA-530

Exhibit No. 6L

NATIONAL TRANSPORTATION SAFETY BOARD

Washington, D.C.

Patient Transport Request
Commission on Accreditation of Medical Transport Systems
(CAMTS) Accreditation Standards 7th Edition 2006
07.00.00 Management and Administration Section

(7 Pages)

GENERAL STANDARDS
Communications Section

Equipment
06.06.00 – 07.01.01

06.06.00	The Communications Center must contain the following:	
06.06.01	At least one dedicated phone line for the medical transport service.	RW/FW/G
06.06.02	A method to keep noise and other distractions (traffic) from the communications area while the communications specialist is involved with a medical transport mission.	RW/FW/G
06.06.03	A system for recording all incoming and outgoing telephone and radio transmissions with time recording and playback capabilities. Recordings to be kept for a minimum of 90 days.	RW/G
06.06.04	Capability to immediately notify the medical transport team and on-line medical direction (through radio, pager, telephone, etc.)	RW/FW/G
06.06.05	An evacuation plan which provides for continuous communications with transport personnel in the event there is a need to evacuate the communications center.	RW/FW/G
06.06.06	Backup emergency power source for communications equipment, or a policy delineating methods for maintaining communications during power outages and in disaster situations.	RW/FW/G
06.06.07	A status display with information about pre-scheduled flights/patient transports, the medical transport team on duty, weather and maintenance status.	RW/FW/G
06.05.08	Current local aircraft service area maps and navigation charts must be available for aviation operations. Mapping software could supplement current charts. Road maps must be available for ground transports services.	RW/FW/G
06.06.09	Communications policy and procedures manual (that includes 11.01.07 for RW).	RW/FW/G
06.06.10	Seating and workstations that are ergonomically appropriate are provided for each communications specialist on duty.	RW/FW/G

MANAGEMENT AND ADMINISTRATION SECTION

07.00.00 MANAGEMENT / POLICIES

07.01.00	Management demonstrates a commitment to the medical transport service with the highest degree of safety.	RW/FW/G
07.01.01	<p>Management is responsible for a Safety Management System (<i>See References in Appendix</i>) but management and staff is responsible for making operations safer.</p> <ol style="list-style-type: none"> 1. The Safety Management System is proactive in identifying risks and eliminating injuries to personnel and patients and damage to equipment. 2. A Safety Management System includes: <ol style="list-style-type: none"> a. A statement of policy commitment from the accountable executive. 	RW/FW/G

	<ul style="list-style-type: none"> b. A non-punitive system for employee’s to report hazards and safety concerns. c. A system to track, trend and mitigate errors or hazards. d. A system to track and document incident root cause analysis e. A Safety Manual f. A system to audit and review organizational policy and procedures, on going safety training for all personnel (including managers) a system of pro-active and reactive procedures to insure compliance, etc. <p>3. There is evidence of management’s decisive response to non-compliance in adverse safety or risk situations.</p> <ul style="list-style-type: none"> a. Senior management should establish a process to identify risk escalation to ensure that safety and risk issues are addressed by the appropriate level of management up to and including the senior level. b. Operational Risk Assessment tools (see References in appendix) should include but not be limited to issues such as mission acceptance – aviation decision making, mission acceptance – medical decision making, search and rescue, public relations events, training, maintenance and re-positioning missions. 	RW/FW/G
07.01.02	<p>A Safety Management System includes all disciplines and processes of the organization. A Safety Committee is organized to solicit input from each discipline and should meet at least quarterly with written reports sent to management and kept on file as dictated by policy.</p> <ul style="list-style-type: none"> 1. Written variances relating to safety issues will be addressed in Safety Committee meetings. <ul style="list-style-type: none"> a. The committee will promote interaction between medical transport personnel, communications personnel, pilots, mechanics and drivers addressing safety practice, concerns, issues and questions. b. There is evidence of action plans, evaluation and loop closure. 2. There should be a designated safety person for an air transport service. Ground transport services that are not affiliated with an air transports service should also have a designated safety person. 3. The Safety Committee is linked to CQI and risk management. 4. Aviation and ambulance related events (see Glossary) are identified and tracked to minimize risks. 	RW/FW/G

