




**POLICY AND PROCEDURE MANUAL**  
**OF THE COMMISSION ON ACCREDITATION OF**  
**MEDICAL TRANSPORT SYSTEMS**

Signed by: 

*All policies and revisions are dated and reviewed on at least an annual basis by the Executive Director and brought to the full board for revision approvals.*

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Date of most recent annual review – March 2008  
Updated and Approved – July 11, 2009  
Updated October 2009, April 2010, July 2010  
**Reviewed January 2011, April 2011, October 2011, April 2012, April 2013, July 2013, October 19, 2013, March 27, 2014, September 12, 2014, January 26, 2015, April 18, 2015, July 25, 2015 – all highlighted revisions approved, October, 2015 revisions, April 2016 revisions, July 2016, September-2016 December 2016 –April 2017 – October 2017 – April 2018 –July 2018, October 2018 – April 2019 – November 2019- April 2020, October 2020, April 2021, July 17, 2021, October 21, 2021, January 20, 2022, April 9, 2022, July 16, 2022, October 22, 2022, April 15, 2023, July 22, 2023, October 20, 2023, January 22, 2024, July 19, 2024, April 2025, October 2025, May 2026.**





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|  |                        | <u><b>Original/Rev. Dates</b></u> |
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CAMTS POLICY AND PROCEDURE MANUAL

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| <b>PRELIMINARY POLICIES</b>                                   | <b>00.00.00</b> |
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| Intellectual Property   | 00.08.00        |

**PRELIMINARY POLICIES - 00.00.00**

**00.01.00** (112508)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** General Statement Regarding CAMTS' Policy and Procedure Manual

**POLICY:** Any medical transportation service that applies for accreditation, is accredited by CAMTS, or is appealing an accreditation decision or Board action shall be subject to the policies and procedures set forth in this Policy and Procedure Manual of the Commission on Accreditation of Medical Transport Systems.

**00.02.00** (112508)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Payment of CAMTS' Fees and Costs

**POLICY:** If a dispute arises between a Program and CAMTS during the accreditation process (which includes, but is not limited to, the initial application process, reaccreditation process, Site Survey, Supplemental Site Survey, Monitoring Visit, appeals, and/or the Board's decision-making process in connection with any of these events), the Program shall be responsible for paying CAMTS' costs and expenses, including reasonable attorney's fees.

CAMTS/PPM

**00.03.00 (040613)**

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Accreditation Timelines for Programs Litigating Against CAMTS

**POLICY:** In the event a Program initiates litigation (including, but not limited to, the filing of a lawsuit, mediation, arbitration or any administrative proceeding) (hereinafter, "Litigation") against CAMTS for any reason, including, but not limited to, any disputes regarding a Program's accreditation process (as outlined in 00.02.00, *supra*), any visits, consultations or Board decisions regarding any new, pending, or appealed accreditation applications of that Program and/or its affiliates may be stayed up to and until final conclusion of the Litigation whether through settlement, jointly stipulated dismissal or judgment.

*Note:* The following deadlines remain in effect and shall not be stayed despite the commencement of Litigation:

03.06.00 (Guidelines (B)(3)—6 months); 03.06.00 (Purpose—30 days); 03.08.00 (Guidelines (3)—30 days and 2 weeks); 03.11.00 (Guidelines—5 business days); 04.01.00 (Other Accreditation Decisions (A) Withhold Accreditation—30 days); 04.01.00 (Other Accreditation Decisions (A) Withhold Accreditation (3)—30 days); 04.01.00 (Other Accreditation Decisions (B) Withdrawal of Accreditation—30 days); 04.01.00 (Other Accreditation Decisions (B) Withdrawal of Accreditation (4)—30 days); 04.01.00 (Board Actions (A)(3)(a)—6 months); 04.01.00 (Progress Report—30 days); 04.01.00 (Board Review of Significant Program Changes—30 days); 04.02.00 (Requests for Extensions (A)(3)—6 months); 04.02.00 (Guidelines(A)(1)—30 days); 5.07.00 (Policy—6 months and 3 months); 5.11.00 (Certificate of Accreditation (D)—30 days); 5.12.00 (Ongoing Communication with CAMTS—30 days)

**00.04.00 (040613)**

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Unmeritorious Litigation Against CAMTS

**POLICY:** In the event a Program initiates Litigation against CAMTS but, at the conclusion of the Litigation, fails to prevail on all its claims, that failure will serve as a separate and independent reason to withhold or withdraw a Program's CAMTS accreditation.

CAMTS/PPM

**00.05.00 (040613)**

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Delinquent or Outstanding Fees and Costs

**POLICY:** Any Program that is delinquent in the payment of CAMTS fees or has an outstanding debt to CAMTS will not be eligible for accreditation review until the delinquency or outstanding debt is resolved to the satisfaction of CAMTS. Delinquent or indebted Programs may also be subject to the immediate withholding or withdrawal of any current accreditation.

**00.06.00 (112508/040613 – policy number change only)**

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Indemnification of CAMTS

**POLICY:** Any Program that is accredited shall indemnify CAMTS and hold CAMTS harmless from any and all claims, demands, actions, or causes of action arising from the accreditation process (which includes, but is not limited to, the initial application process, reaccreditation process, Site Survey, Supplemental Site Survey, Monitoring Visit, appeals, and/or the Board's decision-making process in connection with any of these events) or from CAMTS' accreditation of the Program, except to the extent such claims arise from the willful misconduct or gross negligence of CAMTS.

**00.07.00** (112508/040613 – policy number change only)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Amendment of CAMTS Policy and Procedure Manual

**POLICY:** The Board of Directors may amend the CAMTS Policy and Procedure Manual at its discretion. Amendments shall be effective when adopted by the Board and posted on CAMTS website, <http://www.camts.org>.

**00.08.00** (101511/040613 – policy number change only)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Intellectual Property

**POLICY:** CAMTS owns exclusive rights, title, and interest in and to all publications to include but not be limited to accreditation standards, Best Practices, applications, renewals, extensions, and restorations and other written and electronically communicated materials published by CAMTS.

Governmental or other organizations may be granted limited use of Intellectual Property but under the terms of agreement with prescribed dates (attached) the organization will not remove, obscure, or alter CAMTS, or any third party's copyright notice, trademarks, or other proprietary rights and notices affixed to or contained within.

CAMTS POLICY AND PROCEDURE MANUAL

|                                |                 |
|--------------------------------|-----------------|
| <b>JOB DESCRIPTIONS</b>        | <b>01.00.00</b> |
| Executive Director             | 01.01.00        |
| Associate Executive Director   | 01.01.00A       |
| Site Surveyor                  | 01.02.00        |
| Site Survey Team Leader        | 01.03.00        |
| Board Member                   | 01.04.00        |
| Board Member Selection Process | 01.04.00A       |
| Ad hoc Board Member            | 01.05.00        |
| Executive Assistant            | 01.06.00        |
| Office Manager                 | 01.07.00        |

## **JOB DESCRIPTIONS - 01.00.00**

*POSITION DESCRIPTION*

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**TITLE:** Executive Director

**Date Issued:** 12/90

**Date Approved:** 01/91

### **POSITION SUMMARY OF DUTIES AND RESPONSIBILITIES:**

Responsible for directing and coordinating activities for the Commission on Accreditation of Medical Transport Systems. Serves as a resource person for the Board of Directors, the constituents, related organizations, and the public. Collaborates with other national organizations on air medical issues.

### **QUALIFICATIONS:**

**Education and Training:** Baccalaureate degree required. Master's degree preferred.

**Experience:** Minimum of five years in progressively responsible management positions in the medical transport field.

### **RELATIONSHIP:**

**Reports to:** Chair, Board of Directors

**Supervises:** **Executive and** Office staff of the Commission

### **OTHER REQUIREMENTS:**

1. Establishes effective interpersonal relationships.
2. Demonstrates effective oral and written communication skills.
3. Possesses sound judgment and objectivity in decision making.
4. Possesses proficiency in directing, guiding, and teaching personnel.
5. Demonstrates initiative.
6. Functions independently but capable of interdependent relationships.
7. Experience in financial management of department, business, or similar activity.

**DUTIES AND RESPONSIBILITIES**

1. Participates in short and long-term planning the goals and mission statement of Commission and Commission activities

2. Prepares annual budget (capital and operating).

3. Oversees all site survey accreditation activities at the direction of the Board of Directors.

1. Establishes and distributes an annual report.

2. Conducts an annual policy review and policy changes as needed and presents to the full Board for approval.

1. Provides oversight and manages financial accounts for income, sales, and expenses.

2. Manages income and expenses in collaboration with the Accounts Manager

3. Provides current payroll and tax information to contracted agency and State agencies.

4. Ensures insurance renewals are timely and cost effective with appropriate coverage for Board members, staff, and site surveyors.

5. Creates strategies for cost effective management of the budget.

1. Directs and coordinates educational and site surveyor training program.

2. Directs and coordinates all site survey visits with the Executive Assistant.

3. Drafts accreditation letters for the Chair following Board meetings

4. Responsible for confidentiality of site survey reports.

5. Acts as a resource to organizations and constituents regarding Commission activities.

6. Supervises and evaluates executive and office personnel according to policies and procedures of the Commission.

4. Coordinates all activities

5. Participates in establishing current practice in medical transport

6. Maintains effective written verbal communications.

**STANDARD**

1. Creates the agenda and arranges all Board meetings and conference calls of the CAMTS Board of Directors

2. Assigns and Coordinates all Pre-Reviews of accreditation applicants.

3. Reviews and responds to all Report of Change notifications from accreditation services.

4. Acts as a liaison with insurance and legal representatives.

5. Serves as liaison between CAMTS and CAMTS Global Board of Directors

6. Determines the need for additional site surveyors and assists the Executive Staff in selecting participants and planning the three-day Site Surveyor Education.

1. Serves on Executive Committee of the Board and assists committees to complete assignments as required.

2. Is knowledgeable of standards and criteria measuring compliance with medical transport systems.

3. Conducts an annual policy review and drafts revisions.

4. Directs additions and updates on the website.

1. Conducts regularly scheduled communications with assigned personnel.

2. Utilizes positive, effective communications in serving as a role model and resource person for the Commission.

3. Publishes articles, newsletters, and press releases, and works with PR/Marketing Chair to create blogs and other social media communications.
4. Creates and revises brochures and public information materials.
5. Creates and revises education and marketing presentations for public and private audiences.
6. Maintains open communications with Member Organizations, HAI, FAA, and NTSB
7. Maintains timely communications with the Board.
8. Maintains effective communications with other accrediting agencies.
9. Performs other duties as requested by the Board of Directors

*POSITION DESCRIPTION*  
*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**TITLE:** Associate Executive Director – Clinical

**Date Issued:** 2/10/17

**Date Approved:** 2/10/17

**POSITION SUMMARY OF DUTIES AND RESPONSIBILITIES:**

Responsible for assisting the Executive Director in coordinating activities for the Commission on Accreditation of Medical Transport Systems. Serves as a clinical resource person for the Executive Director and CAMTS Office Staff.

**QUALIFICATIONS:**

**Education and Training:** Baccalaureate degree required. Master's degree preferred.

**Experience:** Minimum of five years in progressively responsible clinical management positions in the medical transport field as a patient care provider with recent or current experience in a minimum of two of the following categories: administration, medical, aviation, communications or ground or surface medical transport. Two years' experience as a CAMTS Site Surveyor or as a member of CAMTS Board of Directors.

**RELATIONSHIP:**

**Reports to:** Executive Director

**Supervises:** Office staff of the Commission

**Salary:** Based on qualifications and experience.

**OTHER REQUIREMENTS:**

1. Establishes effective interpersonal relationships.
2. Demonstrates effective oral and written communication skills.
3. Possesses sound judgment and objectivity in decision making.
4. Possesses proficiency in directing, guiding, and teaching personnel.
5. Demonstrates initiative and integrity.
6. Functions independently but capable of interdependent relationships.
7. Experience in financial management of department, business, or similar activity.
8. Maintains current knowledge of accreditation standards and policies of CAMTS.

**DUTIES AND RESPONSIBILITIES:**

1. Participates in short and long-term planning to support the goals and mission statement of the Commission and Commission activities and presents a positive image to the public.
2. Maintains open communications with site surveyors and develops quarterly and annual education programs and updates.
3. Assists the Executive Staff in selecting participants and planning the three-day Site Surveyor Education for new site surveyors.
4. Directs the Quality Management Program collaborating with site surveyors, Board members and programs in the process of accreditation site visits.
5. Creates a report after each Board meeting to distribute to site surveyors with results of tracking and trending findings that are inconsistent or of questionable intent regarding the standards.
6. Follows up on program evaluations after site visits - discusses follow up with the Executive Director regarding individual programs and site surveyors as needed.
7. Accesses the quality of Board reports and site surveyors' findings in comparison to the standards and tracks and trends issues that led to inconsistent findings.
8. Assists the Executive Staff in completing Pre-Reviews.
9. Organizes medical protocols submitted by each program (on the board meeting agenda) for review by the medical protocol review physician committee and creates the Critical Elements Scoring to be included with correspondence to programs after a site visit.
10. Organizes Safety Culture Survey Results to create a summary that is included with correspondence to programs after a site visit.
11. Assist the Executive Director in following up on concerns and complaints and maintains files ensuring loop closure on each concern and complaint.
12. Conducts site visits and consult visits as assigned.
13. Assists the Executive Director in Board meeting preparations.
- ~~14. Organizes and updates minutes and summaries of the Leveling Committee.~~
15. Acts as a resource to organizations and constituents regarding Commission activities.
16. Supervises and evaluates office personnel according to policies and procedures of the Commission.

17. Assists the Executive Staff in written correspondence to programs as needed.
18. Attends all Board meetings, Executive Board meetings and conference calls and assists in arranging meeting sites, dates etc.
19. Represents CAMTS at marketing and exhibiting opportunities as needed.
20. Assists with content and editing of newsletters and other publications.
21. Complies with CAMTS Policies and Procedures.
22. Maintains current knowledge of Accreditation Standards and participates actively in recurrent training and revisions.
23. Assists in developing structured tools to assist site surveyors during the site visits.
24. Assists in grant writing for fund raising to promote research and education.
25. Co-Chairs the Education Committee

*POSITION DESCRIPTION*  
*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**TITLE:** Site Surveyor

**Date Issued:** 12/90

**Date Approved:** 01/91

**GENERAL DESCRIPTION:** Under the direction of the Commission on Accreditation of Medical Transport Systems Board.

**BASIC FUNCTION AND RESPONSIBILITIES:** This position, while under formal contract, will conduct, document, and report a formal medical transport service site survey on behalf of the Commission on Site Surveyor Accreditation of Medical Transport Systems (CAMTS).

