



**CAAS Reviewer Education Webinar
October 18, 2018**

Objectives



- Introductions
- Review the “Top 10” most challenging standards
- Policy review and revision
- CAAS standards revision process and update
- GVS standards update
- Final questions

The CAAS Mission



“ The Commission on Accreditation of Ambulance Services is an independent accrediting agency which exists to encourage and promote the highest standards for medical transport systems.”

Independent

Encourage and Promote

Highest Standards

Accredited EMS Agencies



- USA, Canada, and West Indies
- Large National Companies
- Small Volunteer Services
- Commercial and Not-for-Profit Services
- Urban Services
- Rural Services
- Fire-Based Services
- Municipal
- Hospital-Based Services
- Public Utility Models



Accreditation Standards vs. State Requirements



State/ County/ Local Rules and Regulations:

- Are the minimum requirements necessary to become licensed
- Set the bar to the LCD
- Vary widely from location to location
- Not comprehensive
- Designed to help the regulatory agency regulate

If there is a discrepancy between S/C/L rules and the CAAS standards the HIGHER of the two requirements must be met.



Top 10 Standard Challenges

Top 10 Most Challenging Standards



- Soliciting Customer Feedback 105.02.01
- Community Diversity 105.02.05/ 106.05.03
- Performance Evaluations 106.08.01
- Medical Direction 201.01.01
- Distribution of Medical Records 201.03.02
- Performance Improvement Program 201.06
- Locking of Ambulances and ALS Supplies 203.03.03
- Temperature Extremes 203.03.04
- Communication Abilities 204.01.05
- Communications Center Contingency Plan 204.02.01/ 204.02.02

Top 10 Most Challenging Standards



Soliciting Customer Feedback 105.02.01

- Identify who the customers are
- Develop a tool for querying and collecting data
 - Paper or electronic or phone surveys
- Conduct/send promptly
- Ensure that the agency is soliciting feedback from a high enough percentage of the total call volume
- Use the data. Summarize feedback (monthly most common)
- SHARE with management and field providers
- TRACK and TREND... learn and make necessary changes

Top 10 Most Challenging Standards



Community Diversity 105.02.05/ 106.05.03

- Identify the diverse makeup of the community/service area
 - City Hall, census data, community civic groups, employees
- Identify needs or challenges patients and providers face
 - Cultural norms and expectations, barriers to communication
- Develop tools and materials
 - Employee education, materials printed in several languages, interpreter programs/ apps
- Strive to match community diversity in hiring practices
 - School education days, job fairs, civic events, EMS classes marketed to diverse groups

Top 10 Most Challenging Standards



Performance Evaluations 106.08.01

- Conducted for all employees
 - Includes part-time, per-diem, contracted employees
 - Applies to clinical/non-clinical, union/non-union
- At least annually (can be more frequent)
- Based upon job description and other performance standards
- Memorialized in writing/ filed in employee records
- Includes mechanism for written employee input and signature
- Employees allowed to review previous evaluations
- Does NOT require that evaluations be tied to merit or pay

Top 10 Most Challenging Standards



Medical Direction 201.01.01

- Agency Medical Director -vs- Hospital Medical Control
- Actively involved in 17 key standards
- Clinical protocols, provider hiring, education and training
- Performance improvement initiatives and ongoing quality assurance
- System design, equipment selection
- Dispatch and response protocols

- A letter attesting to MD involvement is not enough- provide evidence and examples

Top 10 Most Challenging Standards



Distribution of Medical Records 201.03.02

- PCR must be left at receiving facility AT the time patient is delivered
- Exceptions allowed for emergent departures
 - exceptions must be preapproved by Medical Director
 - must contain established minimum essential information
- Full report must be delivered/transmitted to facility BEFORE the end of shift
- All PCR's must have "time stamp" indicating actual time of delivery
- Agency must maintain records internally
- Must comply with any state/local reporting requirements

Top 10 Most Challenging Standards



Performance Improvement Program 201.06

- 6 standards addressing PI/CQI program
- Prospective/ Concurrent/ Retrospective initiatives
 - BLS or ALS; EMS, SCT or IFT
- Establish measurable clinical indicators based upon protocols
- Establish thresholds of compliance for each indicator
 - Individual and overall performance
- Report PI results on a regular basis (weekly/monthly/quarterly)
 - Management, Medical Director, employees
- Use findings to refine employee training programs
- Assess overall program effectiveness
 - Summary of how the PI program worked (or didn't)

