# EMS Provider Compliance Survey Checklist & Questionnaire

**(Revised 10/31/2025)**

| Firm Name: | Survey Date: |
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| The following is a site-survey checklist for: ☐ Periodic Review ☐ Complaint | |

**The following tool will be utilized to conduct the EMS provider initial survey. All items below are essential components that all EMS providers must maintain to remain in compliance, per TAC EMS Rule §157.11:**

**The items below are possible questions that could be asked of EMS Provider's Administration.**

**Items containing an asterisk (*) are to be reviewed and validated. All answers by EMS Provider Administration to questions asked are to be reviewed and validated, if applicable.**

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| | **License Requirements (c) (1)** |
| | ***Validate that the provider's information on file with DSHS is correct and there are no needed changes.**<br><br>**If changes are required, a Provider License Notification/Changes Form is to be submitted to Specialist at this time with updated information along with any other pertinent forms such as Administrator of Record Declaration, Medical Director Declaration, etc.**<br><br>**Changes regarding *ownership, legal/entity name, and or operational name (DBA) must be discussed with your manager.*** |
| | **License Requirements** |
| | (c)(7)(F) Declaration of the address for the *main location* of the business, normal business hours *must be posted for public viewing*, *only one EMS provider license* will be issued to each fixed address, *no other license EMS provider is at the provided business location or address and the emergency medical services provider must remain in the same physical location for the period of the licensure*.<br><br>***Validate that the EMS Provider's normal business hours are posted for public viewing.**<br><br>***Validate that the EMS Provider is the only DSHS licensed EMS Provider at this United States Postal Service mailing address.**<br><br>***Validate that the EMS Provider has not moved physical locations during their period of licensure without the department's approval.** |
| | (c)(7)(R) *A list of equipment as required on the EMS Provider initial and renewal application, with identifiable or legible serial numbers, supplies and medications; approved and signed by the medical director.*<br><br>***Review and validate that the EMS Provider has a list with identifiable or legible serial numbers with proof of ownership or long-term lease agreement for all necessary equipment.** |

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| | *(c) (7) (W) (i) Plan for how the provider will respond to disaster incidents, including mass casualty situations in coordination with local and regional plans.*<br><br>*(i) An EMS provider must have a plan for providing transport for a dialysis patient who places an emergency 9-1-1 telephone call during a declared disaster. An alternative mode of transport may be used to move the patient directly to and from an outpatient end stage renal disease facility if the patient's normal and alternative modes of transportation cannot be used during the disaster. The plan will include a communication plan with the receiving facility prior to the patient being transported to a receiving facility.*<br><br>***Review and validate that the EMS Provider's Treatment and Transport Protocols and Policies includes a plan for how the EMS Provider will be providing transport for a dialysis patient who places an emergency 9-1-1 telephone call during a declared disaster. The plan will include a communication plan with the receiving facility prior to the patient being transported to a receiving facility.*** |
| | **Personnel** |
| | (c)(7)(O) *…an employed medical director…with a physician licensed in the State of Texas, in good standing with the Texas Medical Board, in compliance with Texas Medical Board rules, 22 Texas Administrative Code, Chapter 169, and in compliance with Title 22 of the Texas Occupations Code 3.*<br><br>***Validate the EMS Provider employs a Medical Director who is licensed in Texas and in good standing as outlined in Rule.**<br><br>***EMS Provider Questions:***<br>***How does an EMS Crew contact on-line medical control?***<br><br>***Do the Protocols define who on-line medical control is and how to make contact?***<br><br>***Medical Director Questions:***<br>***Are you aware of the requirements of a Medical Director as outlined in the Texas Medical Board, Chapter 169 Rules?***<br><br>***Describe how you are involved with the QA in regards to the standard of patient care and your Protocols. Describe your involvement with medical remediation Plans.***<br><br>***How do you credential personnel and approve them to practice within your system?***<br><br>***How are Protocol revisions handled? By whom?***<br><br>***How are revisions to the Equipment, Supply and Medication List handled? By whom?***<br><br>***Describe your on-line medical control. Are EMS crews able to talk to you directly or to another physician designee? If a physician designee, with whom? How is the physician designee credentialed to provide medical control?***<br><br>***Is your on-line medical control process explained within your Protocols?*** |
| | (g)(3) *The applicant must provide proof at initial and renewal of license that all licensed or certified personnel have completed a jurisprudence examination approved by the department on state and federal laws and rules that affect EMS.*<br><br>**How do you track which certified employees have completed a jurisprudence exam?**<br><br>***Review and validate that the EMS Provider's EMS personnel have completed a jurisprudence examination approved by the department on state and federal laws and rules that affect EMS.** |