**CHARACTERISTICS DUTIES:**

1. Maintains current employment or involvement in medical transport service activities such as conducting CAMTS Site visits.
2. Complies with CAMTS Policies and Procedures.
3. Assists the Executive Director/Associate Executive Director in coordination of schedules and materials for each assigned site survey.
4. Represents the Commission in a positive manner during all site survey activities.
5. Facilitates a positive relationship with the medical transport service during the site survey by:
  - a. Communicating in a positive, open manner
  - b. Representing a positive image of CAMTS by presenting self in a professional manner.
6. Maintains current knowledge of Accreditation Standards and participates actively in recurrent training and revisions of these standards.
7. Documents appropriate and accurate information during all site surveys according to the CAMTS Survey Report Guidelines with no personal interpretation of these standards.
8. Completes a comprehensive surveyor report and Standards Compliance Assessment Tool after the site survey within fourteen (14) days to ensure timely completion for the CAMTS board to make accreditation decisions.
9. Assists with the financial aspect of the site survey to keep within the budget.
10. Notifies the CAMTS board immediately if a potential conflict of interest may be present once assigned to a particular site survey.

11. Complies with policy not to enter a consultation relationship with any program which he/she has surveyed while under contract with CAMTS.
12. Performs duties only as a site surveyor and will not act as a spokesperson for the Commission.
13. Fulfills a Term of Contractual Agreement for two (2) consecutive years.
14. Performs other related duties as requested by the CAMTS Board.

**MINIMUM QUALIFICATIONS:**

1. Four (4) years of medical transport experience and currently employed with a medical transport service **OR** recent experience (within four (4) years), and currently involved in medical transport service activities **OR maintains experience by conducting CAMTS site visits and attending site surveyor education programs.**
2. Preferred experience in two (2) of the three (3) following areas of expertise: *Must have well-rounded experience or broad knowledge associated with managing a medical transport service.*
  - a. Aviation
  - b. Administrative
  - c. Medical transport
3. Effective communication/interpersonal skills to interface with all services.
4. Must be available to conduct a minimum of one (1) survey per year pending available site surveys, to maintain survey skills.
5. Written permission from supervisory authority (as appropriate) of primary employer for time off as surveyor.
6. Successful completion of the CAMTS Site Surveyor Training Program.

*POSITION DESCRIPTION*  
*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**TITLE:** Site Surveyor Team Leader

**Date Issued:** 12/90

**Date Approved:** 01/91

**GENERAL DESCRIPTION:** This position, while under formal contract as site surveyor will fulfill the site surveyor role, assist the CAMTS Executive Director and Executive Staff in coordination of site survey activities, facilitate the activities and discussions, and be a resource to other surveyors during site visits.

**CHARACTERISTIC DUTIES:**

1. Meets all requirements as a site surveyor.
2. Establishes and maintains communication with the CAMTS Executive Assistant and the administrator of the program being surveyed to arrange specific details and schedules for the site visit.
3. Maintains communication with assigned site surveyors on specific details of assigned survey with assistance of the CAMTS Executive Assistant.
4. Serves as the moderator and facilitator for discussions during the opening and closing conferences to provide a neutral environment to clarify issues and questions.
5. Assists the Executive Director/Associate Executive Director in keeping the site survey costs to a minimum.
6. Completes a site surveyor performance evaluation for each new surveyor to be forwarded to the **Executive Staff** ~~Site Surveyor Selection Committee.~~
7. Acts as a resource person for the other site surveyors during a survey.
8. Completes a Standards Compliance Assessment Tool after each survey and completes the PPT Board Report within 14 days of the site visit.

**MINIMUM QUALIFICATIONS:**

- Must have successfully completed and reported on a minimum of three (3) site surveys.
- Requested to lead surveys after positive evaluations from other site surveyors and Board members and as recommended by the CAMTS Associate Executive Director-Clinical and the Executive Assistant if the site surveyor is comfortable in the lead role.

*POSITION DESCRIPTION*  
*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**TITLE:** Board Member

**Date Issued:** 10/97

**Date Approved:** 10/03/97

**POSITION SUMMARY OF DUTIES AND RESPONSIBILITIES:**

Representing a specific member organization, a board member is responsible for setting the direction of the Commission; developing and approving accreditation standards and policies, serving on committees, and contributing to accreditation decisions.

**REPRESENTATIONS:** Member organizations will appoint a representative and support attendance at the required board meetings.

**BACKGROUND AND EXPERIENCE:** Board members must have recent or current experience with medical transports **or out-of-hospital care** in a minimum of two of the following categories: administration, medical, aviation, communications, ground ambulance, surface medical transport **or out-of-hospital care**.

**OTHER REQUIREMENTS:**

1. Establishes effective interpersonal relationships.
2. Demonstrates effective oral and written communication skills.
3. Possesses sound judgment and objectivity in decisions making.
4. Possesses proficiency in directing and guiding organizational business.
5. Demonstrates initiative and integrity.
6. Functions independently but capable of interdependent relationships.
7. Demonstrates knowledge in financial planning.
8. Able to communicate in English both in oral and written communications.
9. Maintains confidentiality of all materials reviewed and of all accreditation deliberations.

**DUTIES AND RESPONSIBILITIES:**

1. Expected to attend ~~3 of the 4~~ 75% of the board meetings per year.
2. Upholds the mission and policies of the Commission and presents a positive image to the public.
3. Participates in short and long-term planning of the Commission.
4. Establishes and revises policies of the Commission.
5. Approves annual budget (capital and operating) and devises strategies for cost effective management of the budget.
6. Reviews accreditation materials and actively participates in presenting reports and recommendations and voting on accreditation actions.
7. Act as a liaison between member organizations and the Commission and assures two-way communications.
8. Actively serves on a committee and completes activities as required.
9. Participates in establishing current practice in medical transport systems and actively participates in revising and approving accreditation standards.
10. Utilizes positive, effective communications in serving as a role model and resource person for the Commission.
11. Contributes to the planning and provision of site surveyor education and other education programs and workshops offered by the Commission.

COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS

**SUBJECT:** Board Member Selection Process

**Date Issued:** 09/19/14

**Date Approved:** 02/02/15

**POLICY:** Each Board member represents a specific member organization of the Commission. This is an unpaid position but requires an individual's commitment and support to accomplish the tasks of the Board in reviewing applicants for accreditation and other business-related duties. Board members are not employees of CAMTS. When a member organization needs to fill a CAMTS Board position, the following guidelines apply:

**GUIDELINES:**

1. The outgoing Board member, the member organization or a CAMTS Board member may recommend candidates.
2. The member organization is responsible for proposing possible replacement(s). However, a replacement with CAMTS experience is preferred (such as being involved in an accreditation process as an employee of a transport service or serving on the CAMTS Standards Committee, for example).
3. The CAMTS Executive Board will interview the potential replacement(s) in person or virtually.
4. A nominee will be approved by the Officers of the Board, who make up the Executive Board.
5. Nominees shall declare any actual potential or perceived conflicts of interest on the Disclosure form (to follow) to be shared with the Officers prior to interviewing the potential candidate.
6. Decisions to accept and approve a new representative will be based on the following concepts and criteria:

a. Openness: Participation shall be open to all proposed member organization or ad hoc representatives who are directly and materially interested in out of hospital care and/or transport.

b. Lack of dominance: (Meaning a position or exercise of dominant authority, leadership, or influence by reason of superior leverage, strength, or representation to the exclusion of fair and equitable consideration of other viewpoints.)

Therefore, accreditation decisions, policy and standards acceptance must not be dominated by any single interest category, individual or organization and no more than 20% of the representatives with the same employer will be accepted to serve on the Board at any one time.

c. Balance The Board decisions in process, standards and policy should have a balance of interests. Participants from diverse interest categories shall be sought with the objective of achieving balance and should be part of the decision to accept a new representative.

7. If the Nominee does not meet the criteria listed above, this will be communicated to the ad hoc Nominee and member organization for further action.
8. If the Nominee is accepted, he or she will sign a Board Member Agreement as attached and an acceptance letter will be sent to the representative. For member organizations, a signed copy of the Board Member Agreement will be sent along with an acceptance letter.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS  
BOARD OF DIRECTORS—MEMBER AGREEMENT*

**BOARD MEMBER AGREEMENT** (“Agreement”) dated [REDACTED] by and between  
**COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS (“CAMTS” or “Commission”),**  
**[REDACTED] (“Board Member”), and [REDACTED] (“Member Organization”).**

**GENERAL UNDERSTANDINGS**

1. CAMTS is an organization that offers an internationally recognized accreditation to providers of medical transport services that satisfy certain criteria and meet certain standards.
2. CAMTS desires to engage the services of [REDACTED] as a member of its Board of Directors, as appointed by [his/her] Member Organization, [REDACTED] pursuant to the terms of this Agreement.
3. Unless properly terminated or amended, this Agreement shall remain in effect through the term of appointment by the Member Organization.
4. Members of the Board of Directors are not employees of CAMTS and receive no compensation for their services and serve for the improvement of medical transport services. Reimbursement for expenses is outlined in the CAMTS Policies and Procedures, as approved by the Board of Directors.

**OBLIGATIONS OF THE BOARD MEMBER**

1. The Board Member shall serve as a member of the Board of Directors for the Commission by fulfilling the following expectations:
  - a. actively assisting in setting the direction of the Commission;
  - b. developing and approving accreditation standards and policies, serving on committees, and contributing to accreditation decisions;
  - c. actively participating in a minimum of two (2) in-person Board meetings annually and 80% of electronically conducted Board meetings annually;
  - d. possessing recent or current experience with medical transports in a minimum of two of the following categories: administration, medical, aviation, communications, or ground medical transport;
  - e. reviewing accreditation materials and actively participating in presenting reports and recommendations;
  - f. voting on accreditation actions;
  - g. upholding the mission and policies of the Commission and presenting a positive image to the public;
  - h. participating in short and long-term planning for and of the Commission;
  - i. approving annual budgets (capital and operating) and devising strategies for cost-effective management of the budget;
  - j. acting as a liaison between member organizations and the Commission in a manner that assures two-way communications;

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- k. actively serving on a committee and completing activities as required; and
  - l. utilizing positive, effective communications in serving as a role model and resource person for the Commission.
2. The Board Member shall follow the Commission's Policies and Procedures related to any actual, potential or perceived conflicts of interest. Board Members will excuse themselves from any discussions or votes related to any actual or potential conflict.
  3. The Board Member shall serve the Board as an independent thinker, considering the best interests of CAMTS, the programs applying for accreditation by CAMTS and general medical transport. Board Members are not to represent nor advocate for the Member Organization unless such representation or advocacy also represents the best interests of CAMTS.
  4. The Board Member shall not discuss any information concerning the Medical Transport Service or its operations with any third party, except as outlined in the CAMTS Policies and Procedures.
  5. The Board Member shall not accept an assignment to review or present a Medical Transport Service Provider for whom the Board Member has served as a CAMTS consultant within the past four (4) years.
  6. The Board Member shall not operate as a paid consultant for the purpose of assisting a Medical Transport Service Provider through the CAMTS accreditation process.
  7. If in good standing with the Board, the Board Member, when rotating off the Board, will assist in the orientation of their replacement.

### **OBLIGATIONS OF THE MEMBER ORGANIZATION**

The MEMBER ORGANIZATION shall:

1. Carefully select and nominate a Board Member to represent the Member Organization. The nominee should provide an expertise in the discipline supported by the Member Organization and have experience in medical transport. Because of the learning curve for new Board Members, the appointment should be for no less than three years but may extend for as long as the Member Organization determines, as long as consistent with the terms of this Agreement.
2. Provide financial support for expenses incurred by its Board Member representative as defined by the Member Organization.
3. Receive and disseminate CAMTS information provided by its Board Member representative, to its governing body and/or membership, as deemed appropriate by the Member Organization.
4. Provide input to its Board Member representative on any CAMTS-related issues, standards, policies and/or procedures.

### *OBLIGATIONS OF THE COMMISSION*

In return for the acceptable performance of all obligations by the CAMTS Board Member and Member Organization as set forth in this Agreement, the Commission shall:

1. Reimburse for travel expenses not otherwise covered by the supporting Member Organization up to the maximum amount set forth in the CAMTS Policies and Procedures.

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- 2. Provide insurance to its Board Members while they are acting in their official capacity as a Board Member, as provided in the CAMTS Policies and Procedures and as directed by the Board. Such insurance shall include:
  - a. Non-Profit Directors and Officers Liability
  - b. Travel Insurance
  - c. Worker’s Compensation Insurance

**RIGHT OF REFUSUAL**

Because the CAMTS Board places a high value on quality and fairness, the Board reserves the right to screen, interview and/or decline a Member Organization Board Member nominee if, in the opinion of Board, the nominee does not poses a strong background that reflects the principles and values of CAMTS, lacks prior experience with CAMTS polices and/or process, or may represent a limited functionality to the Board due to potential conflicts in time or in Board deliberations.

**BREACH AND CURE**

If, at any time, the CAMTS Board, the Board Member and/or the Member Organization determine that the Board Member is unable or unwilling to meet the obligations set forth in the Agreement, the determining party shall promptly give written notice of such determination to the other parties to this Agreement. Upon receipt by all parties of such notice, the Board Member shall cease serving in such role immediately, unless all parties to this Agreement reach a different resolution via a writing signed by all parties. Within ninety (90) days of a Board Member ceasing to serve in such capacity, the Member Organization shall submit a new nominee, or list of nominees to the CAMTS Board for its consideration. The CAMTS Board will work with the Member Organization to assure that candidates being considered do not create an undue hardship to the CAMTS Board by creating actual, potential, or perceived conflicts (e.g., too many Board Members from the same company or region, too many individual conflicts that would reduce the Board Members’ productivity on the CAMTS Board, etc.).

This Agreement contains the entire agreement among the parties and supersedes all prior oral and written statements, and there are no terms or conditions except those specifically set forth herein.

**IN WITNESS WHEREOF**, the Board Member, the Member Organization and the Commission have executed this Agreement in triplicate originals, one of which is retained by the Board Member, one of which is retained by the Member Organization and one of which is retained by the Commission, and the day and year first above written.

Signed by: \_\_\_\_\_

CAMTS

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Executive Director

*POSITION DESCRIPTION*  
*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**TITLE:** Ad Hoc Board Member

**Date Issued:** 4/22/05

**Date Approved:** 4/24/05

**POSITION SUMMARY OF DUTIES AND RESPONSIBILITIES:**

Representing no specific organization, an ad hoc board member is appointed to serve at the discretion of the Board depending on the needs of the Commission at the time of appointment. The ad hoc Board member is a voting position **with and has** an advisory role to the Board of Directors, based on his or her area of expertise.

**QUALIFICATIONS:** Member of the public or expert in medical, aviation, surface transport or related fields.

**OTHER REQUIREMENTS:**

1. Establishes effective interpersonal relationships.
2. Demonstrates effective oral and written communication skills.
3. Possesses sound judgment and objectivity in decision making.
4. Possesses proficiency in directing and guiding organizational business.
5. Demonstrates initiative and integrity.
6. Able to communicate in English both in oral and written communications.
7. Maintains confidentiality of all materials reviewed and of all accreditation deliberations.