Top 10 Most Challenging Standards



Locking of Ambulances and ALS Supplies 203.03.03

- Ambulances MUST be locked when unattended/unsecured
 - Includes while “on scene” or “at hospital”.
 - Locked garage bays would be considered secured
- ALS supplies and medications must be tamper-evident locked when vehicles are unattended
 - No loose ALS supplies or medications on action wall or bench
 - Use of numbered or initialed “zip ties”, shrink wrap, locked containers all meet the “tamper-evident” requirements

Top 10 Most Challenging Standards



Temperature Extremes 203.03.04

- Protect medications and fluids from extreme temperature changes
- Know what is carried and manufacturers high/low recommendations
- Have a mechanism to measure and record actual temperatures inside units
- Have a procedure to follow when medications may have been exposed
- Consider units typically stored outdoors, long and short term
- Consider local weather conditions

Top 10 Most Challenging Standards



Communication Abilities 204.01.05

- Requires two company issued portable communication devices per in-service ambulance
- Capable of immediate, push to talk communications with dispatch
 - Safety of personnel, ability to immediately call for help
- Crews have ability to communicate with each other if separated
- If DEDICATED to SCT/ IFT, may substitute cellular technology (not push to talk) for one or both portable devices
 - Must be company issued
 - Allowed only on units doing transports in/out of medical facilities

Top 10 Most Challenging Standards



Communications Center Contingency Plan 204.02.01/ 204.02.02

- Must have contingency plan for back-up communications/dispatch
 - Radios, telephones, computers, CAD programs, pagers, etc.
 - Back up power/ generator
 - Off site capabilities
- Two levels of redundancy/ back up
- Must be practiced and critiqued at least twice a year
 - Practice must include all components of the standard
 - Including off site capabilities- “flipping the switch”
 - Actual event may replace one simulation IF properly critiqued

Top 10 Most Challenging Standards



External Influencers

- Third Party Billing
- External Communications Centers
- If the agency **ELECTS** to use a third party/external source, that source needs to meet CAAS standards.
- If the agency is **REQUIRED** by law/governmental requirement to use an external source the agency must show ongoing efforts to work with the source on compliance.
- Final determination is the Panel.

Top 10 Most Challenging Standards



The greatest challenge new agencies face is recognizing the need for ***Cultural Change***.

The greatest challenge reaccrediting agencies face is a sense of ***Complacency***.

The greatest challenge reviewers face is having ***Preconceived opinions***.



***Accreditation is a process,
not a project.***



GROUP Q&A



Updates on CAAS Initiatives

2018 Policy Changes



- 2018 complete policy and procedure revision underway
- Several new policies being introduced
- Anticipated release January 2019*
 - More robust confidentiality/conflict of interest
 - Legal fees and costs
 - Probationary status / revocation of accreditation
 - More defined site definition
 - Change reports/mergers/acquisitions
 - Extensions
 - Logo use

CAAS Standard Revision Process



- Standards are developed and reviewed by the EMS industry
- Standards review committee consensus based
 - EMS stakeholders- EMS leaders, agencies, providers, reviewers, EMS device and ambulance manufactures, association and trade groups
- Review and revisions on ANSI approved cycle
- Anyone can submit recommendations /suggestions
- All standard open for several public review/comment periods
- All ultimately approved by consensus body

CAAS Standards v4.0 Timeline



February 2018- call for committee members

March 2018- committee confirmed

April 2018- pre-committee work

May- September 2018- Review and revision of sections 101-106

September- November 2018- Review/revise sections 201-204

December 2018- anticipated first draft v4.0*

January-February 2019- first 60 day public comment period*

March 2019- committee review of comments/ 2nd draft released*

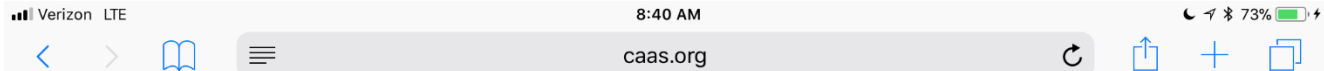
April-May 2019- second 60 day public comment period*

June 2019- committee review, final draft released*

June 2019- consensus body vote, 2/3 majority required*

July 2019- Anticipated publish date*

How to Submit Suggestions



Driven to a Higher Standard

- About CAAS ▾
- CAAS Standards ▾**
- Accredited Agencies ▾
- Events
- News ▾
- Resource Center ▾
- GVS ▾