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| | (n)(5) *ensuring that all personnel are currently certified or licensed by the department*<br><br>**Do you have a policy, procedure, or system in place to ensure that all personnel are currently certified or licensed by the department?**<br><br>**Who verifies that certifications are current and how is it done and documented?**<br><br>**Do you have an on-going tracking system of employee's certification expiration date?**<br><br>**Do you re-check any employee that is going through or has gone through a DSHS investigation to make sure they remain certified?**<br><br>***Review and validate that EMS Provider has a process, procedure, or system in place to ensure certifications and licensure of EMS personnel.** |
| | **Advertisement** |
| | (q)(1) *Any advertising by an EMS provider shall not be misleading, false, or deceptive. When an EMS provider advertises in Texas and/or conducts business in Texas by regularly transporting patients from, or within Texas, the provider shall be required to have a Texas EMS Provider License.*<br><br>(q)(2) *An EMS provider shall not advertise levels of patient care which it cannot provide at all times. The provider shall not use a name, logo, artwork, phrase, or language that could mislead the public to believe a higher level of care is being provided.*<br><br>***Review and validate that all provider advertisements (website, brochures, etc.) are in compliance with requirements as specified by Rule.** |
| | (m) *Subscription or Membership Services. An EMS provider that operates or intends to operate a subscription or membership program for the provision of EMS within the provider's service area shall meet all the requirements for an EMS provider license as established by the Health and Safety Code, Chapter 773, and the rules adopted thereunder, and shall obtain department approval prior to soliciting, advertising, or collecting subscription or membership fees.*<br><br>**(If applicable)**<br>**Are you the primary 911 EMS Provider for this area? If not, have you provided written notification to the participants receiving your subscription plan stating that your company is not the primary emergency provider in this area?**<br><br>***Review and validate that the EMS Provider's subscription or membership program is in compliance with all requirements as specified by Rule.** |
| | **Operations** |
| | (c)(7)(M) *Staffing Plan that describes how the EMS provider provides continuous coverage for the service area defined in documents submitted with the EMS provider application. The EMS provider shall have a staffing plan that addresses coverage of the service area or shall have a formal system to manage communication when not providing services after normal business hours.*<br><br>**Do you provide continuous (24/7) coverage for your defined service area? If not, how do you communicate to the public that call or visit your business location after normal business hours?**<br><br>***If provider is unable to provide continuous coverage to service area, review and validate the provider has a formal system to manage communication when not providing services after normal business hours.** |