**DUTIES AND RESPONSIBILITIES:**

1. Ability to attend one to three board meetings per year.
2. Upholds the mission and policies of the Commission and presents a positive image to the public.
3. Assists the Board in short and long-term planning.
4. Assists the Board in revising and creating policies.

5. May serve **on the Executive Board** or Chair a committee as appropriate.
6. Utilizes positive, effective communications in serving as a role model and resource person for the Commission.
7. Contributes to the planning and provision of site surveyor education and other education programs and workshops offered by the Commission as appropriate.

*POSITION DESCRIPTION*  
*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**TITLE:** Executive Assistant

**Date Issued:** 10/29/13

**Date Approved:** 03/27/14

**POSITION SUMMARY OF DUTIES AND RESPONSIBILITIES:**

Responsible for scheduling and coordinating site visits and supporting the Executive Director/Associate Executive Directors in day-to-day operations.

**QUALIFICATIONS:**

**Education and Training:** High school diploma required. Business degree preferred.

**Experience:** Computer experience and business experience required.

**RELATIONSHIP:**

**Reports to:** Executive Director and Associate Executive Directors

**Supervises:**

**OTHER REQUIREMENTS:**

1. Demonstrates effective oral and written communication skills.
2. Possesses sound judgment and objectivity in decision making.
3. Demonstrates initiative.
4. Functions independently but capable of taking direction as needed.
5. Demonstrates appropriate telephone etiquette.
6. Demonstrates sensitivity to competitive nature of medical transport systems.
7. Supports the mission, vision, and values of CAMTS.

## DUTIES AND RESPONSIBILITIES

1. Answers telephone, takes accurate messages and follows-up in a timely manner.
2. Schedules and coordinates site visits:
  - a. Coordinates Program Information Folder (PIF) downloads into the online system with the Accounts Manager and ensures access by assigned site surveyors.
  - b. Tracks signed agreements are received and filed electronically for each PIF submitted.
  - c. Researches history of base visits, past site surveyors etc. and potential conflicts with the Executive Director before assigning site surveyors.
  - d. Completes and distributes black-out areas for individual site surveyor scheduling along with logistics forms.
  - e. Ensures conflict forms are completed by the site surveyors and approvals from the program. Sends confirmation letters to site surveyors and programs after approval of site surveyors and dates are finalized.
  - f. Keeps checklists in Dropbox current as each step of the site visit planning is completed.
  - g. Assists Executive Director in assigning Pre-Reviewers.
  - h. Prepares initial slides in the PPT Board report for each program to be reviewed (in the upcoming Board meeting agenda) using the data and information in Part 1 of the online PIF.
  - i. Coordinates with Accounts Administrator when travel for site surveyors is approved.
3. Schedules and coordinates details of Supplemental and Consultation visits.
4. Assists Executive Director and Associate Executive Directors in Board meeting preparations.
  - a. Communicates with site surveyors and Board members when reports are delinquent.
5. Post Board meeting
  - a. Emails the logo permission forms and ensures the return form with signatures is received.
  - b. Prepares materials to send to accredited services: certificates, pins, decals.
  - c. Coordinates packaging and sending post accreditation materials with accounts

administrator, (certificates are not emailed until balance is paid).

6. Tracks incoming and outgoing mail related to site visits.

Refers all billing and payments to accounts manager.

a. Along with the Accounts Administrator - addresses and mails correspondence, newsletters, and site survey materials. Collects materials and correspondence from the post office box.

b. Stores PIFs after site surveys are completed according to system in process.

7. Acts as a resource for accreditation questions and maintains current knowledge of CAMTS policies.

8. Shares responsibility for filing and updating Dropbox with the Accounts Manager.

9. Maintains and updates checklist in areas of responsibility and assists Executive Director/Associate Executive Directors and Accounts Manager in duties and deadlines as needed.

10. Assists Executive Staff with creating new and revised marketing materials.

11. Assist Executive Staff with research for site surveyor and Board awards and gifts.

12. Maintains and updates the CAMTS Global Website.

15. Assists in preparing and distributing materials for workshops and conferences. Attends conferences as assigned.

16. Performs all other duties as assigned.

*POSITION DESCRIPTION*  
*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**TITLE:** Office Manager

**Date Issued:** 10/29/13

**Date Approved:** 03/27/14

**POSITION SUMMARY OF DUTIES AND RESPONSIBILITIES:**

Responsible for business accounts – accounts payable and receivable, maintaining both the website and other social networks, the online accreditation process, and the Access database. Supports the Executive Assistant and Executive Director/Associate Executive Directors in day-to-day operations.

**QUALIFICATIONS:**

**Education and Training:** High school diploma required. Business Degree preferred

**Experience:** Computer experience and business experience required.

**RELATIONSHIP:**

**Reports to:** Executive Director/ Associate Executive Directors

**Supervises:**

**OTHER REQUIREMENTS:**

1. Demonstrates effective oral and written communication skills.
2. Possesses sound judgment and objectivity in decision making.
3. Demonstrates initiative.
4. Functions independently but capable of taking direction as needed.
5. Demonstrates appropriate telephone etiquette.
6. Demonstrates sensitivity to competitive nature of medical transport systems.
7. Demonstrates conservative fiscal values.
8. Supports the mission, vision, and values of CAMTS.

**DUTIES AND RESPONSIBILITIES**

1. Maintains accounts payable and receivable as budgeted in a timely manner.
  - a. Works with corporate accounting firm to maintain according to non-profit corporation regulations including filing of taxes, insurances etc.
  - b. Prepares and tracks invoices for sales.
  - c. Receives and tracks all payments due and alerts Executive Director/Associate Executive Directors for unusual or overdue statements that are not reflected accordingly in the budget.
  - d. Checks all expenses received from Board and Site Surveyors for accuracy and receipts prior to reimbursing. Mails reimbursement payments in a timely manner
  - e. Prepares and sends invoices for site visits, consultations, and Report of Changes according to established policies.
  - f. Downloads PayPal purchases and reconciles income accordingly.
2. Maintains the budget based on daily, monthly, and fiscal year accounting principles.
  - a. Prepares monthly reports as directed by Executive Director and distributes reports to the Treasurer of the Board and Executive Director.
  - b. Maintains chart of accounts and is knowledgeable about amounts appropriated to each line item.
  - c. Assists the Executive Director in preparing the budget for the next fiscal year.
  - d. Prepares quarterly financial reports for the Board.
3. Answers the telephone, takes accurate messages and follows-up in a timely manner.
4. Surveys all Board members for conflicts of interest and maintains cumulative listing prior to an upcoming Board meeting.
5. Tracks incoming and outgoing mail.
6. Maintains the online system for accreditation applicants and accredited programs.
7. Updates the website (List of Accredited Programs, Policies and Executive Summary after each Board meeting).

8. Assists Executive Director and Associate Executive Director in proofing accreditation letters and sending by certified mail as directed.
9. Receives all Report of Changes, making the appropriate updates in the database and preparing and sending invoices for Class II and Class III changes. The Report of Change report will be filed in the database and an invoice is prepared and sent.
  - a. Class I, II, III changes will be forwarded to the Executive Director and added to the checklist.
  - b. The Executive Director will provide correspondence back to the program and the Accounts Manager will ensure it was sent to the program.
10. Safety Culture Surveys – sets up, requests and emails to employees of new and accredited services scheduled for an upcoming site visit.
11. Keeps current mailing lists.
12. Maintains confidentiality on data entered from programs and prepares queries as requested.
13. Progress reports
  - a. Maintains current file and alerts programs when progress reports are past due.
  - b. Coordinates with Associate Executive Director – Administrative that a progress report has been received and added to the checklist. Sends the Associate Director’s follow-up correspondence after the progress report is reviewed.
14. Downloads all electronically submitted reports into appropriate file folders.
15. Maintains and orders stock of office supplies, marketing materials, sales items, and give-away items.
16. Maintains an accurate filing system and shares responsibility for filing with the Executive Assistant.
17. Maintains and updates the Website, Facebook, and other social media accounts.
18. Maintains current knowledge of CAMTS policies.

19. Maintains and updates checklists in areas of responsibility and assists Executive Director and Associate Executive Directors in duties and deadlines as needed.
20. Downloads PIFs received if not part of the online system and verifies online PIFs are complete.
21. Assists in preparing and distributing materials for workshops and conferences.
22. Announces on the website, registers, and invoices attendees to virtual and on-site workshops. Collects evaluations and distributes or sends Continuing Education Credits when appropriate.
23. Attends Workshops and conferences as assigned.
24. Creates and maintains checklist in Google Drive for each meeting.
25. Prepares reaccreditation letters and invoices for executive assistant to email.
26. Sends post survey evaluations to programs and to site surveyors.
27. Performs all other duties as assigned.

*POSITION DESCRIPTION*  
*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**TITLE:** STANDING COMMITTEES

**Date Issued:** 07/01/2023

**Date Approved:**

**POLICY:** The following committees, as listed in the Bylaws, will follow the structure and guidelines as specific to each standing committee. Committees will have a diverse membership to foster a variety of ideas, perspectives, and approaches to medical transport and mobile integrated health systems. Committee members are voluntary.

**GUIDELINES:**

**A. ACCREDITATION STANDARDS COMMITTEE**

1. Structure and Membership

As a standards setting organization accredited by American National Standards Institute (ANSI) the Standards Committee will follow the ANSI criteria (Addendum A).

The committee is made up of medical transport constituents who may include Board members, site surveyors and interested parties. Drafts standards are created by the committee, posted to the CAMTS website for public comments as well as sent to the Board for review. Board members are expected to solicit input from their representative member organizations.

2. Timeframe

Draft standards for the next edition will be vetted on the CAMTS website throughout the time frame between publication of the current edition and expected date of publication for the next edition. Comments from constituents and the public are accepted, reviewed for inclusion in the subsequent draft and presented to the committee. Standards revisions are published no less than 2 years and no more than 5 years apart.

3. Standards revisions approved by the committee are forwarded to the full Board for ratification. Final approval for the next edition of accreditation standards must be by a majority vote of the current Board of Directors.

**B. ACCREDITATION REVIEW COMMITTEE FOR MOBILE INTEGRATED HEALTH**

1. Structure and Membership

The committee chair will be a CAMTS Board member with a MIH background. Committee membership is open to site surveyors, other Board members, and peers from the MIH environment (clinical, managers, communicators) with a minimum of four years' experience in MIH.

2. Number of participants  
The committee will be comprised of up to 8 members with no more than 2 members employed by the same service.
3. Timeframe for meetings  
Meetings are impromptu but coordinated with quarterly meetings of the CAMTS Board of Directors so that the Board votes on accreditation recommendations with an accreditation action or decision.

### C. AVIATION AND SAFETY ADVISORY COMMITTEE

1. Structure and Membership  
The committee chair will be a CAMTS Board Member with an aviation background. Committee membership is open to site surveyors, other Board members, and peers from the air medical environment (aviation, clinical, communicators, managers).
2. Number of participants  
The committee will be comprised of up to 10 members with no more than 2 members employed by the same air medical service or Part 135 operator.
4. Timeframe – for meetings  
Meetings are impromptu when a topic is referred by the Board or when new or changes to the current accreditation standards are proposed for the next edition.
5. Subcommittees  
The committee may generate a subcommittee as necessary to address a specific aviation safety issue. Participation in a subcommittee is by invitation of the committee chair and/or CAMTS Executive Director. The subcommittee will consist of no more than 3 members available to meet on a timely basis (see 03.16.00 for the three-step process).

### D. EDUCATION COMMITTEE

1. Structure and Membership  
The committee chair or co-chair will be the Associate Executive Director – Clinical. Committee membership is open to site surveyors, other Board members, or peers from the air medical environment (clinical medical transport, mobile integrated health (MIH) professionals).
2. Number of participants  
The committee will be comprised of up to 10 members with no more than 2 members employed by the same medical transport or MIH service.
3. Timeframe for meetings  
Meetings will occur at least twice a year and are impromptu when an education certification is new or questioned. The committee will review education requirements and recommend

changes or revisions to the Accreditation Standards Committee as requested.

6. Simulation scenarios

Scenarios submitted in lieu of ongoing clinical experiences according to Policy 03.15.00 will be approved by the chair or co-chair.

**E. EXECUTIVE COMMITTEE**

1. Structure and Membership

Committee membership includes the Officers of the CAMTS Board of Directors who are elected every two years at the summer meeting of the Board: Chair, Vice-Chair, Secretary, Recording Secretary, Treasurer, and Chair of CAMTS Global Board of Directors. Non-voting members include the Executive Staff: Executive Director, Associate Executive Director – Administrative, and Associate Executive Director – Clinical.

2. Timeframe – for meetings

Meetings are held prior to quarterly Board meetings and as needed for accreditation actions and decisions between quarterly Board meetings.

3. Election of Officers

Officers are elected or re-elected every two years at the summer meeting by the full board.

**F. IMPROMPTU COMMITTEES**

Impromptu committees may be created by the Board of Directors by a majority vote to fulfil a specific need.

**G. MARKETING AND PUBLIC RELATIONS COMMITTEE**

1. Structure and Membership

Executive Staff and Office Staff are responsible for maintaining the website and other social media updates. As part of monthly staff meetings, the Executive Board and Staff identify marketing needs to specific groups or entities and review evaluations following site visits for timely feedback as needed.

The Executive Director provides CAMTS Board meeting summaries after each meeting that are posted on the website. The Executive Director also maintains a feature article titled “Ask CAMTS” in the Air Medical Journal and submits to articles of interest to other journals.

The Executive staff actively exhibits at several annual conferences throughout the year, alternating according to clinical or administrative significance. Handouts, brochures and marketing materials are discussed and updated by the office staff to ensure supplies are available for upcoming events.

2. Timeframe – for meeting

CAMTS Staff meetings are held monthly, and marketing needs are assigned and reviewed.

**H. MEDICAL PROTOCOL REVIEW COMMITTEE**

1. Structure and Membership

The committee chair is the Associate Executive Director – Clinical. Committee membership is open to Board members, preferably physicians who review the medical protocols of accreditation applicants for currency. Critical elements are pre-developed for several individual protocols and reviewed for current best practice.

2. Number of participants

The committee will be comprised of up to 5 members.

3. Timeframe – for meetings

The committee will meet prior to the quarterly Board meetings.

4. Review Process

The committee reviews specific protocols against the critical elements for a given protocol needed to demonstrate best practice. Such protocol review scores the individual protocols that are displayed during the Board report for an accreditation applicant. Any score less than 50/100 for a specific protocol will require follow-up by the program. A copy of the entire review will be sent to the program with the Board's decision.

The Associate Executive Director – Clinical organizes results for each accreditation applicant at quarterly Board meetings. Board member presenters receive the critical elements as part of their final Board report.