GENERAL STANDARDS
Management and Administration Section

Policies
07.02.00 – 07.03.00

07.02.00	There is a well-defined line of authority.	RW/FW/G
07.02.01	<ol style="list-style-type: none"> 1. There is a clear reporting mechanism to upper level management. An organizational chart defines how the medical transport service fits into the governing/sponsoring institution, agency or corporation. 2. All personnel understand the chain of command. Medical personnel understand that the pilot has ultimate authority for the aircraft and safe operations. 3. Managers are aware of the names and titles of each person authorized by the FAA Part 135 Certificate Holder to exercise operational control. 4. A policy should be in place that documents the employer's disciplinary process and protects employees from capricious actions. 5. Written policies and procedures indicate what therapies can be performed without on-line medical direction. 	
07.02.02	<ol style="list-style-type: none"> 1. There are formal, periodic staff meetings for which minutes are kept on file. Minutes will include who attended, base identification (if multiple bases), who is presiding and discussion (versus agenda/topics only). There are defined methods, such as a staff notebook, for disseminating information between meetings. 2. For public or private institutions and agencies that contract with an aviation firm to provide medical services or an ambulance firm to provide ground transport services, there should be a policy that specifies the lines of authority between the medical management team and the aviation/ambulance management team. 	
07.02.03	Management sets written guidelines for press-related issues and marketing activities.	RW/FW/G
07.02.04	Management ensures, through policy, that all transfers of patient care occur from a lower level of care to an equal or higher level of care except for elective transfers for patient convenience or returning a patient to a referring facility/residence.	
07.02.05	Hospital or non-hospital based program director/administrator is oriented to FARs that are pertinent to the medical service and state ambulance rules and regulations pertaining to ground ambulances.	RW/FW/G
07.02.06	Hospital or non-hospital based program director/administrator is oriented to how management can affect aeronautical decision-making.	RW/FW/G
07.03.00	Management ensures an appropriate utilization review process (some criteria do not apply to elective transports) through trending and tracking requests. There is evidence of feedback to the requesting agents and feedback from the patient receiving facilities. Utilization review may be prospective, concurrent, or retrospective. The following criteria may be considered but not limited to:	RW/FW/G

GENERAL STANDARDS
Management and Administration Section

Utilization Review
07.03.01 – 07.03.01

07.03.01	<ol style="list-style-type: none"> 1. Medical denials or requests that should have been denied for a specific transport mode (such as RW when ground would have been appropriate) are tracked and evaluated specific to the program’s scope of care and mission. 2. Specialized medical transport personnel expertise and/or equipment available during transport that would otherwise not be available. 3. Safety of the transport environment. 4. Cost of the transport. <ol style="list-style-type: none"> a. Emergency transports do not require a guaranteed payment prior to transport. b. Calling agents for non-emergent requests are assisted with information about the cost of the transport as well as alternative, more economical (and equally appropriate) means of transport, if available. 5. A structured, periodic review of transports (to determine transport appropriateness or that the mode of transport enhances medical outcome, safety or cost effectiveness over other modes of transport) performed at least semiannually and resulting in a written report. 6. The following indicators may trigger a review of the record to determine the medical appropriateness of the transport based upon patients: <ol style="list-style-type: none"> a. Who are discharged home directly from the Emergency Department, or discharged within 24 hours of admission. b. Who are transported without an IV line or oxygen. c. Upon whom CPR is in progress at referring location. d. Who are not transferred from a critical care unit. e. Who are "scheduled transports." f. Who are air transported more than once for the same illness or injury within 24 hours. g. Who are transported from the scene of injury with a trauma score of 15 or greater or fails to meet area-specific triage criteria for a critically injured trauma patient. h. Who are treated at scene, but not transported. i. Who are not transferred bedside to bedside by the flight team. j. Who are transported interfacility, and the receiving facility is not a higher level of care than the referring facility. 	<p>RW/FW/G</p> <p>RW/G</p> <p>RW</p> <p>RW/FW/G</p> <p>RW</p> <p>RW/FW/G</p> <p>RW</p> <p>RW/FW</p> <p>RW</p>
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GENERAL STANDARDS
Management and Administration Section

Utilization Review
07.03.01 – 07.03.02

	<p>k. Who are transported from the scene of injury to any hospital which was not the closest appropriate and available trauma center (based on regional trauma plans, if present).</p> <p>l. Who are flown initially by fixed-wing and transported from the airport to the receiving facility by helicopter.</p> <p>m. Who are ground transported with red lights and sirens.</p> <p>n. Who are served by an appropriate aircraft (time/distance/speed considerations etc.)</p> <p>o. Who are served by an appropriate team (i.e. ALS team used but patient requires critical care skills)</p> <p>p. Who are served by an appropriate ambulance that met the aircraft to continue transport with the level of care, equipment and supplies appropriate to the patient’s specific needs.</p> <p>7. Requests that are outsourced or subcontracted must be included in each review for appropriateness.</p>	<p>RW</p> <p>RW/FW</p> <p>G</p> <p>RW/FW</p> <p>RW/FW/G</p> <p>FW</p> <p>FW</p>
<p>07.03.02</p>	<p>Management ensures that patient care records, meeting minutes, policies and procedures are stored according to hospital or agency policies and HIPAA regulations are indicative of the individual medical transport service's sensitivity to patient confidentiality.</p> <p>1. A record of patient care is completed, and a copy remains at the receiving facility for appropriate continuity of care.</p> <p>a. A policy outlines minimal requirements for items to be documented in the patient care records that includes:</p> <ul style="list-style-type: none"> • Purpose of the transport • Treatments, medications, intake and output and patient’s response to treatments and medications. • Signature of each care provider and clarity as to what care was performed by each provider (administering medications and performing procedures) and indicates who actually documented patient information. • Transport facilities (to and from) and whom report was given to at the receiving facility. • Patient condition at certain predetermined altitudes. 	<p>RW/FW/G</p> <p>FW</p>