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| | *(e)(4)(A)-(C)…The provider shall provide evidence of an operational policy which shall list the parenteral pharmaceuticals authorized by the medical director and which shall define the storage and/or FDA recommendations. Compliance with the policy shall be incorporated into the provider's Quality Assurance process and shall be documented on unit readiness reports.*<br><br>***Validate that the EMS Provider has an operational policy which shall list the parenteral pharmaceuticals authorized by the Medical Director and which shall define the storage and/or FDA recommendations. Compliance with the policy shall be incorporated into the EMS Provider's Quality Assurance process and shall be documented on unit readiness reports**. |
| | (h)(9) *When response-ready or in-service, authorized EMS vehicles may operate at a lower level than licensed by the department. When operating at the BLS level with an ALS/MICU ambulance, the EMS provider must have an approved security plan for the ALS/MICU medication as approved by the EMS provider medical director's protocol and policy.*<br><br>**Describe your security plan for all ALS/MICU medications when operating at a lower level. Is this security plan part of your medical director approved protocols and/or policy?**<br><br>***Review and validate the medical director approved security plan for the ALS/MICU medication when the EMS Provider is operating at the BLS level.** |
| | (n)(1) *Assuring that all response-ready and in-service vehicles are available 24 hours a day and 7 days a week, maintained, operated, equipped, and staffed in accordance with the requirements of the provider's license, to include staffing, equipment, supplies, required insurance and additional requirements per the current EMS provider's medical director approved protocols and policies.*<br><br>***Validate (with separate ambulance inspections) that all in-service and response-ready vehicles meet all requirements as outlined in rule.** |
| | (n)(3) *…provide documentation that its management staff will or continue to participate in the local regional advisory council.*<br><br>**Do you participate in your local RAC – attend meetings, EMT-F, etc.?**<br><br>***Validate with local RAC to determine if EMS Provider "participates" as per their bylaws. They do NOT have to be a paying member of the RAC.** |
| | (n) (19) *assuring provisions for the appropriate disposal of medical and/or biohazardous waste materials.*<br><br>**Do you have a policy, procedure, or system in place to assure the appropriate disposal of medical and/or bio-hazardous waste?**<br><br>**Is there a secure area at each sub-station for the storage/disposal of medical waste that is inaccessible to the public?**<br><br>***Review and validate how and where medical and biohazard waste is stored/secured/disposed.** |
| | (n) (20) *assuring ongoing compliance with the terms of first responder agreements.*<br><br>**(If applicable)**<br>**Do you have FRO agreements in place? With whom?**<br><br>**Do you share the same/similar Medical Direction/Protocols with your FRO's? What are the terms of your First Responder Agreements?**<br><br>**Do your crewmembers know the terms of these agreements with FRO's?**<br><br>**How often are these agreements/protocols reviewed for continued validity and effectiveness? Who reviews these? How are changes documented?**<br><br>***Review and validate the existence of and compliance with FRO Agreements, if applicable.** |

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| | (n) (22) *assuring compliance with all federal and state laws and regulations and all local ordinances, policies, and codes at all times.*<br><br>**Are there any local ordinances, policies and codes affecting EMS in your declared service areas of which you are aware?**<br><br>***Review and validate compliance with all federal and state laws and regulations and all local ordinances, policies, and codes at all times.**<br><br>**Blood Program (if applicable)**<br>***Review and validate compliance with all Blood Transfusion laws, regulations, ordinances, policies, codes, and national guidelines.** |
| | (n) (23) *assuring that all response data required by the department is submitted in accordance with §103.5 of this title (relating to Reporting Requirements for EMS Providers).*<br><br>**Do you have a policy, process, or system in place to assure that all response data is submitted in accordance with the department's requirements?**<br><br>**Are you aware of the requirement by HSC 773 and TAC Rule §157.11 to submit all response data required by the department?**<br><br>**What is your process for entering data into the EMS/Trauma Registry?**<br><br>**Is this done internally or by an outside vendor? How do you assure that this gets done?**<br><br>***Review and validate how EMS Provider submits data to EMS/Trauma Registry.** |
| | (n) (25) *assuring that the department is notified within 30 business days whenever: (A)-(G)*<br><br>**What is your process for notifying DSHS of changes for any of the items listed below (A-G)?**<br><br>***Review and validate the following for accuracy according to what DSHS license database shows:**<br>• **# of vehicles/VIN #'s**<br>• **level of service/authorizations**<br>• **declared service areas/station location addresses**<br>• **correct mailing information and pertinent phone #'s**<br>• **physical location of patient report file storage current administrator of record** |
| | *(n) (26) assuring that when a change of the medical director has occurred the department is notified within one business day;*<br><br>**Are you aware that you cannot operate as an EMS Provider without a Medical Director?**<br><br>**Does your contract/agreement with your Medical Director prevent your Medical Director to resign without notice within a certain amount of days?**<br><br>***Review and validate that the Medical Director information is accurate in accordance with DSHS provider records.** |