The Associate Executive Director–Clinical also rescores revised protocols that are submitted by the programs in progress reports.

The medical protocols selected for critical elements review will be periodically revised by the committee.

**I. POLICY AND PROCEDURE COMMITTEE**

1. Structure and Membership

The Chair of the committee is the Executive Director. Committee membership is open to Board members.

2. Number of participants –

The committee will be comprised of up to 3 members.

**01.08.00 (10/20/23)**

3. Timeframe – for meetings

Meetings are impromptu when policies are created or revised as identified during Board reviews of programs, following marketing surveys, or findings in the QM process.

4. Policy and Procedure Revision Process

New policies may be presented in draft form at each Board meeting for approval.

An entire review of existing policies will occur annually at the spring Board meeting; the annual review must have Board approval.

A legal review of policies will be conducted whenever necessary at a minimum of every 5 years.

**J. QUALITY MANAGEMENT COMMITTEE**

1. Structure and Membership

The chair of the committee is the Associate Executive Director – Clinical. Committee membership includes the CAMTS Executive Director, CAMTS Staff, and up to three Board members.

2. Timeframe for meetings

The committee meets quarterly to evaluate all metrics to determine the value of the parameter, its source of truth, and the Quality Improvement processes associated with the metric.

3. QM Committee Process

Monitor quality across the organization including compliance to CAMTS standards, QM metrics, and other regulatory requirements. Tracking, trending, and resolution of feedback is received through the online CAMTS portal.

Review trends in CAMTS Process and Site Surveyor Quality Assurance.

QM results are reported at quarterly Board meetings and posted on the CAMTS website biannually.

Recommend any needed changes to the CAMTS Executive Director and Board.

**K. RISK MANAGEMENT COMMITTEE**

1. Structure and Membership

Committee membership is limited to the Executive Director and attorneys including the attorneys who represent incorporation rules and bylaw changes in the State of PA and the attorney on call for questions, contracts, and policy changes.

01.08.00 (10/20/23)

2. Timeframe for meetings

Correspondence with attorneys is impromptu when there are legal questions. The on-call attorney will review policies and agreements at least every five years and is invited to meet with the Board for major legal questions and decisions.

|  |                 |
|--|-----------------|
| <b>SURVEYOR POLICIES</b>                           | <b>02.00.00</b> |
| Eligibility Criteria                               | 02.01.00        |
| Site Surveyor Selection (combined with 02.03.00)   | 02.02.00        |
| Site Surveyor Selection Process                    | 02.03.00        |
| Utilization of Site Surveyors                      | 02.04.00        |
| Term of Agreement                                  | 02.05.00        |
| Conflict of Interest                               | 02.06.00        |
| Site Surveyor Confidentiality Policy and Statement | 02.07.00        |
| Observer Confidentiality Policy and Statement      | 02.08.00        |
| Site Surveyor Evaluation                           | 02.09.00        |
| Surveyor Status                                    | 02.10.00        |
| Image of Site Surveyor                             | 02.11.00        |
| Site Surveyor Reimbursement                        | 02.12.00        |
| Site Surveyor Materials                            | 02.13.00        |

## **SITE SURVEYOR POLICIES - 02.00.00**

**02.01.00** (032691/042797/071406)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Eligibility Criteria for Site Surveyor Applicant

**POLICY:** To be eligible as a site surveyor, the individual must meet the requirements set forth in Policy 01.02.00.

**SUBJECT:** Site Surveyor Selection Process

**POLICY:** Site surveyors will be selected according to the following guidelines:

**GUIDELINES:**

A. The CAMTS board will announce the requests for site surveyors to member organizations and on the web site.

1. Requests for site surveyor applicants will be ongoing based on demand and training program scheduling.

B. Applicants respond by deadline and must meet criteria to be considered for a site surveyor interview and position. Application materials required will include:

1. Standard application.
2. Letter of interest from applicant.
3. Copy of resume or curriculum vitae.
4. Two letters of recommendation (addressing interpersonal skills, professionalism, and areas of expertise).
5. Letter of permission from primary employer.

C. CAMTS Executive Director and Associate Executive Directors will select qualified applicants who meet the criteria and formulate a list of all qualified applicants to be interviewed during the annual Air Medical Transport Conference or by telephone interview by the Surveyor Selection Committee &/or Board Members.

D. CAMTS Office will arrange for the interviews during and after the annual conference.

E. CAMTS Executive Director, Associate Executive Directors and Surveyor Selection Committee will select the qualified applicants who were interviewed and present the potential Site Surveyors to the Board of Directors depending on:

1. Total number of surveyors required.

F. Term of Agreement (reference "Site Surveyor Agreement") for a site surveyor will be one year. The site surveyor may sign on annually if he/she continues to meet the criteria and quality of work required by the surveyor through the performance evaluations.

G. The CAMTS Office will notify the site surveyors of their appointment and will send the information regarding the Site Surveyor Training Program.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Site Surveyor Selection Process Committee

**POLICY:** Site Surveyors are subcontracted according to the following guidelines:

**GUIDELINES:**

- ~~A. Committee works directly with the Executive Director/Associate Executive Directors and the Chair of the Committee.~~
- ~~B. Committee will consist of two to three members of the Board of Directors.~~
- ~~C. Committee Responsibilities:~~

A. A notice to apply for site surveyor positions will be posted on the CAMTS and/or CAMTS Global website as positions are vacated due to attrition or as additional or specific disciplines are needed.

B. Eligibility requirements will be posted on the CAMTS and/or CAMTS Global website. Minimal requirements include:

1. Four years of medical transport or mobile integrated health service experience.
2. Employment with an air or ground medical transport service or mobile integrated health service; current CAMTS accreditation preferred.
3. Current involvement in an air or ground medical transport service or a mobile integrated health service.
4. Preferred experience in two (2) of the five (5) following areas of expertise:
  - a. Administration
  - b. Aviation – RW/FW
  - c. Clinical
  - d. Communications
  - e. Ground transport or mobile integrated health as applicable

C. Application packets will be emailed as requested that include:

1. Standard application.
2. Letter of interest from applicant.
3. Copy of resume or curriculum vitae.
4. Two letters of recommendation (addressing interpersonal skills, professionalism, and areas of expertise).
5. Letter of permission from primary employer to include that a background check has been completed.
  - a. If a background check cannot be completed by the primary employer, one will be completed by the CAMTS office prior to applicant attending a site surveyor training.

6. Signed disclosure form (as attached)

D. The Executive Staff will review each completed application. Preference will be determined by geographic location, background, experience, and CAMTS' needs at the time of selection.

E. CAMTS office will schedule an interview for applicants with Executive Staff. Interviews will be completed virtually or in person, if the timing coincides with a major conference.

F. A Site Surveyor Education class will be scheduled once twelve (12) to sixteen (16) new site surveyors are selected or at the discretion of the CAMTS staff.

H. The Term of Agreement will be signed by the site surveyor initially and every two years.

## CAMTS SITE SURVEYOR DISCLOSURE FORM

Upon nomination: Applicants for Site Surveyor positions shall declare any actual, potential, or perceived conflict of interest prior to acceptance in initial Site Surveyor Training.

This Disclosure Form will be submitted and reviewed prior to scheduling an interview for a Site Surveyor position in case there are follow up questions for the interview.

1. I have a family or business relationship or financial interest that will impact the ability to maintain independence in decision-making.

NO \_\_\_\_\_ YES \_\_\_\_\_ *Please describe that relationship below:*

2. I serve on another Board of Directors that competes with CAMTS or takes action or public positions against CAMTS.

NO \_\_\_\_\_ YES \_\_\_\_\_ *Please explain below:*

3. My current position involves leadership over a number of services that apply for accreditation or compete with a number of accredited services over a large geographic area that may impact my ability to participate in site visits due to conflicts of interest.

NO \_\_\_\_\_ YES \_\_\_\_\_ *Please explain below:*

4. I have accepted economic benefits, contract enhancements or gifts from vendors in the medical or Part 135 profession (in the past 5 years) that may impact the ability to maintain independence in decision-making.

NO \_\_\_\_\_ YES \_\_\_\_\_ *Please describe below:*

5. I am not aware of a contract or business relationship that may be *perceived* as a conflict of interest.

NO \_\_\_\_\_ Possible? \_\_\_\_\_ *Please describe below:*

**Acknowledgement**

I have completed the Disclosure Form and I have no information to disclose other than the information provided on this form. I understand that it is my responsibility to inform CAMTS in writing of any change in circumstances relating to conflicts of interest outlined in Policy 06.06.00 - Leadership Responsibilities.

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**Signature**

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**Printed Name & Title**

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**Organization**

---

**Date**

**SUBJECT:** Site Surveyor Training Program

**POLICY:** Site surveyor will be required to complete an initial training program according to the following guidelines and consisting of the outline below:

**GUIDELINES:**

A. Individual applicants selected for the training program will be scheduled by the CAMTS office.

B. Travel and daily expenses for the training will be paid by the Commission as outlined by policy. The site surveyors will need the support of their employers and will need to volunteer their time to attend the training program (unless individual program chooses to provide financial support for their time).

C. There will be a two-and-a-half (2 1/2) to three (3) day training program using CAMTS Site Surveyor Training Manual.

D. The training program will consist of the following outline:

1. Introduction to CAMTS/ An Overview.
2. History of CAMTS.
3. Mission Statement/Goals.
4. Purpose of Accreditation.
5. Objectives of Training Program and Schedule
6. Review of Policies and Procedures of CAMTS.
7. Criteria for Site Surveyors.
8. CAMTS Term of Agreement.
9. Job Description of Site Surveyor/Team Coordinator.
10. Review of Site Survey Process.
11. Accreditation Decisions.
12. Thorough Review of Accreditation Standards.

13. Review of Summary Report to be documented for the CAMTS Board of Directors following a Site Survey.

14. Mock Site Survey/Assignment

15. Evaluation of Site Surveyor Training Program

E. Training program will be in a central location for easy access (busy airport hub).

F. Selected board members and other persons invited by the board will provide training.

**SUBJECT:** Utilization of Site Surveyors

**POLICY:** Site Surveyors will be assigned by the CAMTS Office in consultation with the Executive Director, Associate Executive Directors and/or Site Surveyor Selection Committee Chair when needed. Assignments to conduct site surveys will be based on the following guidelines:

**GUIDELINES:**

A. Availability of Site Surveyor

B. Geographic location - will assign site surveyors based on location. To avoid conflict of interest issues, the surveyor must currently be from another state and also from outside the service area (pertains to service areas bordering multiple state lines or a major metropolitan service area covering more than one (1) state). (Service area may be defined as 150 miles radius for rotor-wing, ground, and surface services and 300-500 miles radius from base of operation for fixed-wing services).

C. Pilot and maintenance site surveyors who are currently employees of Part 135 Operators (who provide medical services) will not be scheduled to visit other programs that are serviced or provided by their employer.

D. Size or complexity of program

E. Organizational structure/uniqueness (type of service - vendor vs. 135 air carrier certificate, FW vs. RW, G, hospital based, public safety, neonatal transport, satellite bases).

F. Material and data identified in the Program Information Folder (PIF) - to identify priority issues/concerns to be reviewed per board meeting and during site survey.

1. Pre-reviews of the PIF will identify areas that require special attention, e.g., aviation safety - to help make site surveyor assignments specific to that need while another survey area may require a more general review.

G. Specific Board of Directors' expertise may be requested in the pre-review of the PIF.

H. Site Surveyors must complete a minimum of one (1) survey per year, pending available site surveys to maintain a high, current level of survey skills and involvement. If the site surveyor is unavailable for a year or more or CAMTS is unable to use the site surveyor for that period of time (no available surveys), the site surveyor may be required to attend another training program.

I. Site surveyors will be selected as far in advance as possible.

1. The medical transport program will be notified (as soon as possible) of the name(s) of the site surveyor(s). The specific arrangements on exact dates will be made between the local Program Director, Site Surveyor(s) and the CAMTS Office names and backgrounds of potential site surveyors are approved by the program to determine potential conflicts of interest before a site surveyor is assigned.

2. Additionally, the program has the right to request a change in the surveyor(s) assigned stating the reasons for their request provided the request to change is made in writing within five (5) working days of receipt of the notification of site team members. Upon review of the request for change in surveyor(s), the Executive Assistant will attempt to rearrange the schedule accordingly.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Site Surveyor Term of Agreement

**POLICY:** Selected Site Surveyors are required to sign an agreement for a minimal two-year term of commitment with no term limit with CAMTS according to the following guidelines:

**GUIDELINES:**

- A. The site surveyor will continue to meet the eligibility criteria in policy #02.01.00.
- B. The site surveyor will consistently perform the duties and responsibilities listed in the "Site Surveyor Position Description" #01.02.00.
- C. Demonstrate professionalism/ confidentiality by complying with the "Image of the Site Surveyor" policy #02.11.00.
- D. The site surveyor will receive favorable site survey evaluations.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Conflict of Interest

**POLICY:** In order to preclude a potential conflict of interest with site surveyors, the following guidelines will be adhered to:

**GUIDELINES:**

- A. The site surveyor will not accept an assignment in which he/she has had a previous capacity (employment) in a staff or consultant capacity.
- B. The site surveyor will not accept an assignment to survey any program where the surveyor has special knowledge or personal relationships which could preclude the program from receiving an unbiased evaluation.
- C. The site surveyor will not accept an assignment to conduct a survey in a program of a fellow site surveyor who recently completed a survey at his/her program.
- D. A site surveyor will not be assigned to conduct a survey:
  - 1. In his/her own state.
  - 2. In the same service area bordering multiple states or major metropolitan areas (as previously defined).
- E. The site surveyor will not enter a consultation relationship with any program for the purpose of assisting a program in completing the CAMTS process unless contracted as a CAMTS consultant or unless assisting his/her own program. The site surveyor will also not enter into a consultative relationship for any purpose with a program which he/she surveyed while under CAMTS contract and also until that program has had another survey.
- F. Upon notification, if the surveyor feels that a potential conflict of interest may be present, he/she should contact the CAMTS office immediately.
- G. A CAMTS board of director, while serving on the board, may serve as a site surveyor under special circumstances such as a monitoring visit.
- H. Site surveyors will complete and sign a conflict-of-interest form (see addendum a) and return it to the Executive Assistant prior to reviewing the PIF.
- I. Previous conflicts of interest as listed above *may* continue to be considered a conflict for a time frame of up to five years and will be determined on a case-by-case basis in discussion with the CAMTS office and site surveyor.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Site Surveyor Confidentiality Statement

**POLICY:** Site Surveyors shall comply with CAMTS' Confidentiality Policy and Statement, as set forth in Policy 05.09.00.

**GUIDELINES:**

Site Surveyors shall maintain the confidentiality of all Confidential Information, as defined in Policy 05.09.00, except when permitted or required to disclose such information as provided in Policy 05.09.00.

