

**Pennsylvania Department of Health
Bureau of Emergency Medical Services**

Medical Command Facility Accreditation Checklist

I. General Information					
Name of Medical Command Facility:					
Medical Command Facility Number:		Hospital Licensure Expiration Date:			
Address:					
City:		State:		Zip:	
Telephone:					

II. Administrative Requirements						
Documents/Personnel		Verified		Deficient		Additional Inspection Required
		Application	Inspection	Application	Inspection	
1	Completed Application					
2	Organized Department of Emergency Medicine					
3	Employs Medical Command Facility Director					
4	Medical Control Supervision					
5	Medical Communications Disaster Plan					
6	Contingency Plan					
7	Participation with Quality Assurance Program					
8	Policies: (D) Developed (A) Adherence					
	a Goals/objectives (D)					
	b Requirements for medical command (A)					
	c Continuing education skill requirement (A)					
	d Patient care management at scene (A)					
	e Patient choice (A)					
	f Standing orders (D/A)					
	g Dispatch coordination (A)					
	h Trauma triage/transfer (A)					
	i Air service utilization (A)					
	j Record keeping (D/A)					

II. Administrative Requirements (cont.)							
Documents/Personnel			Verified		Deficient		Additional Inspection Required
			Application	Inspection	Application	Inspection	
	k	Medication control (D/A)					
	l	Mass casualty (D)					
	m	Complaint investigation (D/A)					
	n	Relay of information (D)					
	o	Physician assistance at scene (A)					
	p	Informing about transmittable disease (D/A)					
	q	Release of ALS to BLS (A)					
	r	Internal procedures (D)					
	s	DNR (A)					
9		Medical command orientation program					
10		Sufficient supportive staff					

III. Operational Requirements							
Medical Command Station			Verified		Deficient		Additional Inspection Required
			Application	Inspection	Application	Inspection	
1		Available medical command station/area					
2		Medical command station staffed by approved medical command physician 24/7					
3		Medical command station operational 24 hours/day					
Communications Requirements			Verified		Deficient		Additional Inspection Required
			Application	Inspection	Application	Inspection	
1		Equipment compatible with regional communication system					
2		Equipment capable of communicating with EMS units					
3		Equipment capable of communicating with other medical command facilities					
4		Equipment to assure concurrent on-line supervision of residents					
5		Equipment capable of recording command communications					

III. Operational Requirements (cont.)						
Procedures		Verified		Deficient		Additional Inspection Required
		Application	Inspection	Application	Inspection	
1	Medical command physician to consult on-call specialists					
2	Recordings of all ALS command communications					
3	Maintenance of tape recordings for 7 years					
4	Completion of medical command record on all patients					
5	Maintenance of medical command records for 7 years					
6	Medical command log book					
7	On-call roster					
8	PCR a part of patient's medical record					
9	Adherence to regional treatment/transfer protocols					
10	Initiation of complaint investigation					

IV. Manpower Training Requirements						
Training Programs		Verified		Deficient		Additional Inspection Required
		Application	Inspection	Application	Inspection	
1	Staff trained in use of communications equipment					
2	Physicians trained regarding regional protocol compliance					
3	Continuing education programs for medical command physicians					
4	Involvement in ALS provider recertification process					

V. Evaluation Requirements						
Audit/Evaluation		Verified		Deficient		Additional Inspection Required
		Application	Inspection	Application	Inspection	
1	Participation in quality assurance program					
2	Description of quality assurance program					
	a	Written plan				
	b	Responsible individuals				
	c	Frequency of review				
	d	Standards used to measure compliance				
	e	Condition studies				
	f	Percentage of cases used				
	g	Deficiencies identified				
3	Appropriateness of physician command consultation					
4	Tape recordings audited					
5	Complaint investigations findings and recommendations					

VI. Administrative Information	
Regional EMS Council:	
Date of Inspection:	
Name of Inspector:	
Signature of Inspector:	
Date Sent to Department of Health:	

VII. Additional Inspection Comments