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| | (n) (27) *develop, implement, and enforce written operating policies and procedures required under this chapter and/or adopted by the licensee. Assure that each employee is provided a copy upon employment and whenever such policies and/or procedures are changed. A copy of the written operating policies and procedures shall be made available to the department on request. Policies at a minimum shall adequately address:*<br><br>***Review and validate that each employee is provided a copy of policies and/or procedures upon employment and whenever changes occur.** |
| | (A) *personal protective equipment*<br><br>***Review and validate that policies and procedures at a minimum adequately addresses: Personal Protective Equipment.** |
| | (B) *immunizations available to staff*<br><br>**Do the Provider's policies address staff's immunizations?**<br><br>**Are immunizations made available to staff? If so, which ones are available?**<br><br>***Review and validate that policies and procedures at a minimum adequately addresses Immunizations available to staff.** |
| | *(C) infection control procedures*<br><br>**Do the Provider's policies address infection control procedures?**<br><br>**What infection control procedures do your crewmembers have to do after each call? Each day?**<br><br>***Review and validate that policies and procedures at a minimum adequately addresses Infection Control Procedures.** |
| | *(D) management of possible exposure to communicable disease*<br><br>**Do the Provider's policies address communicable disease exposure?**<br><br>***Review and validate that policies and procedures at a minimum adequately address management of possible exposure to communicable disease.** |
| | *(E) emergency vehicle operation*<br><br>**Do the Provider's policies address emergency vehicle operations?**<br><br>**Do you offer or require an Emergency Vehicle Operation Course for all your crewmembers prior to/upon hiring?**<br><br>**Do you provide any on-going training in regards to vehicle operations? Do you check for a valid driver's license upon hire of a crewmember?**<br>**Do you do any random driver's license checks for continued validity after employment?**<br><br>***Review and validate that policies and procedures at a minimum adequately addresses Emergency Vehicle Operations.** |

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| | *(F) contact information for the designated infection control officer for whom education based on U.S. Code, Title 42, Chapter 6A, Subchapter XXIV, Part G, §300ff- 136 has been documented*<br><br>**Who is your Infection Control Officer? Alternate?**<br><br>**Infection Control Officer: Describe in detail your communicable disease exposure procedure for a needle stick, from the time of the incident to employee reporting, treatment, tracking and any end result documentation and reporting.**<br><br>***Review and validate that the Policies include information on the designated infection control officer and an alternate and that this information is accurate in accordance with DSHS provider records and that the designated control officer has completed the education needed as per Rule.** |
| | *(G) credentialing of new response personnel before being assigned primary care responsibilities. The credentialing process shall include as a minimum: (i) a comprehensive orientation session of the services, policies and procedures, treatment and transport protocols, safety precautions, and the quality management process*<br><br>**Do the Provider's policies address credentialing of new response personnel? How soon after hire does an employee get an orientation session?**<br><br>**What gets covered within this orientation session? How is this documented?**<br><br>**Is there any test (P&P / Protocol / Safety / Skills Verification) needed before an employee can move on to the internship period?**<br><br>***Review and validate that policies and procedures, at a minimum, adequately addresses the credentialing of new response personnel before being assigned primary care responsibilities and that it describes the orientation session that includes policies and procedures, treatment and transport protocols, safety precautions, and a quality management process.**<br><br>**Blood Program (if applicable)**<br>***Review and validate that the credentialing process includes an orientation on policies and procedures, treatment and transport protocols, safety precautions, and the quality management process regarding Whole Blood and/or Blood Component Therapy.**<br><br>***Review and validate that the credentialing process includes an orientation on the initial and ongoing education and training needs for staff as required by the medical director regarding Whole Blood and/or Blood Component Therapy.** |
| | *(G) credentialing of new response personnel before being assigned primary care responsibilities. The credentialing process shall include as a minimum: (ii) an internship period in which all new personnel practice under the supervision of, and are evaluated by, another more experienced person.*<br><br>**How long is your internship period for?**<br><br>**What gets covered within the internship period? How is this documented?**<br><br>**Do new employees have certain amount of shifts they must practice and be evaluated on before being assigned as one of two crewmembers on an ambulance?**<br><br>**Who does the evaluation?**<br><br>**What happens at the end of the internship period if evaluator feels employee is not ready?**<br><br>***Review and validate the EMS Provider's process, procedure, or system in place for credentialing of new response personnel to include an internship period.** |