Site Surveyors are prohibited from disclosing Confidential Information to third parties. This includes, but is not limited, the sharing or disclosure of information acquired during a Site Survey, Supplemental Site Survey, or Monitoring Visit with employees or agents of the Program undergoing the visit.

CAMTS may terminate the contract of a Site Surveyor who violates the Confidentiality Policy and Statement.

~~Site Surveyors shall return any hard copies of Confidential Information to CAMTS following the conclusion of the accreditation process. Files and photos collected on site and submitted electronically will be deleted from a personal computer following the Board meeting and site surveyors will no longer have access to the program's online PIF. In the alternative, Site Surveyors may be requested and instructed to destroy the Confidential Information by the Executive Director/Associate Executive Directors.~~

Site Surveyors are not permitted to contact programs they recently visited to express their individual view of the final accreditation decision. If the site surveyor is contacted by a program recently visited, the site surveyor is not permitted to comment on an accreditation decision and must refer all questions and concerns to the CAMTS office.

Site Surveyors shall sign the Confidentiality Statement attached hereto and shall submit an original copy of the same to the CAMTS Office.

Site Surveyors shall contact the Executive Director/Associate Executive Directors if and when he/she receives a request to produce Confidential Information or a request for access to Confidential Information. If a Site Surveyor is served with a subpoena or with a court order, he/she shall forward the subpoena to the Executive Director/Associate Executive Directors as soon as practicable.

**COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS**

**CONFIDENTIALITY STATEMENT**

*The Commission on Accreditation of Medical Transport Systems, a peer review organization, respects the rights to confidentiality of the medical transport service concerning patient records, dispatch forms, employee records and information included in the Program Information Form. Each Board member and site surveyor involved in a specific review is responsible for maintaining the confidentiality of the information submitted and requested; protecting it against loss, defacement, tampering, access or use by unauthorized individuals.*

**Confidential Information:** Verbal communications, written records, observations or computerized information, including but not limited to:

**Health Care Information:** All information and patient care records prepared by or under the supervision of a health care provider, e.g., diagnosis, treatment, prognosis, condition, or other information contained in medical records, photographs, video tapes, and verbal reports. This includes personal information such as patient name, address, phone number, admission and discharge dates, physician’s name family or social information.

**Employee Information:** Employee addresses, phone numbers, personnel files, training records etc.

**Business Information:** Proprietary information, not a matter of public record, related to marketing, finances, operations, strategic planning or performance measures.

I understand that my signature below signifies that I:

- Recognize my commitment to confidentiality.
- Realize my contract with CAMTS may be terminated for violation of a medical service’s or individual’s confidentiality related to a site visit.
- Assume responsibility of contacting the CAMTS Executive Director if I am aware of unauthorized access or inappropriate handling of confidential materials.
- Have read and understand policy 02.08.00 “Confidentiality Policy and Statement”.

Site Surveyor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Program Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Rev. Oct. 2007/March 2013/January 2019

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Board Member and Board Observer Confidentiality Statement

**POLICY:** Board Members who conduct site visits or act as Observers during a site visit shall comply with CAMTS' Confidentiality Policy and Statement, as set forth in Policy 05.09.00.

**GUIDELINES:**

Board Members shall maintain the confidentiality of all Confidential Information, as defined in Policy 05.09.00, except when permitted or required to disclose such information as provided in Policy 05.09.00.

Board Members are prohibited from disclosing Confidential Information to third parties. This includes, but is not limited, the sharing or disclosure of information acquired during a Site Survey, Supplemental Site Survey, or Monitoring Visit with employees or agents of the Program undergoing the visit.

Board Members shall return all Confidential Information to CAMTS following the conclusion of the accreditation process. In the alternative, Board members may be requested and instructed to destroy the Confidential Information by the Executive Director.

Board Members shall sign the Confidentiality Statement attached hereto and shall submit an original copy of the same to the CAMTS Office.

Board Members shall contact the Executive Director if and when he/she receives a request to produce Confidential Information or a request for access to Confidential Information. If a Board Member is served with a subpoena or with a court order, he/she shall forward the subpoena to the Executive Director as soon as practicable.

**COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS**

**CONFIDENTIALITY STATEMENT**

*The Commission on Accreditation of Medical Transport Systems, a peer review organization, respects the rights to confidentiality of the medical transport service concerning patient records, dispatch forms, employee records and information included in the Program Information Form. Each Board member and site surveyor involved in a specific review is responsible for maintaining the confidentiality of the information submitted and requested; protecting it against loss, defacement, tampering, access or use by unauthorized individuals.*

Confidential Information: Verbal communications, written records, observations or computerized information, including but not limited to:

Health Care Information: All information and patient care records prepared by or under the supervision of a health care provider, e.g., diagnosis, treatment, prognosis, condition, or other information contained in medical records, photographs, video tapes, and verbal reports. This includes personal information such as patient name, address, phone number, admission and discharge dates, physician’s name family or social information.

Employee Information: Employee addresses, phone numbers, personnel files, training records etc.

Business Information: Proprietary information, not a matter of public record, related to marketing, finances, operations, strategic planning or performance measures.

I understand that my signature below signifies that I:

- Recognize my commitment to confidentiality.
- Realize my contract with CAMTS may be terminated for violation of a medical service’s or individual’s confidentiality related to a site visit.
- Assume responsibility of contacting the CAMTS Executive Director if I am aware of unauthorized access or inappropriate handling of confidential materials.
- Have read and understand policy 02.08.00 “ Confidentiality Policy and Statement”.

Board Member or Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Program Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Rev. Oct. 2007/March 2013/January 2019

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Site Surveyor Performance Evaluation

**POLICY:** The Executive Director, Associate Executive Directors, and CAMTS Office Staff will monitor the performance of individual Site Surveyors according to the following guidelines:

**GUIDELINES:**

A. A Site Surveyor Performance Evaluation will be completed and returned to the CAMTS Office on each site surveyor (in a timely manner) by the medical transport program. The CAMTS Office must receive the Site Survey Performance Evaluation prior to the Board meeting to allow enough time to contact the program to review issues, concerns, or problems with the program's Site Survey. A medical transport program must turn in the evaluations prior to the Board meeting, or the Board of Directors will not deliberate on the program. This will be made clear in writing to the medical transport program. All evaluations will be reviewed by the Executive Director or Associate Executive Directors and all pertinent information shared with the Site Surveyor Selection Committee and the Site Surveyor.

B. Site Surveyors will receive feedback to assist them in improving their survey and communication skills, understanding of Accreditation Standards and survey procedures. The CAMTS Office will send a copy of Site Surveyor Performance Evaluation to the Site Surveyor and call him/her to review the evaluation. The CAMTS Office will follow up using the CAMTS QM process to establish the need for overall education, process change or development of a new policy.

C. The Executive Director and/or Associate Executive Directors will keep the Board of Directors up to date on the general feedback of the evaluations addressing positive comments, concerns, issues, or problems. In addition, the Executive Director/Associate Executive Directors will also review a specific Site Surveyor Performance Evaluation with the CAMTS Board of Directors, if pertinent to an accreditation outcome prior to making an accreditation recommendation for the medical transport program. (Appendix E)

D. Upon completion of a survey, the Lead Site Surveyor will provide feedback for a new Site Surveyor on their first hands-on site visit.

E. Open communication is encouraged with the CAMTS office to make changes when necessary and prevent minor annoyances from becoming major problems.

**SUBJECT:** Surveyor Status and Progressive Discipline

**POLICY:** Site Surveyors may be released from a subcontractual relationship with CAMTS under the following guidelines:

**GUIDELINES:**

A. The independent contractor relationship between the site surveyor and the CAMTS Board of Directors may be terminated by either party for the following reasons/conditions:

1. The site surveyor is unable to provide the time commitment of availability for one (1) survey per year.
2. The site surveyor's decision to leave the medical transport profession and is no longer involved in any capacity.
3. Negative objective evaluations on the site surveyor's performance which is of such a significant or repetitive nature that the site surveyor seems unwilling or unable to change even after the evaluation and feedback process. (See D. below for disciplinary process)
4. The site surveyor breaches the confidential relationship between the CAMTS Board of Directors and the medical transport program by sharing privileged information with parties other than CAMTS, including other site surveyors, and current medical transport program colleagues, etc.
5. The site surveyor acts as a private consultant regarding accreditation during the term of contractual agreement for the Commission.

B. Significant infractions of policy suggesting the Site Surveyor is disregarding confidentiality/conflict of interest issues or engaging in improper conduct may result in immediate suspension. A final decision of termination is by a majority vote by either the Executive Board via conference call or at a meeting of the Board of Directors, depending on which one comes first.

C. Site Surveyors that are no longer employed in the medical transport profession or who do not participate on medical transport committees or organizations, and do not attend annual site surveyor meetings will be reviewed. He/she may be placed on an "inactive" list after 1 year or will be removed from the Site Surveyor list depending on discussion with the Surveyor and the judgment of the Site Surveyor Selection Committee. On a case-by-case basis, the Executive Director, Associate Executive Directors and Site Surveyor Selection Committee may decide to allow a current Site Surveyor that just left the profession to accept a job outside of medical transport, to remain as a Site Surveyor. This will be reviewed and decided upon each case; based on how long the individual remained in medical transport (i.e., 15 years, National Organizations), how many years he/she participated as a Site

Surveyor (i.e., 10 years), received favorable evaluations and he/she fulfilled all Site Surveyor responsibilities during site surveys.

D. The Disciplinary Process consists of:

1. An initial negative evaluation of a site surveyor may result in discussion, counseling, guidance, additional training, or supervised visit to improve skills.
2. A second negative evaluation of site surveyor will result in further counseling, a written warning and perhaps probation for a prescribed time frame of no less than 6 months.
3. A third negative evaluation may result in termination. A final decision of termination is by the Executive Staff in consultation with the Executive Board as needed.

**SUBJECT:** Image of the Site Surveyor

**POLICY:** A surveyor must have demonstrated commitment to the principles and future advancement of medical transport systems. The Site Surveyor's interaction with the medical transport program during the survey will reflect directly on the Commission and the accreditation process.

**GUIDELINES:**

A. The Site Surveyor must demonstrate the following characteristics/attributes during the entire survey:

1. High level of professionalism
2. Confidentiality
3. Objectivity
4. High level of positive interpersonal communication skills
5. Open, warm, and friendly manner; genuineness
6. Initiative
7. Accountability
8. Knowledge Base
9. Moral Integrity
10. Enthusiasm

B. Ultimately, the Site Surveyor represents the Commission and must demonstrate a high level of professionalism and integrity. How the surveyor is perceived by the medical transport program during the course of the survey will affect how CAMTS will be perceived in the future.

C. The site surveyor must conduct a thorough evaluation and demonstrate that he/she is there to assist the organization to identify its strengths and weaknesses in terms of Accreditation Standards. The surveyor must establish him/herself as knowledgeable, yet sensitive to the unique interests, needs and problems of a particular program. The surveyor must build a climate to facilitate his/her role as a catalyst in helping the medical transport program's staff to understand the relationship between what they are reviewing and the Accreditation Standards.

D. During the site survey, it is important for the surveyor to refrain from referring to their own program in applying the Accreditation Standards with words like: "I think" or "In my program, we...". Phrases like: "We believe", "It is our finding", "I have observed other programs meeting the standard by..." are encouraged instead, to emphasize the Commission as the frame of reference, not an isolated program or person.

E. The Site Surveyor may play the role of educator to assist the medical transport program in understanding the Accreditation Standards during the Site Survey. The Surveyor may explain why the standard was implemented and provide examples of evidence of how the program may meet the standard. These examples of evidence may be generic, objective, and unique examples of how other medical transport programs have met compliance with the Accreditation Standards. The Surveyor should not apply subjective interpretations to the Standards.

F. How the Site Surveyor is perceived by all the individuals at the medical transport program during a site visit will directly reflect the image of the Commission/CAMTS Board.

G. Site Surveyors must clearly separate their role as Site Surveyor from other involvements they may have in medical transport services adhering to the following general guidelines:

1. A site surveyor should only identify himself/herself as officially representing the Commission when the Commission has assigned him/her to a site survey or other CAMTS activity.
2. When the site surveyor is functioning in the role of a formal CAMTS assignment, there should be no perception that the surveyor is trying to represent or market his/her own consulting capabilities, or the products or services of another entity.
3. Questions by the program about a surveyor's credentials should be referred to the Commission.

H. Other activities during a site survey which might be perceived as negative to a proper code of conduct by the Commission might include:

1. Providing detailed descriptions of a service or product.
2. Providing solicited/unsolicited handouts, brochures, or business cards of any kind.
3. Encouraging post-site survey contact regarding any service or product with which the site surveyor is directly or indirectly involved, and which would cost the program money to obtain.

**SUBJECT:** Site Surveyor Reimbursement (for training, initial, reaccreditation, supplemental, monitoring and consult visits)

**POLICY:** Site surveyors will be reimbursed according to the following guidelines:

**GUIDELINES:**

A. Reasonable advance travel, daily room and board incurred directly relating to training programs, site surveys, supplemental, monitoring and consult visits. (First class travel and luxury hotel/meal expenses will not be reimbursed -refer to Policy II., L.) Extra night's stay at the hotel may be reimbursed (on a case-by-case basis) if the site surveyor arranges for a Saturday stay-over resulting in substantial savings on the air fare.

B. An honorarium of \$500 per day on location for the lead site surveyor and \$400 per day for additional site surveyors for initial and reaccreditation site visits conducted on site or virtually.-See Policy 07.05.00 for consultation reimbursement.

C. The Lead Site Surveyor will receive an additional \$350.00 for coordinating and facilitating the survey and completing the Standards Compliance Tool & PowerPoint Board Report. This report must be submitted < or = 14 days. After 14 days, the Lead Site Surveyor receives only \$100.00 for that survey report. For supplemental or monitoring visits, the site surveyor will receive \$100.00 for completing the report within 14 days of the visit. Consultants are not paid an additional fee for the consultation report.

D. No honorarium will be paid during the Site Surveyor Education Program.

E. A "Travel Day" reimbursement of \$100.00 per day must be pre-approved by the CAMTS office according to the following guidelines:

1. Travel to the required destination is in such a remote area that the travel requires more than three flight legs to arrive at the survey/main base/administrative office/city unless approved by the CAMTS office.
2. Travel to the survey/city/administrative office will be more than 10 hours of travel time.
3. Travel to the survey/city/administrative office not only requires a flight to a city (airport hub), but an additional drive of two hours or more to arrive at the final destination.
4. An emergency necessitates an available site surveyor to assist the Commission to complete a survey departing from a different location.
5. A travel day or additional site visit day will not be paid for the purpose of holding over to complete the Site Surveyor report unless there are unusual circumstances or pre-approved by the CAMTS office.

F. Travel days beyond the North American continent are reimbursed at \$250.00 each way.

G. If the site surveyor is conducting back-to-back surveys at the Commission's request, CAMTS will provide a travel day reimbursement of \$250.00.

