



Kansas Board of Emergency Medical Services

This form is for you, as a reviewer, to provide feedback on each section which has been submitted by a service as a part of the voluntary recognition program.

In this process you will need to address all portions of the application submission in the sections below and submit when completed.

The performance measures are for the following categories:

- Cardiac Care
- Stroke
- Trauma
- Pediatrics
- EMS Safety
- Compliance
- Community Outreach

Remember, the applicants who apply for Gold or Silver must complete all performance measures below that level. Based on the applicants requested performance measure(s) and submission of documentation, you will use the following tabs in validation of the applicant information, accept what is offered as meeting the requirements, give reason to why this would not meet the specific measure and to offer suggestions as to how to achieve that measure.

As a part of our quality control, if the applicant does not submit for a performance measure, please enter N/A in each level (Bronze, Silver and Gold) and at the bottom of the page select "Not Applying" to "select performance measure achieved".

If you have any questions please contact James Reed

We thank you for your participation and work!

Name of Service Evaluated:

Cardiac

Please review, as applicable, the submission for Cardiac Care.

Please address each level of possible award as submitted by the applicant, giving detail of your evaluation based on the documentation submitted.

Please place N/A in levels not applied for.

Bronze Level

- a) All advanced providers (AEMT, Paramedic) currently certified in ACLS, or KBEMS approved equivalent.
- b) Destination protocols in place to transport to the most appropriate cardiac care center.
- c) QI-QA policies in place to monitor compliance with cardiac protocols and guidelines.

Bronze Assessment:

Cardiac

Silver Level

- a) Validation of performance improvement project, through the use of measured outcomes and improvement strategies.
- b) Documentation of case reviews from tertiary cardiac care centers that include patient outcomes.
- c) Provide opportunities for quarterly education directly related to emergency cardiac care.

Silver Assessment:

Cardiac

Gold Level

- a) Provide opportunities for monthly education directly related to emergency cardiac care.
- b) Active participation in local/regional cardiac center multidisciplinary quality improvement meetings.

Gold Assessment:

Select Performance Level Achieved: _____

Stroke

Please review, as applicable, the submission for Stroke Care.

Please address each level of possible award as submitted by the applicant, giving detail of your evaluation based on the documentation submitted.

Please place N/A in levels not applied for.

Bronze Level

- a) All advanced providers complete a Stroke Certification Course, i.e., Advanced Stroke Life Support or BEMS approved equivalent.
- b) Destination protocols in place to transport to the most appropriate stroke center.
- c) QI-QA policies in place to monitor compliance with stroke protocols and guidelines.

Bronze Assessment:

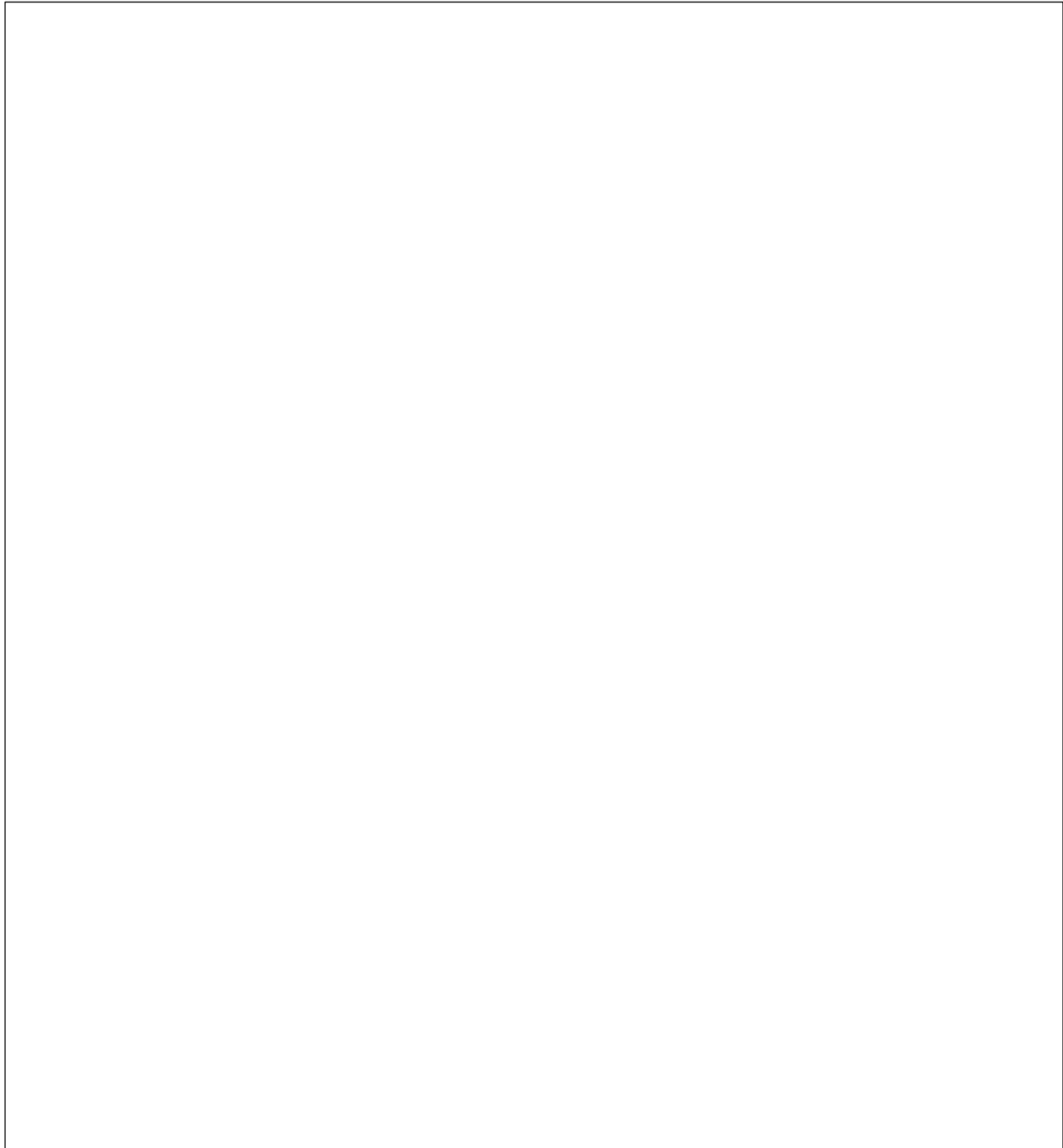
--

Stroke

Silver Level

- a) Validation of performance improvement project, through the use of measured outcomes and improvement strategies.
- b) Documentation of case reviews from tertiary stroke care centers that include patient outcomes.
- c) Protocols in place implementing the use of a prehospital approved stroke assessment tool i.e., Cincinnati Stroke Scale, LA Stroke Scale, NIH or MENDS.

Silver Assessment:

A large, empty rectangular box with a thin black border, intended for the Silver Assessment. It occupies the majority of the lower half of the page.

Stroke

Gold Level

- a) Provide opportunities for monthly education directly related to emergency stroke care.
- b) Active participation in local/regional stroke center multidisciplinary quality improvement meetings.
- c) Actively involved in public stroke awareness educational campaign.

Gold Assessment:

Select Performance Level Achieved: _____

Trauma

Please review, as applicable, the submission for Trauma Care.

Please address each level of possible award as submitted by the applicant, giving detail of your evaluation based on the documentation submitted.

Please place N/A in levels not applied for.

Bronze Level

- a) Destination protocols in place to transport to the most appropriate facility.
- b) 100% of service staff acquires a minimum of 8 hours of trauma education each year.
- c) EMS service staff member(s) actively involved in the Regional Trauma Council. (Participate in 50% of RTC meetings).

Bronze Assessment:

Trauma

Silver Level

- a) Centers for Disease Control and Prevention (CDC) Field triage guidelines written into policy and procedures.
- b) 25% of service staff shows certification in PHTLS, ITLS, or other KBEMS approved equivalent.
- c) Documentation of case reviews from tertiary trauma centers that include patient outcomes.