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| | *(H) appropriate documentation of patient care*<br><br>**Do the Provider's policies address documentation of patient care?**<br><br>**What is your policy for making changes to an existing patient care report? Who is authorized to change and/or make addendums to a patient care report? Are your patient care reports on paper or electronic?**<br><br>**If electronic, what back up system do you have in place for continued documentation of patient care records, if electronic equipment fails?**<br><br>***Review and validate that policies and procedures at a minimum adequately addresses the appropriate documentation of patient care.** |
| | *(I) vehicle checks, equipment, and readiness inspections*<br><br>**Do the Provider's policies address vehicle checks, equipment, and readiness inspections?**<br><br>**Describe the requirements of an incoming crew in regards to checking the ambulance, requesting missing/expired supplies, and making themselves available to be dispatched?**<br><br>**Do crews have a different check-off sheet as the Medical Director's approved/signed Equipment, Supply and Medication List? If so, how are they different and why?**<br><br>***Review and validate that policies and procedures at a minimum adequately addresses vehicle checks, equipment, and readiness inspections.** |
| | *(J) the security of medications, fluids, and controlled substances in compliance with local, state, and federal laws or rules*<br><br>**Are you aware of how to report any possible violations such as drug diversions to DSHS?**<br><br>**Are you aware of how to report to any other agencies – local police? Drug Enforcement Administration?**<br><br>**How are all solutions and pharmaceuticals stored and maintained in accordance with the manufacturers and/or U.S. Federal Drug Administration (FDA) recommendations?**<br><br>***Review and validate that policies and procedures at a minimum adequately address the security of medications, fluids, and controlled substances in compliance with local state and federal laws or rules.**<br><br>**Blood Program (if applicable)**<br>***Review and validate that policies and procedures adequately address the logistics, storage, and deployment to sustain a prehospital whole blood program.** |
| | *(n) (28) assuring that manufacturers' operating instructions for all critical patient care electronic and/or technical equipment utilized by the provider are available for all response personnel*<br><br>**Are the manufacturer's operating instructions easily accessed by ALL crew members at any time, day, or night, and at any additional sub-station locations?**<br><br>**Where are they kept? Does each station have a copy?**<br><br>***Review and validate the availability and accessibility of all manufacturer's operating instructions.** |

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| | *(n) (29) assuring that the department is notified within five business days of a collision involving an in-service or response ready EMS vehicle that results in vehicle damage whenever: (A) the vehicle is rendered disabled and inoperable at the scene of the occurrence; or (B) there is a patient on board.*<br><br>**Are you aware of how to make notify the department that an ambulance collision has occurred, and the notification timelines associated with each type?**<br><br>***Review and validate the EMS Provider's process to assure that the department is notified within five business days of a collision involving an in-service or response ready vehicle; rendering the vehicle disabled and inoperable or there is a patient on board.** |
| | *(n) (30) assuring that the department is notified within one business day of a collision involving an in-service or response ready EMS vehicle that results in vehicle damage whenever there is personal injury or death to any person.*<br><br>***Review and validate the EMS Provider's process to assure that the department is notified within one business day of a collision involving an in-service or response ready vehicle; resulting in personal injury or death to any person.** |
| | *(n) (32) Ensuring continuous coverage for the service area defined in documents submitted with the EMS provider application;*<br><br>***Review the EMS Provider's staffing plan and past and upcoming crew/station work duty schedules to ensure coverage for declared service areas.** |
| | *(n) (33) responding to requests for assistance from the highest elected official of a political subdivision or from the department during a declared emergency or mass casualty situation according to national, state, regional and/or local plans, when authorized and (c)(T) Plan for how the provider will respond to disaster incidents including mass casualty situations in coordination with local and regional plans.*<br><br>**Do you have a current Memorandum of Agreement with your local Regional Advisory Council? Do you know who your local emergency management coordinator is?**<br><br>***Review the EMS Provider's Emergency/Mass Casualty Plan.** |
| | *(n) (35) assuring all EMS personnel receive continuing education on the provider's anaphylaxis treatment protocols. The provider shall maintain education and training records to include date, time, and location of such education or training for all its EMS personnel;*<br><br>**How are employees trained on anaphylaxis protocols? Who does the training?**<br>**How is the training documented?**<br><br>***Review and validate that continuing education on the EMS Provider's anaphylaxis protocols have occurred and has been documented for all current crewmembers. Documentation should include date, time, and location of training.** |
| | *(n) (36) immediately notify the department in writing when operations cease in any service area;*<br><br>**Are you aware of how to notify the department when you cease coverage in a declared service area?**<br><br>***Review and validate that the EMS Provider has a process to notify the department in writing when operations cease in any service area.** |
| | *(n) (38) develop or adopt and then implement policies, procedures, and protocols necessary for its operations as an EMS provider, and enforce all such policies, procedures, and protocols.*<br><br>***Review and validate that the EMS Provider has developed and implemented policies, procedures, and protocols, and how they will enforce compliance.**<br><br>**Blood Program (if applicable)**<br>***Review and validate that the EMS Provider has developed and implemented policies, procedures and protocols regarding regulations and administrative & logistical requirements on receiving blood products from regional partners.** |