H. Any unusual circumstances regarding travel days and reimbursement will be approved on a case-by-case basis by the Executive Director or Associate Executive Directors This may be due to weather, delayed or canceled flights, etc.

I. Expenses must be submitted within seven (7) days of travel back to home.

J. Receipts may be original or scanned receipts, submitted electronically provided the submission is legible.

K. Reimbursement Limitations:

1. Air travel - Reimbursement is limited to the lowest appropriate rate via the most direct safe route, except under extenuating circumstances. For international travel, requiring more than an 8-hour flight, business class will be required. All travel arrangements must be completed at least fourteen days prior to travel.
2. Private Auto - If private auto is used, reimbursement will be made at the current federal guidelines for mileage.
3. Hotel - Reimbursement will be made for reasonable lodging expense (single occupancy

rooms, not a suite). If a member of the traveler's family shares a room, the equivalent single occupancy charge should be included on the report for reimbursement. A copy of the hotel statement must accompany the Travel Expense Report. Personal phone calls, room service and movie rentals are not reimbursable.

4. Meals – There is a ~~\$50.00~~ \$65.00 per day per diem rate paid for each day on site and for travel days if traveling the day before and/or the day after the site visit. This per diem is for meals and tips.

The per diem for meals and tips for travel beyond North America will be \$75.00 day for U.S. based surveyors and \$75.00 per day for travel beyond Europe for European based site surveyors.

5. Taxi - Reimbursements are made for necessary taxi (to and from airport, and hospital/administrative office, and nearby restaurants, for example). Use of courtesy van or multi passenger transport is required when available.

6. Telephone – Telephone calls are reimbursed only if applicable to the survey process.

7. Rental car – Ordinarily, a rental car will be pre-arranged by the travel agent. If a site surveyor wishes to keep a rental car for personal travel before or after the site visit, the site surveyor is responsible for the daily rate during that time frame.

8. Other - Site surveyors are reimbursed for purchases such as printing of materials, and shipping of materials etc. The Commission is not responsible for "overnight" shipping costs (will pay at the regular rate) if a site surveyor is late in submitting a report unless there were extenuating circumstances or if specifically requested by the Executive Director/Associate Executive Directors.

9. Mileage allowance – Mileage charges for travel to and from the home airport are the responsibility of the site surveyor unless the distance is greater than 50 miles one way. Mileage is reimbursed at the current federal re for each mile over 50 miles.

**SUBJECT:** Site Surveyor Materials

**POLICY:** Site surveyor will utilize the following materials while conducting a site visit.

**GUIDELINES:**

A. Site Surveyor Board Report Materials:

1. Standards Compliance Tool Comments and observations (pertinent to specific accreditation standards) will be documented under Site Surveyor Comments in the tool. Site Surveyor will answer all questions under the Pre-Reviewer comments. The Surveyor will also score each standard in each section that applies to the program.
2. Aircraft/Ambulance Checklists - The checklists documenting which aircraft and/or ambulances were checked including the hard medical equipment and other specific items in the aircraft will be completed during the site visit.
3. Site Visit Statement (Miranda) and signed Confidentiality Statement.
4. A digital camera will be used as follows:
  - a. Site Surveyors will use a digital camera or coordinate the purchase and use of a disposable camera.
  - b. Site Surveyors are strongly encouraged to take pictures as needed and avoid identifying logos or program identifiers as much as possible. Digital pictures are downloaded into the Dropbox file folder for the board member who is reviewing the program. All pictures need to be labeled and indexed. The pictures need to be referenced in the Standards Compliance Tool (under Site surveyor comments) by the label or index number. No pictures should include patients.
  - c. Site surveyors are not expected to take pictures of subjects/items that show compliance with the Standards unless there is something so outstanding or unique that it would be of interest to the Board.
  - d. Appropriate subjects/items for taking pictures would include:
    - Subjects/items/issues that are a concern and/or are in direct conflict with Accreditation Standards

- Subjects/items/issues that may be hard to describe in writing.

- All pictures taken during the site visit should be included and referenced in the site surveyor report. Please label pictures accordingly such as the “crew quarters at the airport.”

B. The following documents should be completed online or documented in Dropbox for programs not in the online system within fourteen (14) days of the site visit.

1. The Standards Compliance Tool with Site Surveyor comments, answers to questions and highlighted answers and scoring under each set of standards
2. Aircraft/Ambulance Checklists for each of the vehicles reviewed.
4. Attachments obtained from the program are to be labeled and referenced in the Standards Compliance Tool by a number or letter, in consecutive order with the Standards and entered into Part 3 of the online system or submitted to Dropbox if not online.

C. Attachments collected from the site are not to be duplicated for site surveyor's personal use. All attachments are to be numbered and referenced in the Standards Compliance Tool.

CAMTS POLICY AND PROCEDURE MANUAL

|  |                 |
|--|-----------------|
| <b>SITE SURVEY PROCEDURES</b>  | <b>03.00.00</b> |
| Accreditation Eligibility Requirements                                 | 03.01.00        |
| Applying for Accreditation   | 03.01.00A       |
| Site Survey Agenda   | 03.02.00        |
| Supplemental Site Survey and Monitoring Visit                          | 03.02.00A       |
| Virtual Site Visits  | 03.02.00B       |
| Site Survey During a COVID Pandemic                                    | 03.02.00C       |
| Accreditation Program Info Form & PowerPoint Board Reports             | 03.02.01        |
| Final Accreditation Decision   | 03.02.02        |
| Multiple Locations   | 03.03.00        |
| All or None Principle  | 03.04.00        |
| Medical Escort Services  | 03.05.00        |
| Accredited Programs that have Accidents, Incidents, or Sentinel Events | 03.06.00        |
| Integrity of Information   | 03.07.00        |
| Public Notification  | 03.08.00        |
| ARGUS Background Checks  | 03.09.00        |
| Background Checks on Programs Seeking Accreditation                    | 03.10.00        |
| Ongoing Communications with State EMS Agencies                         | 03.11.00        |
| Listing of Accredited Programs   | 03.12.00        |
| Safety Culture Survey  | 03.13.00        |
| Medical Protocol Review  | 03.14.00        |
| Medical Education Approval   | 03.15.00        |
| Pre-Hire Pilot Evaluation Tool   | 03.16.00        |

**03.01.00**

(071710/101511/032714/091214/072515/10/17/15/073018/041319/110219/041720/041721/071622/102222)

COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS

**SITE SURVEY PROCEDURES - 03.00.00**

**SUBJECT:** Accreditation Eligibility Requirements

**POLICY:** The following medical transport services are eligible to apply for accreditation: Rotorwing and/or fixed wing services; critical care, ALS/BLS surface services; medical escort and special operation services. A broker is not eligible for accreditation. (A broker is defined as an intermediary who arranges medical transport for a fee.) In addition, the following requirements must be met to apply for accreditation. **A Mobile Integrated Healthcare (MIH) program or system is also eligible to apply under the following guidelines.**

**GUIDELINES:**

1. Medical transport **and MIH** services may apply for accreditation by CAMTS at any time. However, a Program Information Folder (PIF) will not be accepted from Programs **until they have been in operation for at least one year.**
2. A medical transport service must transport at least 12 patients in the previous 12 months in their primary mode of transport and may include other modes of transport with less than 12 patients at the discretion of CAMTS. **There must be at least 12 completed visits for MIH services in the previous year.**
3. The Program must apply for accreditation at the highest type of care they provide - Critical Care, ALS, or BLS for transport **(and Type 1 or Type 2 for MIH)** if transporting at least 12 patients in the primary mode of transport offered.
4. An air medical service must carry hull and liability insurance for each aircraft operating in the EMS environment. A ground ambulance service must carry minimal auto insurance of 1 million. **An MIH service must carry auto insurance for any company-operated vehicle.**
5. A combined service, operating under the same owner, must comply with the Applying for Accreditation Policy (03.01.00A) **Multiple Locations and Multiple Modes of Transport Policy (03.03.00)** and the All or None Policy (03.04.00)

**03.01.00A**

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*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Applying for Accreditation

**POLICY:** The following guidelines list the steps to be taken in applying for a site visit.

**GUIDELINES:**

A. Program submits an initial application and appropriate non-refundable fee, as set forth in Policy 04.05.00, requesting consideration for accreditation to the Executive Director/Associate Executive Directors of CAMTS. An initial applicant has up to one year to complete the online Program Information Folder (PIF). Programs applying for reaccreditation will receive notification of the on-line process twelve (12) months prior to the ending date of their current certification. The completed PIF and base fee must be completed 120 days prior to the ending date of the previous certification.

B. Program Information Folder (PIF)

1. A link to the Program Information Folder is sent to the requesting service along with a Business Associate Agreement (per HIPAA Privacy Rules), Letter Agreement, Verification of Information and Photo Use Agreement.
  - a. Agreements listed above must be signed electronically by the senior manager who has the legal authority and submitted as part of the on-line application process.
  - b. Questions in the PIF are based on the accreditation standards.
2. Any significant changes in structure or operation of the program anticipated to occur within a six-month time frame of submitting the PIF should be so noted in the PIF. (Reportable changes are listed in Policy 05.12.00.)
3. **Once the PIF is submitted, and the program has completed the Standards Compliance Tool, access to the on-line file will be locked.**
4. **If bases or acquisitions are added after the PIF is submitted, Reports of Change must be submitted to the CAMTS office, but the site visit for accreditation or reaccreditation will be determined by what was submitted in the PIF.**
  - a. **If the program is awarded accreditation, a supplemental visit to a recently opened base or acquisition may be planned within 6 months of the accreditation decision.**

**03.01.00A**

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C. Pre-Review

1. Pre-review of PIF by the Executive Directors or a designee will be conducted prior to scheduling the site visit.
2. Incomplete PIFs (Program is requested to score its compliance with each of the standards and comment if score is below 3) or PIFs that do not include requested attachments may be rejected. The program will be asked to re-submit which may cause delays in scheduling a site visit.
3. Executive Director or designee will review the attachments and place comments in the Standards Compliance Tool in the Pre-Reviewer section and score each standard.

This electronic PIF (that is available on-line and additional historical documents available in Dropbox) is shared with the site surveyors and Board reviewer(s)

4. Executive Director or designee and CAMTS Executive Assistant will collaborate on assigning specific Site Surveyors.
  - a. The number of site surveyors assigned to a site visit will reflect the complexity of the medical transport **or MIH** service.
  - b. Selection of specific site surveyors will follow guidelines under Policy 02.03.02 - Utilization of Site Surveyors.
  - c. Each survey team will have a Site Surveyor Team Leader, who will coordinate the agenda for the site visit with the Program Director/contact person. They may receive assistance in coordinating the agenda from the CAMTS Office.

D. Survey Arrangements

1. Arrangements are made directly between the program and the Site Surveyor Team Leader. The office may be contacted as needed to assist with complex logistics. The program will be sent a logistics form to complete for the Lead Surveyor to use as a guide in scheduling the survey.

**03.01.00A**

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5. Approximately 3 months before a site visit, the Executive Assistant will obtain black-out dates from the program that will indicate key personnel are not available.
6. The Office will send a Materials Requested Letter to the program along with the confirmation letter that finalizes confirmed dates and site surveyors as soon as arrangements are confirmed. The Materials Requested Letter lists additional information needed to be downloaded into Part 3 of the online process. This list requests the copies of the State EMS License(s) and the Medicare Provider Number(s) for each State they have an aircraft or ambulance. The materials requested include meeting minutes, educational records or attachments that are occurred after the PIF attachments in the Standards Compliance Tool were downloaded into Part 2 by the program. Any additional missing or misunderstood attachments will be requested by the CAMTS Executive Staff or Lead Site Surveyor after the Standards Compliance Tool is reviewed.
7. Arrangements include travel arrangements and agenda. The program will be provided with a time frame for the site visit in which to expect the site surveyors.
8. Site surveyors will review the PIF, attachments, pre-reviewer's comments in the Standards Compliance Tool and the program's Safety Culture Survey prior to the site visit.

**SUBJECT:** Site Survey Agenda

**POLICY:** The following guidelines outline the schedule of events during a site visit:

**GUIDELINES:**

**A. Opening Conference** - to provide introductions of Program management, review CAMTS' site survey process and procedures, read Site Visit Statement, sign Confidentiality Statement, and review and make any necessary changes to the agenda - approximately 30 minutes.

**B. Tour** - (escorted) - It is recognized that there is diversity in transport vehicles and facilities among medical transport services. The intent of the tour is to verify compliance of the program's equipment, aircraft/surface vehicles and facilities with the accreditation standards. Initial site visits will closely follow the tour and interview schedule. Subsequent site visit "tours" will focus on all changes or new bases/aircraft, unresolved areas of weakness, complaints for a particular office/base, an aircraft/surface vehicle accident from a particular base/operator and complaints from the public, patients, employees, or State EMS Office.

1. The Lead Site Surveyor will arrange for the survey team to tour the Program's equipment, aircraft/surface vehicles and facilities. The CAMTS Office will be assisting the Lead Site Surveyor by providing a Program Logistics Form, which will outline where everything is located from the airport, corporate/administrative office, hospital/non-hospital bases, maintenance facility, etc. This includes driving distances and if other transportation is required to get to other cities or states for a base or maintenance facility.

For programs with multiple transport vehicles and/or facilities, the Commission attempts to review ALL sites during the first Accreditation Visit. Due to resources and time, the CAMTS Office may agree to visit a base by video/pictures, but this is a rare situation. In addition, the Commission may attempt to tour a representation of surface bases over a broad area with multiple sites. In future reaccreditation visits, a tour will be determined by the CAMTS Office using the Program Logistics Form to review the necessary new bases, changes and more, as stated above. Additionally, based on information from the PIF and pre-review, specific aircraft/surface or facilities should be toured by individual survey team members and included in the survey agenda. **Some bases may be planned with the program, and some may be by random choice of the CAMTS executive staff and survey team.** A representative of the medical transport service will accompany the site surveyor(s) on all pre-planned tours and shall accompany the site surveyor(s) on bases that are selected randomly.

2. To assess compliance with accreditation standards, site surveyors will complete the listed mandatory tours below as guided by the CAMTS Office with the Program Logistics Form, while others will be listed as optional.