Silver Assessment:

Trauma

Gold Level

- a) EMS service coordinates with a Trauma Medical Director in the development of trauma protocols.
- b) Develop a Performance Improvement and Patient Safety (PIPS) QI/QA plan and show evidence of educational provisions associated with the QI/QA findings.
- c) Active participation in the regional Trauma Council PIPS program.

Gold Assessment:

Select Performance Level Achieved: _____

Pediatric

Please review, as applicable, the submission for Pediatric Care.

Please address each level of possible award as submitted by the applicant, giving detail of your evaluation based on the documentation submitted.

Please place N/A in levels not applied for.

Bronze level

- a) 50% of service staff acquires a minimum of 4 hours of pediatric education each year.
- b) Identify a pediatric emergency care coordinator (PECC).
- b) Conduct education on the safe transport of pediatric patients.
- c) Develop policies and insure access of equipment for the safe transport of pediatric patients.

Bronze Assessment:

Pediatric

Silver level

- a) 50% of service staff acquires a minimum of 8 hours of pediatric education each year.
- b) PECC has attained instructor status by a nationally recognized pre-hospital pediatric course (EPC, PALS, PEPP, etc)

Silver Assessment:

Pediatric

Gold Level

- a) 80% and above service staff acquire 8 hours of pediatric education each year
- b) Pediatric Education Coordinator is part of the QI/QA with receiving facilities/staff.
- c) Pediatric Education Coordinator is able to show evidence of implementation of injury prevention programming based on needs assessment of the community.

Gold Assessment:

Select Performance Level Achieved: _____

EMS Safety

Please review, as applicable, the submission for EMS Safety.

Please address each level of possible award as submitted by the applicant, giving detail of your evaluation based on the documentation submitted.

Please place N/A in levels not applied for.

Bronze level

- a)** Conduct an EMS safety needs assessment, data related to injuries, call volume, accidents, seat belt use, response policies utilizing a survey and/or interview process.
- b)** Yearly provider education on lifting, Proper lifting, safe driving, infectious disease, equipment storage, and safety equipment usage.
- c)** Implementation of Safety Officer Program; designation of a person and implementation of a program.

Bronze Assessment:

--

EMS Safety

Silver level

- a) Verifiable health policies in place. (Plan for health awareness, CIS teams, gym membership, provider fatigue, healthy eating, etc)
- b) Show evidence of safety culture in service.