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| | *(n) (4) when an air ambulance is initiated through any other method than the local 911 system the air service providing the air ambulance is required to notify the local 911 center or the appropriate local response system for the location of the response at time of launch.*<br><br>***Air Ambulance & 911 Responses Only: Review and validate that the air ambulance EMS Provider has a policy and/or process in place to ensure notification to the local 911 system at the time of launch when initiated through any other method besides the local 911 system.** |
| | *(n) (11) assuring that all pharmaceuticals are stored according to conditions specified in the pharmaceutical storage policy approved by the EMS provider's medical director;*<br><br>**Do you do internal audits on medications/narcotics? If so, how often and by whom? Does anyone outside your agency validate your audit findings for accuracy?**<br><br>***Review and validate that the EMS Provider is following the pharmaceutical storage policy as established by the Medical Director.**<br><br>**Blood Program (if applicable)**<br>***Review and validate that the EMS Provider is following the logistics, storage, and deployment to sustain a prehospital whole blood program as required by national guidelines and approved by the Medical Director.** |
| | *(n) (12) assuring that staff completes a readiness inspection as written by the EMS provider's policy;*<br><br>**How is the completion of readiness inspections monitored and documented? By whom?**<br><br>***Review and validate the completion of readiness inspections for the last 5 days.** |
| | *(n) (13) assuring that there is a preventive maintenance plan for vehicles and equipment.*<br><br>**Who monitors preventative maintenance?**<br><br>**Is a record kept of preventative maintenance of ambulances?**<br><br>**How do crewmembers report possible mechanical issues with ambulances and medical equipment?**<br><br>**Who makes the determination that an ambulance or medical equipment is inoperable or unsafe to operate?**<br><br>***Review and validate the adherence of a preventative to and documentation of a maintenance plan.** |
| | *(n) (14) assuring that staff has reviewed policies and procedures as approved by the EMS Provider and the EMS Provider Medical Director;*<br><br>**How do you verify that all personnel have reviewed policies and procedures approved by the EMS provider and Medical Director?**<br><br>***Review and validate that staff has reviewed policies and procedures.** |

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| | *(n) (18) monitoring and enforcing compliance with all policies and protocols;*<br><br>**How is the implementation and enforcement of your policies and protocols monitored and documented?**<br><br>**Who is monitoring the implementation and enforcement of your policies and protocols?**<br><br>**How does your QA Plan affect the development and implementation of new policies and protocols or revision of existing ones?**<br><br>***Review and validate that the EMS Provider has a process in place to monitor and enforce compliance with policy and protocol.** |
| | **Patient Care Reports** |
| | *(n) (7) assuring the confidentiality of all patient information is in compliance with all federal and state laws;*<br><br>**Do you have a policy, procedure, or system in place to assure the confidentiality of all patient information?**<br><br>**How and where are all completed patient care reports stored? How long are patient care reports stored for?**<br><br>**If using paper forms, how are completed patient care reports secured in the ambulance if call volume dictates multiple back-to-back calls?**<br><br>***Review and validate that all completed patient care reports are being stored securely.** |
| | *(n) (8) assuring that Informed Treatment/Transport Refusal forms are signed by all persons refusing service, or documenting incidents when a signed Informed Treatment/Transport Refusal form cannot be obtained;*<br><br>***Review and validate that there is a policy, procedure, and system in place to assure Informed Treatment/Transport Refusals are properly documented.**<br><br>***Review and validate random sampling of Treatment/Transport Refusal Forms to ensure proper documentation.** |
| | *(n) (9) assuring that patient care reports are completed accurately for all patients and meet standards as outlined in 25 Texas Administrative Code, Chapter 103.*<br><br>**Do you have a policy, process, or system in place to assure that all PCRs are completed accurately for all patients?**<br><br>**Who does and do you assure that PCRs are completed timely and accurately on all patients? How are incomplete and/or illegible reports be handled within your agency?**<br><br>**How are addendums to reports documented?**<br><br>***Review and validate if there are a policy, procedure, and system in place to assure PCRs are completed accurately on every patient.**<br><br>**Blood Program (if applicable)**<br>***Review and validate that there is documentation of prehospital transfusions based on local, regional, state, and national data collection requirements.** |