**Rotorwing & Fixed Wing Hospital and Independent Programs:**

**Mandatory Tours:**

- Corporate Office/Administrative Office of the medical transport program (may be located in a hospital, airport or off location in a building office or in another \city/state)
- Communication Center (may be located at an airport, hospital, in the Administrative Office, or off location in a building office or in another city/state)
- Director of Operations/Chief Pilot or Operator or Lead Pilot/Aviation Manager – Office/Aviation Records for all pilots at the medical transport program including Operations Specifications and Pilot Certificates/Pilot Training/Recurrent Training
- Pilot Quarters/Rest Area/Ready Room/Weather System for Flight Planning
- Medical Crew Quarters/Office/Paperwork/Rest Area located at an airport, hospital, in the Administrative Office, or off location in a modular trailer, house, or EMS Station
- Medical Equipment/Medication Storage for Main Office and stock at each base site
- Aircraft located at each base site
- Helipad, Heliport/Tarmac/Parking Area (ground/rooftop/airport security)
- Major Maintenance Hangar facility (may be located at an airport, hospital, at the Administrative Office or off location in a facility in another city/state)
- Director of Maintenance of Operator or Lead Mechanic – Office/Maintenance Records for all aircraft/mechanics at the medical transport program including records for Tools and Parts for all aircraft listed in Operations Specifications.
- Maintenance Records/Tools & Parts
- Fuel System Area and Records for QA of Fuel System (may be located at hospital or airport or office). If Fuel QA is conducted by the FBO of an airport, may not be necessary to review records)
- Programs with Specialty Team Providers that are included in the medical transport service, will need to be reviewed during tour (may be located at a different hospital, airport, or location in another city/state) (Will need to review their aircraft, base, crew quarters as above)

**Optional Tours:**

- Emergency Department of primary receiving hospital
- Medical Control Physicians Emergency Department that provide on-line medical Control on the radios, etc.

**Surface Transport Service:**

**Mandatory Tours:**

Base of operations \* If applicable

- Corporate Office/Administrative Office of the medical transport program (may be located in a hospital, or off location in a building office or in another city/state)
- Communication Center (may be located at a hospital, in the Administrative Office, off location in a building office, in a 911 Center or in another city/state)
- Director/Manager or Supervisor of the Surface Transport Service – Office/Records for operating the ambulances in the state(s), employee records, operators’ training, etc. for all employees at the medical transport program
- Driver/Medical Crew Quarters/Office-paperwork/Rest Area/Ready Room located at a hospital, in the Administrative Office, or building off site or off location in a modular trailer, house, or EMS/Fire Station
- Medical Equipment/Medication Storage for Main Office and stock at each base site
- Surface Vehicle located at each base site (may choose a representation of vehicles)
- Parking Garage/Area (for security and protection from weather)
- Major Maintenance facility (may be located at the Administrative Office or off location in a facility in another city/state) or a Minor Maintenance facility for the company  
At the Administrative Office or separate building
- Director of Maintenance, Maintenance Manager/Supervisor who oversees the Maintenance of all vehicles - Office/Maintenance Records for preventative maintenance and unscheduled maintenance, company who conducts the maintenance, etc.
- Fuel System Area and Records for QA of Fuel System (may be located at hospital or airport or office). If Fuel QA is conducted by the FBO of an airport, may not be necessary to review records)
- Programs with Specialty Team Providers that are included in the medical transport service, will need to be reviewed during tour (may be located at a different hospital, airport, or location in another city/state) (Will need to review their aircraft, base, crew quarters as above)

**Optional Tours:**

- Emergency Department of primary receiving hospital
- Medical Control Physicians Emergency Department that provide on-line medical control on the radios, etc.
- Major Maintenance facility (may be located off location in a facility in another city/state so will be determined by the CAMTS Office)

C. Interviews – Interviews with personnel are private and will include only the CAMTS Site Surveyor and the interviewee. For example, managers, consultants, and peers are not permitted to observe nor participate in individual interviews. Possible exceptions to this would be if there are Co-Medical Directors, or Co-Chair of the Safety Committee. The Program Logistics Form will guide the Lead Site Surveyor to set up the interviews listed on the sheet. The key Management/Administration will be interviewed in their roles and responsibilities and all Committee Chair/Coordinators will be interviewed such as Education, Safety and Quality Improvement. Names will be tracked on the Program Logistics Form to review changes in program personnel.

1. Site Surveyors will use the Standards Compliance Tool and Checklists developed from the accreditation standards. The Site Surveyors will use these documents to clarify facts and cross check conflicting or confusing information.
2. Site Surveyors will cover all accreditation standards but especially focus on the areas highlighted in the PIF and feedback from Pre-Reviewers.
3. Site Surveyors will not be consultants to the medical transport service but will have complete understanding of the accreditation standards and as such will be resources for questions pertaining to the standards.
4. Site Surveyors will also review passenger manifests, flight following and dispatch forms, maintenance records and patient care records from recent transports in preparation for questions during the interviews.
5. Interview List: Interviews must be completed in person. In the case of rare emergencies, such as when an interviewee is called on a patient flight, or is called in for active duty, or a situation approved by the CAMTS Office, interviews may be conducted by telephone. The Commission must be notified of changes from the Base Information Sheet if key Management/Administration are changed prior to the Site Survey.

**Mandatory Interviews** (as applicable to the type of program):

- Program Administrator/Director of a Non-hospital based or hospital-based program
- Clinical Care Supervisor (Chief Flight Nurse, Chief Flight Paramedic, Chief RRT, etc.)
- Director or Coordinator of Specialty Care Team(s) (Neonatal, Obstetric, Pediatric,

Respiratory Therapists)

- Medical Director(s) of the medical transport service
- Communications Center Director, Manager, or Supervisor
- Director of Operations for Part 135 Operator (RW &/or FW) *(CAMTS Office will determine if this is necessary for smaller Operators)*
- Chief Pilot (RW &/or FW) *(CAMTS Office will determine if this is necessary for smaller Operators)*
- Aviation Manager/Site Manager/Lead Pilot (RW &/or FW)
- Director of Maintenance for Part 135 Operator (RW &/or FW) *(CAMTS Office will determine if this is necessary for smaller Operators)*
- Lead Mechanic/Maintenance Manager (RW &/or FW)
- Surface Transport Service Director/Manager/Supervisor
- Surface Transport Service Maintenance Manager/Supervisor
- Medical Transport Personnel on duty at service: MDs, RNs, EMT-Ps, RRTs, Residents, Specialty Care Team Members (NICU RNs, PICU RNs, RRTs)
- Ambulance driver(s): EMT-Ps and/or EMTs
- Phone interviews of referring prehospital agencies, facilities, or physicians: EMS/Fire Agencies, local referring hospitals & clinics-Charge Nurse or Director of ED, Cath Lab, etc. and referring physicians.
- Chair/Coordinator of the Safety Committee, Medical Education Program and QM
- Upper Administration of the Medical Transport Program (interview with one of the following:)
  - Owner of a Medical Transport Company or
  - President/CEO from a Corporation or Hospital or
  - Director of Nursing or Vice-President that oversees the Transport Program or
  - Division of Company/Corporation or in the Hospital that oversees the Program

**Optional Interviews:** (applicable to type of program):

- Program administrative assistant-secretary
- Member of the hospital or corporate Board of Trustees
- Representative of state EMS Office
- Medical Control Physician(s) covering for on-line Medical Control

- D. **Closing Conference** - Site surveyors and the program management team will meet to review the site survey process and procedures, read the Site Visit Statement, and provide a brief presentation to the program. The Lead Site Surveyor will moderate and facilitate the presentation of findings. Site surveyors will not speculate on possible accreditation decisions (which will be made by the Board of Directors) but will list their findings as strengths and weaknesses related to each cited Accreditation Standard - approximately 1 hour. The closing conference is a brief presentation and is not a time for debate or discussion with the Program.

Solicited and unsolicited information (“Information”) received before the site visit about the medical transport service can be used by the board in their accreditation deliberation.

Once an accreditation decision is made by the board, the board may review any new information which becomes available about the medical transport service to appropriately assess continued compliance with the accreditation standards.

**SUBJECT:** Supplemental Site Survey & Monitoring Visit

**POLICY:** The following guidelines outline the schedule of events during a Supplemental Site Survey and Monitoring Visit:

**GUIDELINES:**

**A. Opening Conference** - to provide introductions of required Program management, review CAMTS process and procedures for this visit, read Site Visit Statement, sign Confidentiality Statement, and review and make any necessary changes to the agenda - approximately 15 minutes.

The Supplemental Visit is planned, and personnel are aware of the Site Surveyor's visit. New introductions will be made in the Opening Conference.

For a Monitoring Visit – new introductions will be made to each person as they are interviewed. Confidentiality Forms will be completed during the Opening Conference. The Monitoring Visit is unplanned. The Program Director may receive a 24-hours' notice, but in most cases, the Site Surveyor will arrive unannounced with an official CAMTS letter on-site stating the purpose of the visit.

**B. Tour** - (escorted) - It is recognized that there is diversity in transport vehicles and facilities among medical transport services. The intent of the tour is to verify compliance of the program's equipment, aircraft/surface vehicle and facilities with the accreditation standards. The Supplemental Site Survey and Monitoring Visit tours will primarily focus on the issues from the Board of Directors' letter and response letter from the Program in the case of the Supplemental Visit. The visit will address all changes, new bases/aircraft, unresolved areas of weakness, complaints for a particular office/base and an aircraft/surface vehicle accident from a particular base/operator and complaints from the public, patients, employees, or State EMS Office.

1. The Site Surveyor will arrange for a tour of the program's equipment, aircraft/surface ambulance and facilities as addressed in the Board of Directors' letter and Program's response letter. The CAMTS Office may assist the Site Surveyor by providing a Program Logistics Form of the program for the Supplemental & Monitoring Visit, which will outline where everything is located from the airport, corporate/administrative office, hospital/non-hospital bases, maintenance facility, etc. as needed. This will include driving distances and if other transportation is required to get to other cities or states for a base or maintenance facility.

Supplemental Visit: The Site Surveyor will establish a brief Supplemental Survey agenda that usually takes less than one day.

Monitoring Visit: The Site Surveyor may not have an official agenda to distribute but will have a plan to request to speak to members of the program management and any transport personnel present for that day. Monitoring Visits are not coordinated in advance and the Site Surveyor will announce the visit by presenting an official CAMTS letter on-site or in some cases, the program may be contacted 24 hours in advance of the visit. Bases and facilities toured during a Supplemental Site Survey and Monitoring Visit will be approved by the CAMTS Office per policy. A representative of the medical transport service shall accompany the site surveyor on all tours.

2. To assess compliance with accreditation standards based on the Board of Directors' letter and Program's response letter, the Site Surveyor may complete any portion of the listed tours below. The CAMTS Office may assist the Site Surveyor and provide a Supplemental/Monitoring Visit Program Logistics Form that will guide him/her to what he/she will need to tour such as a new base.

**Rotorwing & Fixed Wing Hospital and Independent Programs:**

**Tours as Applicable:**

- Corporate Office/Administrative Office of the medical transport program (may be located in a hospital, airport or off location in a building office or in another city/state).
- Communication Center (may be located at an airport, hospital, in the Administrative Office, or off location in a building office or in another city/state).
- Director of Operations/Chief Pilot or Operator or Lead Pilot/Aviation Manager – Office/Aviation Records for all pilots at the medical transport program. including Operations Specifications and Pilot Certificates/Pilot Training.
- Pilot Quarters/Rest Area/Ready Room/Weather System for Flight Planning.
- Medical Crew Quarters/Office/Paperwork/Rest Area located at an airport, hospital, in the Administrative Office, or off location in a modular trailer, house, or EMS Station.
- Medical Equipment/Medication Storage for Main Office and stock at each base site.
- Aircraft located at each base site.
- Helipad/Heliport/Tarmac/Parking Area (surface/rooftop/airport security).
- Major Maintenance Hangar facility (may be located at an airport, hospital, at the Administrative Office or off location in a facility in another city/state).
- Director of Maintenance of Operator or Lead Mechanic – Office/Maintenance Records for all aircraft/mechanics at the medical transport program including records for Tools and Parts for all aircraft listed in Operations Specifications.
- Maintenance Records/Tools & Parts
- Fuel System Area and Records for QA of Fuel System (may be located at hospital or airport or office). If Fuel QA is conducted by the FBO of an airport, may not be necessary to review records).

- Programs with Specialty Team Providers that are included in the medical transport service, will need to be reviewed during tour (may be located at a different hospital, airport, or location in another city/state) (Will need to review their aircraft, base, crew quarters as above).

**Surface Transport Service:**

**Tours as Applicable:**

- Corporate Office/Administrative Office of the medical transport program (may be located in a hospital, or off location in a building office or in another city/state)
- Communication Center (may be located at a hospital, in the Administrative Office, off location in a building office, in a 911 Center or in another city/state)
- Director/Manager or Supervisor of the Surface Transport Service – Office/Records for operating the ambulances in the state(s), employee records, Drivers’ training, etc. for all employees at the medical transport program
- Driver/Medical Crew Quarters/Office-paperwork/Rest Area/Ready Room located at a hospital, in the Administrative Office, or building off site or off location in a modular trailer, house, or EMS/Fire Station
- Medical Equipment/Medication Storage for Main Office and stock at each base site
- Surface Vehicle located at each base site (may choose a representation of vehicles)
- Parking Garage/Area (for security and protection from weather)
- Major Maintenance facility (may be located at the Administrative Office or off location in a facility in another city/state) or a Minor Maintenance facility for the company at the Administrative Office or separate building
- Director of Maintenance, Maintenance Manager/Supervisor who oversees the maintenance of all vehicles - Office/Maintenance Records for preventative maintenance and unscheduled maintenance, company who conducts the maintenance, etc.
- Fuel System Area and Records for QA of Fuel System (may be located at hospital or airport or office). If Fuel QA is conducted by the FBO of an airport, may not be necessary to review records)
- Programs with Specialty Team Providers that are included in the medical transport service, will need to be reviewed during tour (may be located at a different hospital, airport, or location in another city/state) (Will need to review their aircraft, base, crew quarters as above)
- Medical Control Physicians Emergency Department that provide on-line medical Control on the radios, etc.

--Major Maintenance facility (may be located off location in a facility in another city/state so will be determined by the CAMTS Office)

**C. Interviews** – Interviews will be conducted as applicable and will be private including only the CAMTS site surveyor and the interviewee. For example, managers, consultants, and peers are not permitted to observe nor participate in individual interviews. Possible exceptions to this would be if there are Co-Medical Directors, or Co-Chair of the Safety Committee. The Program Logistics Form will guide the Site Surveyor to set up the interviews listed on the Supplemental Program Logistics Form. The Key Management/Administration will be interviewed in their roles and responsibilities as requested and all Committee Chair/Coordinators to be interviewed such as Education, Safety and Quality Improvement as requested. The Site Surveyor and the CAMTS

Office will establish who the surveyor will interview during the Supplemental Site Survey or Monitoring Visit. Names will be tracked on the Program Logistics Form to review changes in program personnel from survey to supplemental or monitoring visit.

