Applicant's Name:	Completed by:	Date:

AMBULANCE SERVICES SUPPLEMENTAL APPLICATION

1. Please identify the number of:

Ground Ambulance Services	Projected	Current
☐ Emergency Transports		
☐ Non-Emergency Transports (Ambulance)		
☐ Non-Emergency Transports (Ambulette)		
☐ Ground Ambulances – Owned		
☐ Ground Ambulances – Leased		
☐ Chair cars/vans – Owned		
☐ Chair cars/vans – Leased		
Air Ambulance Services		
☐ Emergency Transports		
☐ Non-Emergency Transports		
☐ Aircraft – Owned		
☐ Aircraft – Leased		

2. Are other services provided other than emergency transfer (i.e., dispatch/communications for others, preventive maintenance, etc.)? If 'Yes', now much? Please explain in the Comments Section. ☐ YES ☐ NO

3. Does a board certified/eligible emergency physician oversee the operations? If 'No', please explain in the Comments Section. ☐ YES ☐ NO

4. Are there any employed physicians providing direct patient care? ☐ YES ☐ NO

5. Please indicate the total annual staffing hours for the EMT's/Paramedics and nurses: _____

For Questions 6 – 9, please explain each 'No' response in the Comments Section.

6. Please indicate if the following risk indicators are monitored and/or evaluated.
   a. Drug administration (e.g., wrong drug, wrong dosage, use of expired drug, etc.) ☐ YES ☐ NO
   b. Failure of a piece of equipment ☐ YES ☐ NO
   c. Communications system failure ☐ YES ☐ NO
   d. Delay in treatment because the member of staff has not been trained or not authorized (unless under the direct supervision of a physician) ☐ YES ☐ NO
   e. Delay in providing treatment by paramedic/technician that contributed to the deterioration of the patient's medical condition ☐ YES ☐ NO
   f. Complaints ☐ YES ☐ NO

7. Is there a formal documented program for scheduled inspections and preventive maintenance on all vehicles and equipment? ☐ YES ☐ NO

8. Please indicate if the following policies and procedures are established and adhered to by all staff, including contractors.
   a. MVR's are checked annually on all drivers ☐ YES ☐ NO
   b. Random drug and alcohol testing ☐ YES ☐ NO
   c. Mandatory reporting to management of any personal or business related traffic violations or accidents ☐ YES ☐ NO
   d. Mandatory defensive driver certification prior to driving (i.e., National Safety Council) ☐ YES ☐ NO
   e. Patients and equipment must be secured/strapped when vehicle is in motion ☐ YES ☐ NO
   f. Standard record keeping with ongoing audits ☐ YES ☐ NO

Accreditation:

9. Are you accredited by the Commission on Accreditation of Medical Transport? ☐ YES ☐ NO

AIRWAY MANAGEMENT

10. Do you intubate or transfer patients with endotracheal tubes? ☐ YES ☐ NO
(If yes, please answer the following):

Primary Confirmation:
Which of the following do you use to assess and document the technique used to confirm the correct intratracheal placement:

a. Direct visualization of the ET tube passing through the vocal cords? ☐ YES ☐ NO
b. Symmetrical chest rise? ☐ YES ☐ NO
c. Ausculation at the epigastrum for the absence of gurgling sounds? ☐ YES ☐ NO
d. Ausculation at the anterior and lateral chest walls for bilateral breath sounds? ☐ YES ☐ NO

Secondary Confirmation:
Which of the following techniques do you use and document to assure and/or verify proper airway management and placement of an ET Tube:

a. An ET tube stabilizing device? ☐ YES ☐ NO
b. CO2 sensor? ☐ YES ☐ NO
c. Pulse Oximeter? ☐ YES ☐ NO
d. Esophageal Detector Device? ☐ YES ☐ NO

Documentation:
11. Do you document the position of the ET tube during and upon completion of the transfer? (i.e., position of the centimeter marking with its anatomical landmark designation). ☐ YES ☐ NO

Quality Management:
12. Does your audit process include the following;

a. The success rate of ET intubations by the provider through documented primary confirmation techniques? ☐ YES ☐ NO
b. Tracking the use of secondary confirmation devices including ongoing documented findings at regular intervals and at the time the transfer is complete? ☐ YES ☐ NO
c. Recording the ED Physician's verification of proper tube placement on arrival to the ED? ☐ YES ☐ NO
d. Develop and implement a continuing education process and appropriate remediation based on the results of audits? ☐ YES ☐ NO

Comments Section:

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