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| | *(n) (10) assuring that patient care reports are provided to facilities receiving the patient: (A)-(D)*<br><br>**Do you have a policy, process, or system in place to assure that all PCRs are provided to receiving facilities?**<br><br>**How are reports provided to emergency facility – paper/electronic?**<br><br>**How do you document that the patient care report was received by the receiving facility?**<br><br>**For those reports that do not get left, what is the process for assuring they are submitted within 1 business day?**<br><br>**If an abbreviated report is to be left due to response-pending, what minimums must be on that report?**<br><br>***Review and validate that there is a policy, procedure, or system in place to assure PCRs are left at receiving facility within appropriate time frame and include all the minimum information as per TAC Rule.** |
| | *(n) (15) Maintenance of medical reports. (A)-(D)*<br><br>***Review and validate the EMS Provider's record retention policy and/or process for medical reports meets the minimum requirements as described in Rule.** |
| | *(n) (15) Maintenance of medical reports. (E) (G)*<br><br>***Review and validate the EMS Provider's plan for transferring ownership of records to another licensed EMS Provider. The EMS Provider and Medical Director must attest or provide documentation to the department that the plan includes going out of business, selling, and transferring the business to ensure the maintenance of records as required by Rule.** |
| | *(n) (15) Maintenance of medical reports. (F)*<br><br>***Review and validate the EMS Provider's record destruction policy and/or process for medical reports meets the minimum requirements as described in Rule.** |
| | *(n) (15) Maintenance of medical reports. (H)*<br><br>***Validate that the EMS Provider is maintaining all patient care records in the physical location that is the provider's primary place of business, unless an alternate location has been approved by the department.** |
| | *(n) (16) assuring that all requested patient records are made promptly available to the medical director, hospital or department when requested;*<br><br>***Review and validate that there is a process in place to assure that patient care reports are made promptly available to the Medical Director, Hospital or Department upon request.** |

| | Protocols |
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| | *(c) (7) (Q) Treatment and Transport Protocols and policies addressing the care to be provided to adult, pediatric, and neonatal patients, must be approved and signed by the medical director.*<br><br>***Review and validate that the EMS Provider's Treatment and Transport Protocols and Policies addresses the care to be provided to adults, pediatrics and neonatal patients and is approved and signed by the Medical Director.**<br><br>**Blood Program (if applicable)**<br>***Review and validate that the EMS Provider's Treatment and Transport Protocols and Policies address the use of Whole Blood or Blood Component Therapy, to include usage indications, contra-indications, and adverse effects.** |
| | *(i) Treatment and Transport Protocols Required. (2) – (6)*<br><br>***Review and validate that the Protocols follow all requirements as specified by Rule.** |
| | *(j) EMS Equipment, supplies, medical devices, parenteral solutions, and pharmaceuticals. (1) The EMS provider shall submit a list, approved, and signed by the medical director and fully supportive of and consistent with the protocols, of all medical equipment, supplies, medical devices, parenteral solutions, and pharmaceuticals to be carried. The list shall specify the quantities of each item to be carried and shall specify the sizes and types of each item necessary to provide appropriate care for all age ranges appropriate to the needs of their patients. The quantities listed shall be appropriate to the provider's call volume, transport times and restocking capabilities.*<br><br>***Review and validate that the Equipment, Supply and Medication List follows all requirements as specified by Rule; signed by Medical Director and fully supportive and consistent with Protocols.**<br><br>**Blood Program (if applicable)**<br>**Review and validate that the Equipment, Supply and Medication List has equipment, supplies and medications needed for the transfusion of Whole Blood or Blood Component therapy. Possible specialized equipment that would be needed:**<br>• **Blood administration tubing set, coolers/refrigeration, blood warmers, rapid infusers or pressure devices, and whole blood and/or blood component IV bags.** |
| | *(k) (1)-(8) The following equipment must be present on each in-service EMS vehicle and on, or immediately available for, each response ready vehicle as required by the medical director's approved equipment list to include all state-required equipment. The equipment list must include equipment required for treatment and transport of adult, pediatric, and neonatal patients.*<br><br>***Review and validate that the Equipment, Supply and Medication List approved by the Medical Director has the items listed in parts (1)-(8).** |