Home » CAAS Standards » CAAS Standard 3.0 – Revision Input

CAAS Standard 3.0 – Revision Input

CAAS has formed a Standards Revision Committee to review the existing CAAS Accreditation Standards Version 3.0, and to develop proposed revisions or additions to the standards as necessary. To ensure that anyone with an interest in the medical transportation industry has a voice in the Standard revision process, CAAS has developed a mechanism for interested parties to submit feedback and suggestions relative to ambulance standards. Interested parties should complete the online form below. All submissions will be reviewed by the Standards Revision Committee.

CAAS Standard 3.0 - Revision Input

CAAS is now preparing to review and revise the existing CAAS Accreditation Standards (version 3.0) and is seeking input and suggestions from individuals knowledgeable about emergency medical transport.

Your Name *

How to Submit Suggestions



Verizon LTE 8:41 AM caas.org 73%

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CAAS S

CAAS is now suggestions f

Select interest category ✓

- CAAS Board Member
- CAAS Physician Site Reviewer
- CAAS Non-Physician Site Reviewer
- CAAS Accredited Agency Representative
- Non-Accredited Agency Representative
- EMS Industry Association Representative
- State/Government
- Other Standard Developing Organization

Your Name *

First Last

Organization

Maximum Allo

Title *

Email *

Phone Num

- ## -

Interest Category

Select interest category

Type of Input *

Select type of input

Your Suggestion regarding existing Standard. *

^

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Your Name *

First Last

Organization Name *

Maximum Allowed: 100 characters. Currently Used: 0 characters.

Title *

Email *

Phone Number

- -

###

Interest Category

Select in

- Suggestion about an existing standard in version 3.0
- Suggestion for a new standard in version 4.0

Type of Input

Select type of input

Your Suggestion regarding existing Standard. *

⬆

How to Submit Suggestions

A screenshot of a mobile web browser displaying the CAAS suggestion form. The browser's status bar at the top shows "Verizon LTE", "8:42 AM", and "74%" battery. The page title is "caas.org". A dropdown menu titled "Select a Standard" is open, listing various CAAS standards. The background form includes fields for "Your Name", "Organization", "Title", "Email", "Phone Number", "Interest Category", and "Type of Input". A "What existing standard would you like to comment on?" dropdown is highlighted in yellow, and a "Your Suggestion regarding existing Standard." text area is visible below it. A small "Comment on" link is also present next to the highlighted dropdown.

V3.0 to v4.0 Transition Process



- After published effective date, new applicants will receive v4.0
- Accredited Agencies and Applicants *currently in the CAAS system* will be granted a transition period (to be determined by the Board)
 - agencies may submit under v3.0 or v4.0
- After transition period has closed, ALL applications must be v4.0
 - Any v3.0 applications received will be returned

NOTE- it is NOT the responsibility of reviewers to determine if an agency should submit on the new or previous version. Refer all inquiries to CAAS.



Ground Vehicle Standard for Ambulances

v.1.0 Edition

Established and Maintained by CAAS

The Commission on Accreditation of Ambulance Services

www.caas.org

CAAS -vs- GVS

- Two separate standards
- CAAS - organizational accreditation standards
- GVS - design standards for vehicles
- One is not a requirement for the other
- Both follow the same process for standard development
- American National Standards Institute – ANSI



CAAS GVS V1.0

- Effective date July 2016
- Completely separate program from CAAS accreditation
- Includes most new SAE/NIOSH safety standards (with remainder to be included in V2.0)
- 19 ambulance brands currently registered with GVS
- GVS is currently a designated ambulance standard in 9 states, with more anticipated to be on line in 2019
- There are stringent certification and documentation standards for builders
- GVS certified vehicles require substantial compliance and verification documentation for users and State inspectors



Compliance and Verification

CERTIFIED CAAS GVS v.1.0 AMBULANCE



Manufactured by:
Address:
City/State/Zip:
Chassis Year/Make/Model:
VIN:
Vehicle Type and FSAM ID#:
Date of Manufacture:
TOTAL USABLE PAYLOAD:
*Vehicle Fully Certified to GVS STD (Y/N):

A1234567890

* Any vehicle noted above as not fully certified to standard requires FSAM to list all exceptions on Compliance Verification document.