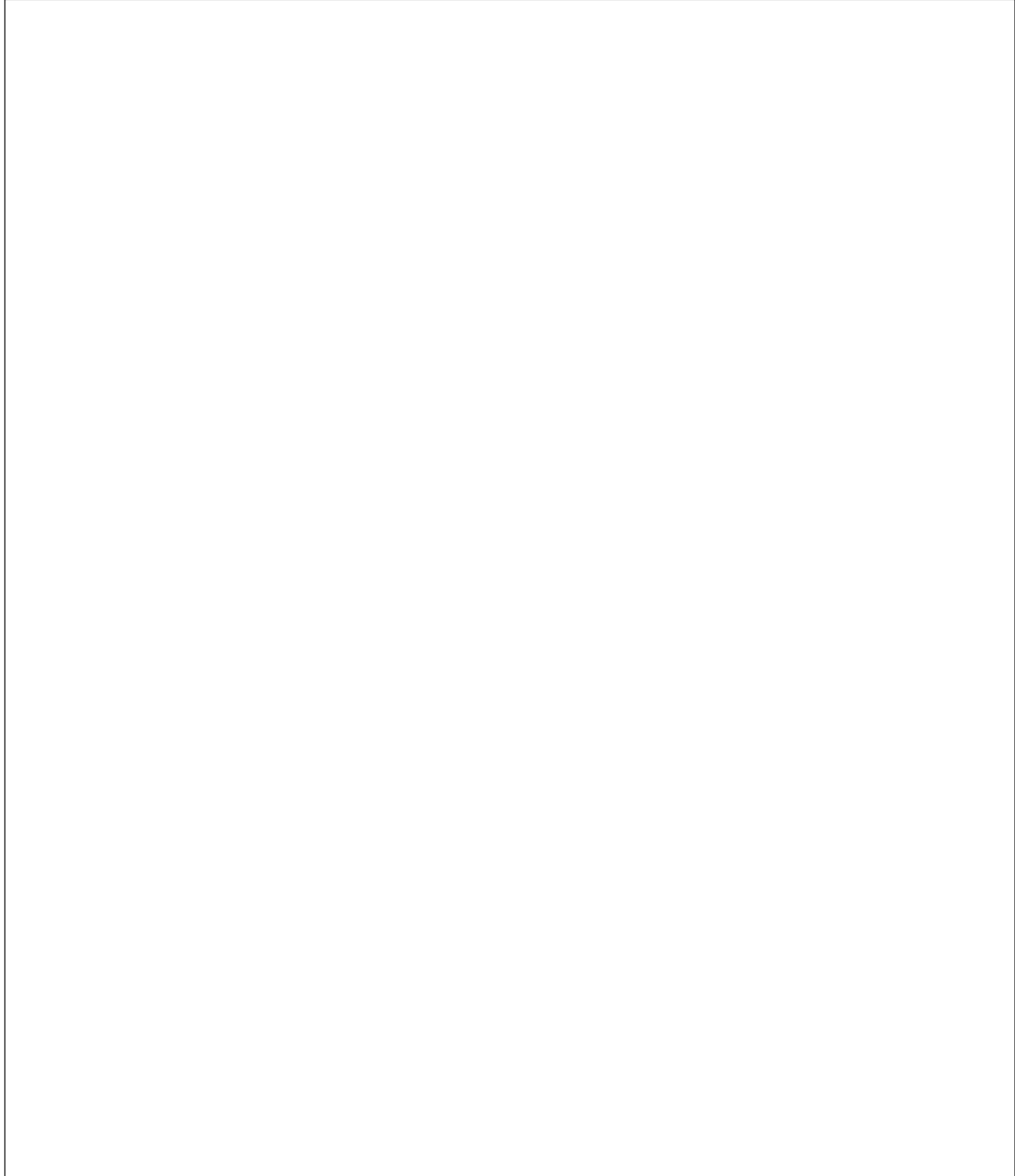
Silver Assessment:

EMS Safety

Gold Level

a) 50% of service staff acquire NAEMT - EMS Safety or T.I.M.S certification or KBEMS approved equivalent.

Gold Assessment:



Select Performance Level Achieved: _____

Compliance

Please review, as applicable, the submission for Compliance.

Please address each level of possible award as submitted by the applicant, giving detail of your evaluation based on the documentation submitted.

Please place N/A in levels not applied for.

Bronze level

- a) Zero deficiencies in administrative inspection.
- b) Zero program provider delinquent reporting deficiencies.

