



Iowa Department of Public Health
Bureau of Emergency and Trauma Services
EMS Service Program Onsite Inspection Report

Service Name: _____ LPCRO #: _____ Date: _____

Satellite: Y Base: _____ Service Type: Transport Non-transport

Service Level Authorization: Full EMR EMT AEMT Paramedic Conditional EMT AEMT Paramedic N/A

Service Representatives: _____

641-132.2(147A) Service Program – authorization and renewal procedures and inspections					
132.2(2) Requirements for renewal of service program authorization					
#	Rule Ref.	Criteria (C=Compliant D=Deficient N/A=Not Applicable)	C	D	N/A
1	132.2(2)b	Required documentation submitted 90 days prior to authorization expiration			
2	132.2(2)h	Affiliate agreement (Effective Jan. 1, 2022 – less than 100 data submissions/year last 2 years)			
3	132.2(2)n	Evidence of liability insurance provided/filed			
4	132.2(2)o	Verification of one or more CCT endorsed staff (CCT endorsed service only)			
641-132.3(147A) Service program operations					
132.3(1) Ownership, 132.3(2) Medical Director and 132.3(3) Service Director					
#	Rule Ref.	Criteria (C=Compliant D=Deficient N/A=Not Applicable)	C	D	N/A
5	132.3(1)d	Service program shall report ownership change 7 days prior to change			
6	132.3(2)a	Service program shall have a designated medical director at all times			
7	132.3(2)b(3)	Department sponsored MD training completed. (Initial within first year. Once every 3 years after.)			
8	132.3(2)b(5)	Medical director ensures skills credentialed, duties do not exceed provider SOP/service level			
9	132.3(2)b(9)	Medical director has approved services CQI program			
10	132.3(2)b(10)	Medical director has designated CQI appointee			
11	132.3(2)b(11)	Medical director has completed random call audits (min. quarterly)			
12	132.3(2)b(12)	Medical director has reviewed audits performed by appointee			
13	132.3(2)c(3)	Medical director has approved PA/RN exceptions			
14	132.3(3)a	Service program shall have a designated service director at all times			
15	132.3(3)b(4)	Department sponsored SD training completed. (Initial within first year. Once every 3 years after.)			
16	132.3(3)b(6)	Service director ensures personnel function within SOP and level of service authorization			
132.3(4) Service program requirements					
#	Rule Ref.	Criteria (C=Compliant D=Deficient N/A=Not Applicable)	C	D	N/A
17	132.3(4)a(4)	Notify dept. in writing 7 days prior to Med. Dir. change, reduction, discontinuance of operations			
18	132.3(4)a(6)	Notify dept. in writing 7 days prior to Srvc. Dir. change, reduction, discontinuance of operations			
19	132.3(4)a(7)	Notify dept. in writing 7 days prior to change in location (base, admin., satellite, affiliate)			
20	132.3(4)a(8)	Notify dept. in writing within 7 days (agreements for multiservice systems/shared service/admin.)			
21	132.3(4)a(9)	Notify dept. in writing within 10 days provider termination/resignation in lieu of termination			
22	132.3(4)a(10)	Notify dept. in writing within 48 hours following theft of drugs incident			
23	132.3(4)a(11)	Service member notification process in event of MVC (service vehicle/personal vehicle response)			
24	132.3(4)a(12)	Notify dept. in writing within 48 hours MVC resulting in personal injury or death			
25	132.3(4)a(13)	Ensure response to initial 911 or emergency call request to service program 24/7			
26	132.3(4)a(14)	Med. Dir. approved protocols meet or exceed minimum dept. approved EMS clinical guidelines			
27	132.3(4)a(15)	Alterations to EMS clinical guidelines filed and approved by department			
28	132.3(4)a(17)	Personnel roster completed. Rostered EMS providers currently certified.			
29	132.3(4)a(18)	Approved PA/RN exception forms on file with service			
30	132.3(4)a(19)	Service drivers DL's current and documented driver training			
31	132.3(4)a(20)	Emergency driving policy			
32	132.3(4)a(21)b(3)	Transport decision policy (transport service programs)			
33	132.3(4)a(21)c(2)	Simultaneous dispatch transport agreement (nontransport service programs)			
132.3(5) Data reporting					
#	Rule Ref.	Criteria (C=Compliant D=Deficient N/A=Not Applicable)	C	D	N/A
34	132.3(5)c,d	Data reported electronically, submitted in approved format			
35	132.3(5)e	Data submitted no later than last day of month following the month service was provided			
36	132.3(5)k	Written data submission policy			
132.3(6) Patient care reporting					
#	Rule Ref.	Criteria (C=Compliant D=Deficient N/A=Not Applicable)	C	D	N/A
37	132.3(6)a	Patient care report for every patient			
38	132.3(6)d	Patient care report within 24 hours to receiving facility			
39	132.3(6)e	Written patient care report policy			



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132.3(7) Continuous Quality Improvement (CQI)					
#	Rule Ref.	Criteria (C=Compliant D=Deficient N/A=Not Applicable)	C	D	N/A
40	132.3(7)b	CQI policy: medical audits review patient care			
41	132.3(7)c	CQI policy: deficiencies/potential deficiencies regarding medical knowledge/skill/procedure			
42	132.3(7)d	CQI policy: reviews 911 response and scene times (minimum)			
43	132.3(7)e	CQI policy: con ed, credentialing skills/procedures, personnel performance			
44	132.3(7)f	CQI policy: measureable outcomes			
45	132.3(7)g	CQI policy: loop closure/resolution			
132.3(8) Medications in service programs					
#	Rule Ref.	Criteria (C=Compliant D=Deficient N/A=Not Applicable)	C	D	N/A
46	132.3(8)a	Pharmacy agreement in accordance with IBOP 657-11			
47	132.3(8)b	Maintain all medications in accordance with IBOP 657-10 and 657-11			
48	132.3(8)c	Written pharmacy policy			
132.3(9) Vehicle standards, supplies, equipment and maintenance					
#	Rule Ref.	Criteria (C=Compliant D=Deficient N/A=Not Applicable)	C	D	N/A
49	132.3(9)a,b,c,d	Annual inspection (Effective Jan. 1, 2022)			
50	132.3(9)e	Garage climate controlled, maintained, clean, safe, unobstructed exit to street			
51	132.3(9)f	Equipment properly secured			
52	132.3(9)g	New ambulances meet either CAAS or NFPA (Effective Jan. 1, 2022)			
53	132.3(9)h	Vehicle maintenance, exterior clean, interior clean/disinfected			
54	132.3(9)i	Medical/patient supplies monitor exp. dates, clean/launched/disinfected, stored in clean environ.			
55	132.3(9)j	PPE available to ensure responder safety			
56	132.3(9)k	Proper disposal supplies for biomedical hazard waste			
57	132.3(9)l	Medical equipment maintained per manufacturer requirements			
58	132.3(9)m	Vehicle standard, supply, equipment maintenance policies			

Comments:

Number of deficiencies: _____ **Due date for deficiency resolution:** _____

Service Representative: _____ **Date:** _____

As the service representative, I acknowledge that any identified deficiencies will be resolved by the assigned date, and further acknowledge that if said deficiencies are not resolved by the assigned date that further disciplinary action may be taken.

Inspection performed by: _____ **Date:** _____

***Please review this form and contact your Field Coordinator if you have any questions.**