NOTICE: Users shall not exceed the CHASSIS GVWR, GAWR or the TOTAL USABLE PAYLOAD. THIS AMBULANCE CONFORMS TO CAAS GVS v.1.0 AS NOTED ABOVE

APPENDIX 1 - FIGURE 1

GVS
GROUND VEHICLE STANDARD
FOR AMBULANCES
v.1.0

VEHICLE COMPLIANCE AND EXCEPTION/VARIANCE VERIFICATION

THIS COMPLETED FORM SHALL BE INCLUDED IN THE BUNDLE OF INSTRUCTIONS.

Manufactured by (FSAM #):

Address:

City: State: Zip:

Chassis Year/Make/Model:

#M:

Vehicle Type and FSAM ID#:

Date of Manufacture:

TOTAL USABLE PAYLOAD:

*Vehicle Fully Certified to GVS STD (Y/N):

THE FSAM OF THIS AMBULANCE VERIFIES THAT THIS VEHICLE HAS BEEN BUILT IN COMPLIANCE WITH 4 AND IS CERTIFIED TO CAAS GVS V2.0 AS REQUIRED IN PARAGRAPHS D.1 THROUGH D.2 OF THE STANDARD.

IF ANY EXCEPTIONS ARE NOTED BY THE FSAM THAT SHALL LIST ALL EXCEPTIONS/VARIANCES TO THE GVS V2.0 STANDARD LISTED BELOW:

Exception #1:

Exception #2:

Exception #3:

Exception #4:

At the End of FSAM Representative: Title:

APPENDIX 1 - FIGURE 2

GVS
GROUND VEHICLE STANDARD
FOR AMBULANCES
v.1.0

PAYLOAD CALCULATION & VERIFICATION

VEHICLE TOTAL USABLE PAYLOAD INFORMATION

THIS COMPLETED FORM SHALL BE INCLUDED IN THE BUNDLE OF INSTRUCTIONS.

Manufactured by (FSAM #):

Address:

City: State: Zip:

Chassis Year/Make/Model:

#M:

Vehicle Type and FSAM ID#:

Date of Manufacture:

| | | |
|--|----------------------|--------|
| 1. GVS GVWR - Rear: | <input type="text"/> | Lbs. |
| 2. GVS GVWR - Front: | <input type="text"/> | Lbs. |
| 3. GVS GVW: | <input type="text"/> | Lbs. |
| 4. MAXIMUM PAYLOAD PER GVW: | <input type="text"/> | Lbs. |
| 5. GVS GVW - AS BUILT - Front Axle: | <input type="text"/> | Lbs. |
| 6. GVS GVW - AS BUILT - Rear Axle: | <input type="text"/> | Lbs. |
| 7. TOTAL CURB WEIGHT - AS BUILT: | <input type="text"/> | Lbs. |
| 8. VEHICLE LOAD EFFORT-CURB WEIGHT - AS BUILT: | <input type="text"/> | Lbs. |
| | New Jersey State: | 0 Lbs. |
| 9. CUSTOMER USABLE TOTAL PAYLOAD - AS BUILT: | <input type="text"/> | Lbs. |
| | New Jersey State: | 0 Lbs. |

THE FSAM OF THIS AMBULANCE VERIFIES THAT THIS VEHICLE HAS BEEN BUILT IN COMPLIANCE WITH THE PAYLOAD REQUIREMENTS OF CAAS GVS V2.0 C.F.2, AND THAT THE COMBINATION OF THE VEHICLE'S CURB WEIGHT AND TOTAL USABLE PAYLOAD DO NOT EXCEED THE CHASSIS GVWR.

At the End of FSAM Representative: Title:



CAAS GVS V2.0

- Currently under development with two GVS Committee/Federal partner review meetings in November
- Expected to include all published SAE/NIOSH safety standards (pending committee approval)
- Committee will consider inclusion of a draft Remount Standard developed by Remount Work Group over the last 15 months
- Public comment period in Q1-2 of 2019
- Effective date July 2019
- We anticipate that GVS will become a requirement in some states that currently have no State Ambulance regulation (we have already picked up one of those)



Questions ?



For More Information...



- For GVS information visit www.groundvehiclestandard.org
- For CAAS information visit www.caas.org
- Ask CAAS <http://www.caas.org/help/ask-caas/>
- Contact us at 1-847-657-6828