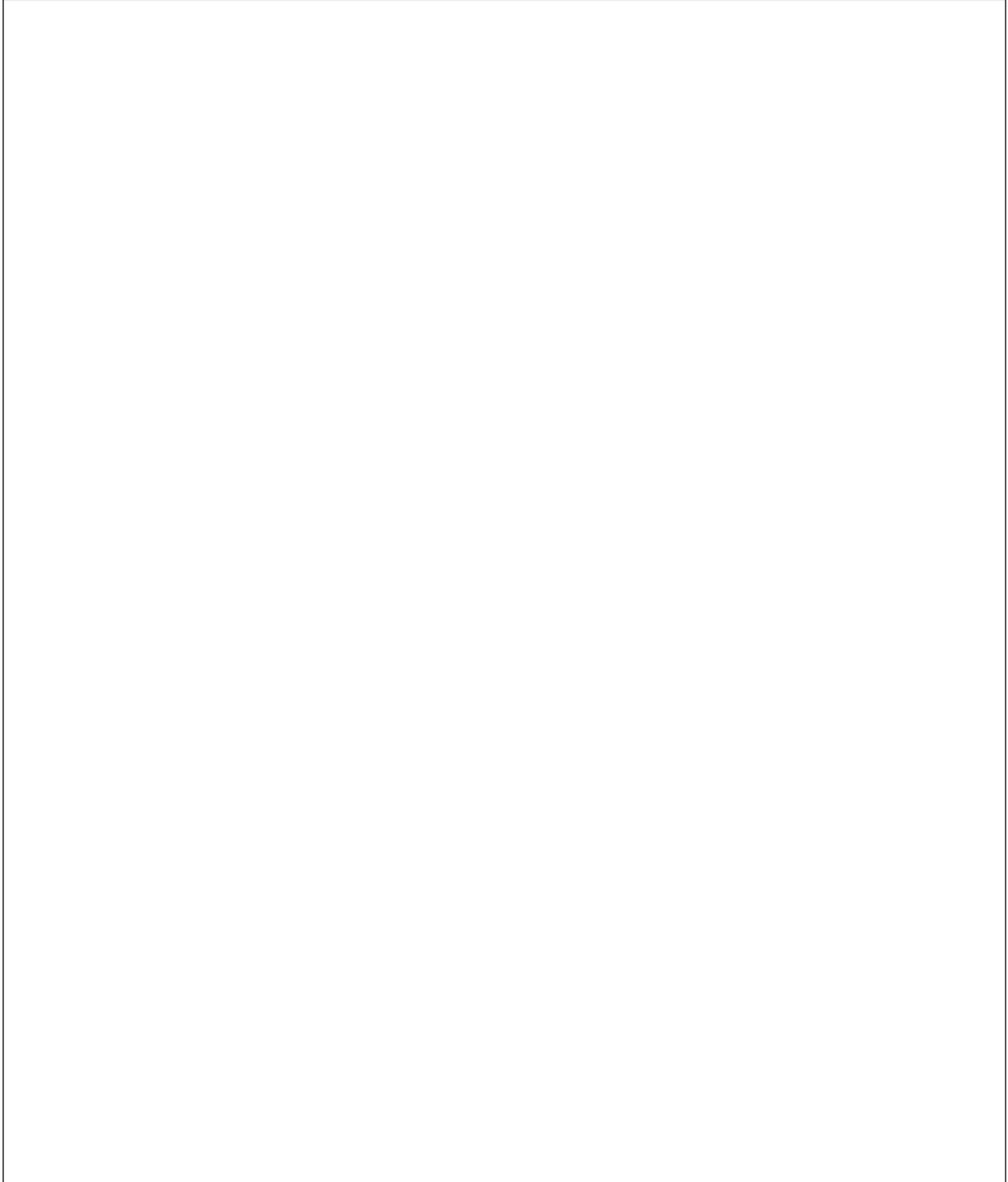
Bronze Assessment:

Compliance

Silver level

- a) Zero deficiencies on final inspection report (per inspection policy).
- b) Zero deficiencies in education audit.

Silver Assessment:

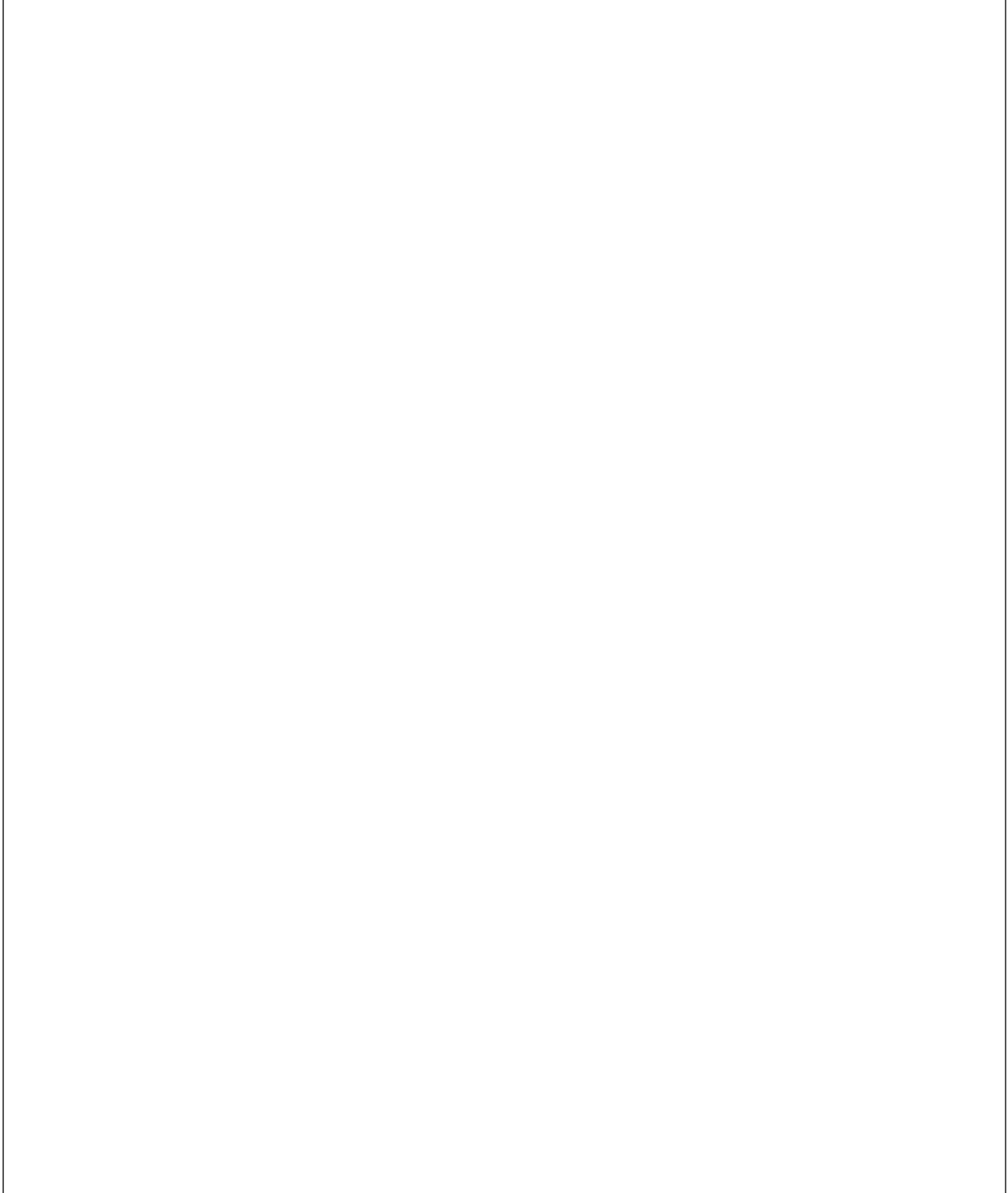
A large, empty rectangular box with a thin black border, intended for the Silver Assessment. It occupies the majority of the lower half of the page.

Compliance

Gold Level

a) Zero deficiencies (critical and non-critical), includes administrative and vehicle.

Gold Assessment:



Select Performance Level Achieved: _____

Community Outreach

Please review, as applicable, the submission for Community Outreach.

Please address each level of possible award as submitted by the applicant, giving detail of your evaluation based on the documentation submitted.

Please place N/A in levels not applied for.

Bronze level

- a) EMS service staff coordinates and conducts two community CPR events.
- b) Sponsor one community outreach program: Stop the Bleed, Friday Night lights, ATV safety, farm safety, geriatric fall prevention, bike helmets, etc.

Bronze Assessment:

Community Outreach

Silver level

- a) Provide one public presentation on proper EMS utilization.
- b) Conduct two or more community outreach programs: Stop the Bleed, Friday Night lights, ATV safety, farm safety, geriatric fall prevention, bike helmets, etc.

Silver Assessment:

Community Outreach

Gold level

- a) Community Needs Assessment - Identifying and addressing local special populations through guidelines, policies, protocols and/or education (i.e. sepsis, LVAD, CWSHCN, Hemophilia, diabetes) bike helmets for kids, atv safety, farm safety, wind turbines, AED placement, refineries, care/transport of obese patients, etc – Documented actions.
- b) Participate in the implementation of a community injury prevention program/initiative.

Gold Assessment:

Select Performance Level Achieved: _____

EMS Voluntary Recognition Program Committee Audit

Completed Review Submission Date: _____

Reviewer Printed Name: _____

Signature: _____