	b. Records are stored according to hospital or agency medical records policies and are indicative of the individual medical transport service's sensitivity to patient confidentiality.	
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GENERAL STANDARDS

Management and Administration Section

Utilization Review

07.03.02 – 08.04.00

	<p>2. Meeting minutes (Staff, Safety, QM meetings etc.) are kept on file and maintained for a minimum of three years.</p> <p>a. Minutes are dated, and personnel present are clearly identified by title (e.g., Director, RN, EMT-P, RRT).</p> <p>3. A policy manual is available and familiar to all personnel.</p> <p>a. Policies are dated and signed by the appropriate manager(s).</p> <p>b. Policies are reviewed on an annual basis as verified by dated manager's signature on a cover sheet or on respective policies.</p>	RW/FW/G
07.03.03	<p>Management monitors and evaluates the quality and appropriateness of the medical transport service through an active Quality Management (QM) program, including the following:</p> <p>1. At a minimum, reviews the periodic QM committee reports.</p> <p>2. Encourages staff participation in the QM Program.</p> <p>3. Promotes the effectiveness of the QM program through active participation by management in the program and by sponsoring active communication pathways bidirectionally between staff and management.</p>	RW/FW/G

08.00.00 QUALITY MANAGEMENT (Includes performance improvement, continuous quality improvement, total quality management, etc.)

08.01.00	There is an ongoing Quality Management (QM) program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care and safety of the transport service provided by the medical/ground interfacility service.	RW/FW/G ME
08.01.01	The QM program should be integrated and include activities related to patient care (including customer satisfaction), communications, performance improvement and all aspects of transport operations and equipment maintenance pertinent to the service's mission statement.	RW/FW/G ME
08.02.00	The medical transport service has established patient care guidelines/standing orders that must be reviewed annually (for content accuracy) by management, QM Committee members and the Medical Director(s).	RW/FW/G ME
08.03.00	The Medical Director(s) is responsible for ensuring timely review of patient care, utilizing the	RW/FW/G

	medical record and pre-established criteria.	ME
08.04.00	There is an established and written Quality Management Program in place, including the Medical Director(s) and management, to assure the process is implemented.	RW/FW/G ME
GENERAL STANDARDS Management and Administration Section		Quality Management 08.04.01 – 08.05.00
08.04.01	A QM flow chart diagram or comparable tool is developed demonstrating organizational structure in the QM plan and linkage to the Safety and Risk Management Committees.	RW/FW/G ME
08.04.02	The QM Program is linked with risk management, so that concerns raised through the risk management program can be followed up through the continuous quality improvement program <ol style="list-style-type: none"> 1. There is a process to identify, document and analyze sentinel events, adverse medical events or potentially adverse events (near misses) with specific goals to improve patient safety and/or quality of patient care. 2. A written policy outlines a process to report adverse medical events and operational events that had the potential to affect the patient or patient care even if it is a sole source event (only the individual involved would know about it) without fear of punitive actions for unintentional acts. 	RW/FW/G ME
08.04.03	There is a written QM plan that may include but not be limited to the following components: <ol style="list-style-type: none"> 1. Responsibility/assignment of accountability. 2. Scope of care. 3. Important aspects of care, including clinical outcomes. 4. Operational processes such as financial outcomes and customer needs. 5. Indicators. 6. Thresholds for evaluation, which are appropriate to the individual service. 7. Methodology—the QI process or QI tools utilized. 8. Groups should be assembled to address each identified area of quality concern; these groups should include representatives of all disciplines involved, ensuring optimal communication and problem-solving. 9. The plan should emphasize the quality of services offered on a continuing basis with constant attention to developing new strategies for improving; maintaining the status quo or achieving arbitrary goals are not considered the end-measures. 10. Evaluation of the improvement process. 	RW/FW/G
08.04.04	There will be regularly scheduled QM meetings providing a forum for all disciplines involved in the medical transport service.	RW/FW/G