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| | *157.25 (c) Protocol development. A DNR protocol in accordance with this section, shall apply to all out-of-hospital settings including cardiac arrests which occur during interfacility transport. The protocol shall include the following: (1) a copy of the Texas Department of Health (department) standardized DNR form listing the designated treatments that shall be withdrawn or withheld. Those treatments shall be: (A) cardiopulmonary resuscitation; (B) advanced airway management; (C) artificial ventilation; (D) defibrillation; and (E) transcutaneous cardiac pacing. (2) an explanation of the patient identification process to include an option to use a department-standardized identification device such as a necklace or bracelet; and (3) an on-site DNR dispute resolution process which includes contacting an appropriate physician.*<br><br>***Review and validate that treatment and transport protocols include an Out of Hospital Do Not Resuscitate (OOH-DNR) Protocol to include an explanation of patient identification, dispute resolution, and an OOH - DNR form.** |
| | **Quality Assurance, Assessment and Performance Improvement Program** |
| | *(c) (7) (R) Description of how the EMS provider will conduct quality assurance in coordination with the EMS provider medical director.*<br><br>**What role does your Medical Director play in review of Patient Care Records? What role does he/she play in remediation, re-training and/or disciplinary actions?**<br><br>***Review and validate the EMS Provider's policy/plan for coordination with medical director to conduct Quality Assurance reviews.**<br><br>**Blood Program (if applicable)**<br>***Review and validate the documentation of follow up by the EMS Providers QA process to include the Medical Director after each transfusion.** |
| | *(n) (2) each EMS provider shall develop, implement, maintain, and evaluate an effective, ongoing, system-wide, data-driven, interdisciplinary quality assessment and performance improvement program. The program shall be individualized to the provider and shall, at a minimum, include: (A) the standard of patient care as directed by the medical director's protocols and medical director input into the provider's policies and standard operating procedures;*<br><br>***Review and validate how QA Program affects revisions to the standard of patient care and Protocols.** |
| | *(n) (2) (B) a complaint management system;*<br><br>**Who is in charge of reviewing and investigating complaints received?**<br><br>**Does the complainant receive notification that the complaint has been received? How are the complaints received tracked? How are findings documented?**<br>**Explain what occurs after the complaint has been investigated. Does the complainant get notified?**<br><br>***Review and validate how complaints are received and handled from receipt to reporting the findings back to the complainant and if there were any updates to policies, procedures and/or protocols and/or if there were any disciplinary actions, remediation and/or re-training sessions conducted.** |
| | *(n) (2) (C) monitoring the quality of patient care provided by the personnel and taking appropriate and immediate corrective action to ensure that quality of care is maintained in accordance with the existing standards of care and the provider medical director's signed, approved protocols;*<br><br>**How often are Patient Care Records audited? What percentage of calls are audited?**<br>**Are there certain types of calls that require an automatic review?**<br><br>***Review and validate how the quality of patient care is monitored and if any corrective action plans have been taken, if applicable.** |

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| | *(n) (2) (D) the program shall include, but not be limited to, an ongoing program that achieves measurable improvement in patient care outcomes and reduction of medical errors;*<br><br>**How do you document which Patient Care Records were audited? How do you document findings? How do you use the data from these audits to improve your overall system?**<br><br>***Review and validate how the program achieves measurable improvement in patient care outcomes and reduction of medical errors.** |
| | *(n) (2) (D) the program shall include, but not be limited to, an ongoing program that achieves measurable improvement in patient care outcomes and reduction of medical errors;*<br><br>***Review Patient Care Records (PCRs) and validate that EMS Provider's approved Medical Director's treatment and transport protocols were followed as per the documented chief complaint(s) on the PCRs and that any deviations from protocol were documented and corrective measures were implemented to mitigate future medical errors.** |

## SUMMARY

An official inspection report will be sent via email after the EMS Provider Survey is done. Identified deficiencies will need to be addressed in a Plan of Correction within thirty (30) days of receipt of the official inspection report.

EMS Provider Self-Survey Report Prepared by: _____/_____
(Print Name / Title)

Signature: _____ Date: _____

Survey Conducted by DSHS: _____/_____
(Print Name / Title)

Signature: _____ Date: _____

VERSA Inspection #: _____