1. Utilizing the Board of Directors' letter and Program's response letter, the Site Surveyor will use the letters to clarify facts and cross check any conflicting information. They will verify all information in the letters to be accurate and will review physical and verbal proof of that information on-site.
2. The Site Surveyor will cover those accreditation standards that are addressed in the Board of Directors' letter and any information highlighted in the Board Report. This may include NTSB reports, or any official complaints to the CAMTS Office from the public, patients, employees, or State EMS Office.
3. Site Surveyors will not be consultants to the medical transport service but will have complete understanding of the accreditation standards and as such will be resources for questions pertaining to the standards.
4. Site Surveyors will also review any additional information on site to verify and clarify the issues. This may include passenger manifests, flight following and dispatch forms, maintenance records, meeting minutes, education, and patient care records from recent transports during the interviews.
5. Interview List: Interviews must be completed in person. In cases of rare emergencies, such as an interviewee is called on a patient flight, or is called in for active duty, or a situation approved by the CAMTS Office, interviews may be conducted by telephone. The Commission must be notified of changes from the Supplemental Program Logistics Form if key Management/Administration are changed prior to the Supplemental Site Visit.  
Monitoring Visit: Since the Monitoring Visit is unplanned and the Site Surveyor will arrive unannounced with an official CAMTS letter on-site stating the purpose of the visit, there will be visits when various people may not be available that day. The Site Surveyor will notify the

CAMTS Office of who is available to interview during a Monitoring Visit if there are multiple personnel and management not available while on-site.

**Interviews that may be required for the Supplemental Visit or Monitoring Visit:** (as applicable)

- Program Administrator/Director of a Non-hospital based or hospital-based program
- Clinical Care Supervisor (Chief Flight Nurse, Chief Flight Paramedic, Chief RRT, etc.)
- Director or Coordinator of Specialty Care Team(s) (Neonatal, Obstetric, Pediatric, Respiratory Therapists)
- Medical Director(s) of the medical transport service
- Communications Center Director, Manager, or Supervisor
- Director of Operations for Part 135 Operator (RW &/or FW) *(CAMTS Office will determine if this is necessary for smaller Operators)*
- Chief Pilot (RW &/or FW) *(CAMTS Office will determine if this is necessary for smaller Operators)*
- Aviation Manager/Site Manager/Lead Pilot (RW &/or FW)
- Director of Maintenance for Part 135 Operator (RW &/or FW) *(CAMTS Office will determine if this is necessary for smaller Operators)*
- Lead Mechanic/Maintenance Manager (RW &/or FW)
- Surface Transport Service Director/Manager/Supervisor
- Surface Transport Service Maintenance Manager/Supervisor
- Medical Transport Personnel on duty at service: MDs, RNs, EMT-Ps, RRTs, Residents, Specialty Care Team Members (NICU RNs, PICU RNs, RRTs)
- Ambulance driver(s): EMT-Ps and/or EMTs
- Phone interviews of referring prehospital agencies, facilities, or physicians: EMS/Fire Agencies, local referring hospitals & clinics-Charge Nurse or Director of ED, Cath Lab, etc. and referring physicians.
- Chair/Coordinator of the Safety Committee, Medical Education Program and Quality Improvement Program
- Upper Administration of the Medical Transport Program (interview with one of the following:)
  - Owner of a Medical Transport Company or
  - President/CEO from a Corporation or Hospital or
  - Director of Nursing or Vice-President that oversees the Transport Program or
  - Division of Company/Corporation or in the Hospital that oversees the Program

**Optional Interviews:** (applicable to type of program):

- Program administrative assistant-secretary
- Member of the hospital or corporate Board of Trustees
- Representative of state EMS Office
- Medical Control Physician(s) covering for on-line Medical Control

D. **Closing Conference** - Site surveyors and the Program management team will meet to review the site survey process and procedures, read the Site Visit Statement, and provide a very brief presentation to the program. The Site Surveyor will moderate and facilitate the presentation of items cited in the Board Letter. The Site Surveyor will not speculate on possible further decisions or accreditation actions/awards (which will be made by the Board of Directors) but will list their findings as resolved or unresolved related to each cited Accreditation Standard approximately 30 minutes. The closing conference is a brief presentation and is not a time for debate or discussion with the program.

E. Solicited and unsolicited information (“Information”) received before the site visit about the medical transport service can be used by the board in their accreditation deliberation.

Once an accreditation decision is made by the board, the board may review any new Information which becomes available about the medical transport service to appropriately assess continued compliance with the accreditation standards.

**SUBJECT: Virtual Site Visits**

**POLICY:** This is a temporary solution for extraordinary circumstances (such as a pandemic or regional emergency) that prevent travel and on-site visits when a program’s tenure of accreditation is about to expire.

**GUIDELINES:**

1. The program will complete and submit the PIF as scheduled (120 days prior to the tenure of accreditation’s expiration date).

On-site visits that are unable to be scheduled due to travel restrictions will be scheduled for video conferencing interviews and virtual tours. *(All decisions about planning and conducting a site visit are subject to change depending on conditions at the time. The Executive Staff will make decisions based on real-time conditions.)*

2. Reports will go back to the Board of Directors as is customary. The following accreditation decisions and actions are possible at the discretion of the Board:

A. Full or Probational Accreditation Site Visits if:

- The program is reaccrediting, and,
- There have been no changes over the previous 3 years and,
- The program held Full Accreditation in the previous 3 years,
- The pre review and virtual tour and interviews do not reveal new or repeated weaknesses in patient care, safety, or quality.

B. Conditional Accreditation (a one-year accreditation).

- New applicants
- Reaccreditation applicants with major changes that did not have a supplemental visit.
- Reaccreditation applicants that did not have full accreditation in the previous tenure of accreditation.
- The charge for Conditional Accreditation is \$2500. The program will have a choice if the PIF fee has already paid for a reaccreditation or an initial accreditation (\$6500 plus asset or base fees). That amount may be held as credit for the accreditation application in one year or the balance of the fee minus the \$2500 for Conditional Accreditation will be returned. The date Conditional Accreditation is determined is the new starting date for tenure of accreditation.

Site surveyors will be assigned to set up the schedule for virtual tours and videoconferencing following typical on-site practices.

The program will be charged the same site surveyor fees of \$600 per day per site surveyor but there are no travel and expense fees.

- When the program applies for three-year accreditation (120 days before the Conditional Accreditation expires) the PIF must be updated to reflect current policies and practices.
- The program will not be charged another initial application fee (\$750 for Global and \$1000 for CAMTS) but there will be an additional \$2500 charge (no asset or base fee) for the Conditional Accreditation and the additional year of accreditation because the date will be reset at the time of the Full or Probation Accreditation decision.

03.02.00C (111020/031821/012022/072223)

COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS

**SUBJECT: Site Survey During a Public Health Emergency/Pandemic - INACTIVE**

**POLICY:** Scheduling a site visit is dependent on current conditions at the program’s location, expiration dates and extensions, and site surveyors’ availability.

**GUIDELINES:** All guidelines are in accordance with CDC and WHO guidelines, travel challenges, and available site surveyors who meet the following criteria:

**Site Visit Protective Measures**

1. Only site surveyors who can provide proof of current pandemic vaccinations will be scheduled for on-site visits.
2. Travel to and from a program will be closely monitored to avoid airports in states and counties with widespread ongoing pandemic transmissions. Direct flights are preferable, when possible. Finalizing flights may only be within two (2) weeks of the trip and only after final confirmation from the CAMTS office.
3. Prior to traveling for a site visit, Site Surveyors shall provide proof of pandemic vaccination to the CAMTS office (copy of the CDC card) and sign an attestation that they have received pandemic vaccination(s). A copy of that form will be provided to the program by the CAMTS office.
4. Site visits to specific bases will be pre-planned with the program to minimize travel and exposure risks for the site surveyors and program personnel. Some satellite base visits may be conducted virtually.
5. Programs that are reaccrediting may have a virtual site visit by one surveyor with another surveyor on site. In the event of severe restrictions, such as countries that enter lockdown, a total virtual site visit may be considered (refer to Policy 03.02.00B).  
*(All decisions about planning and conducting a site visit are subject to change depending on conditions at the time. The Executive Staff will make decisions based on real-time conditions.)*
6. Site Surveyors shall wear masks and gloves during site visits, when checking aircraft or ambulances, and when in contact with any patient care areas. Masks and social distancing are required throughout the visit and interview process. Site Surveyors will bring their own masks, gloves, and hand sanitizer for use during travel but will use the program’s PPE once they are on-site to prevent cross contamination.

7. Site Surveyors shall follow on-site protocols, such as checking visitor temperatures before entry and Personal Protective Equipment (PPE) requirements.

## **B. On-Site Expectations**

**1. Interviews and tours will be conducted with vaccinated personnel only. Masks are required for all who are in contact with site surveyors.**

**2. To minimize exposures, we will ask for a private area to station the site surveyor at a computer and conduct on-line interviews with key personnel who are not vaccinated or are at a remote location. The program needs to make sure documents can be shared on-line, as needed, during these interviews to save time for the site surveyor and the staff.**

**ON HOLD as of July 22, 2023**



1. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE SUPPLIED INFORMATION IS TRUE, ACCURATE AND COMPLETE.
2. MEDICAL TRANSPORT PROFESSIONALS SERVING AS SITE SURVEYORS ARE ABLE TO PROVIDE PROOF OF RECEIVING THE COVID-19 VACCINE(S) AT LEAST FOURTEEN (14) DAYS PRIOR TO TRAVEL TO THE SITE VISIT.
3. SITE SURVEYORS PRACTICE SOCIAL DISTANCING AND PROPER HAND HYGIENE TECHNIQUES ON SITE AND DURING AIR AND GROUND TRAVEL TO THE SITE VISIT.
4. SITE SURVEYORS ARE REQUIRED TO PRACTICE SOCIAL DISTANCING WITH MASKS AND GLOVES WHEN CONTACTING EQUIPMENT AND SURFACES COMMON TO PATIENTS AND PATIENT CARE PROVIDERS.
5. SITE SURVEYORS ARE REQUIRED TO FOLLOW ALL HEALTH SCREENING AND PPE PROTOCOLS AT THE PROGRAM THEY ARE VISITING.
6. TRAVEL TO AND FROM THE PROGRAM AND BASE VISITS ARE MONITORED FOR COVID 19 RISKS TO MINIMIZE EXPOSURES.

I, \_\_\_\_\_,  
(PLEASE PRINT NAME AND TITLE)

hereby certify that I am the person named in this attestation; that all statements and documents submitted are true and accurate.

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03/18/2021

**03.02.01**

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*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Accreditation Program Information Form and PowerPoint Board Reports

**POLICY:** All reports and correspondence relative to a site visit or accreditation decision are considered confidential and are labeled as such. Board members who have a conflict of interest (as defined by policy 04.03.00) are excluded from all aspects of the accreditation process and resulting reports. The following reports are required according to the guidelines listed:

**GUIDELINES:**

**Pre-Review**

A. The Pre-Review will be completed by the Executive Staff or designee from the pool of experienced site surveyors, to be chosen at the Executive Director's or Associate Executive Directors' discretion.

1. Executive Director or designee will note in the Standards Compliance Tool comments and questions to include information as described in 03.01.00 (C).

2. The CAMTS Office will provide a Program Logistics Form to Site Surveyors to include the following Program Information:

Program Lead Contact name, telephone numbers and email address  
Any additional information that would assist in the planning of the survey  
Board Meeting Date

\*\*All other program information can be found in the Program Information Form

3. Pre-Reviewer – The Executive Director (or designee) will score and highlight the appropriate comments/questions in the Standards Compliance tool which will be transmitted electronically to the Site Surveyors and Board reviewer(s).

Comments reviewed from the Safety Culture Survey and follow-up questions for Site Surveyors will be summarized and documented in the Standards Compliance Tool – in Section 02.03.04.

4. The Executive Director and Executive Assistant will decide on the following recommendations for each Site Survey before the Site Survey is confirmed: (i) number of Site Surveyors; (ii) length of time for the site visit, if more than 2 days, or how to accomplish such a survey using more than 2 Site Surveyors especially for those programs with multiple sites/bases or located in more than one state; and (iii) special needs on a survey or specific Site Survey qualifications required due to previous weaknesses as noted by federal authorities (e.g., the FAA or NTSB), state authorities (e.g., the state EMS office), accidents, by CAMTS and/or complaints received by the CAMTS Office

**03.02.01**

### **Site Surveyor Board Report Documents**

- A. Lead Site Surveyor will complete the Standards Compliance Tool by scoring each standard and commenting in the Site Surveyor comment section if scoring a 1 (not compliant) or 2 (partially complaint), or if the finding exceeds a 3 (meets compliance). Scores are automatically tabulated and graphed in the "Scoring" section.
- B. Each question by the Pre-reviewer will be addressed by responding in the Standards Compliance Tool.
- C. No Site Surveyor report will include an accreditation recommendation.
- D. Lead Site Surveyor will complete the Standards Compliance Tool and PowerPoint Board Report, with appropriate attachments and images, to be submitted to the CAMTS office within fourteen (14) days of completion of the Site Survey to ensure timely completion for the CAMTS Board to make accreditation decisions.

### **Final PowerPoint Board Report**

- A. Single Board Reviewer - A final PowerPoint Board Report will be presented to the full Board of Directors.
- B. Two Board Reviewer(s) for New Applicants – Two Board Reviewer(s) will be selected for all new applicants. A Final PowerPoint Board Report will be presented to the full Board of Directors. The two Board Reviewer(s) will independently review the information without consultation from outside sources or Board Members. Prior to the Board meeting, after the Board Reviewer formats the report, he/she may discuss the Board Report with the other Board Reviewer to review the cited Accreditation Standards. Also, when appropriate, the Executive Director/Associate Executive Directors or Site Surveyor(s) who conducted the site visit may be consulted.

Notwithstanding the foregoing, if the Quality Management (QM) Committee is conducting a QM Review on the Board's deliberation of the Board Report, the two Board Reviewers will be notified not to discuss the Board Report prior to the Board Meeting and to present two independent reports. This will occur only for a QM Review of our deliberation and reporting process.

**03.02.01**

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C. Process to complete the PowerPoint Board Report

1. The completed Standards Compliance Tool and PowerPoint Board Report will be evaluated.
2. The Power Point Board report will include the number of responses versus the number of Safety Culture Surveys emailed to the program, bar graph comparing scores to other programs, comments from the Safety Culture Surveys and a summary of the medical protocols' critical elements evaluation.
3. Confidentiality will be maintained. The PowerPoint Board Report will not identify the program, operator, or location.
4. The Board member may add to or rearrange the Power Point slides completed by the Site Surveyor. However, slides related to site survey findings should not be deleted. If the Board member does not agree with the finding, they may indicate by placing an "X" across the slide.

D. The PowerPoint Board Report will not include any reference by name to the Program, city or state, vendor, or other identifiable specifics but will include:

1. Program demographics from Part A of the PIF with number of transports, bases, vehicles and Incidents/Accidents in past 5 years. This will be completed by the CAMTS Office and placed in the PowerPoint Board Report **to be verified by the Site Surveyor/Board Reviewer(s).**
2. **Findings that will be cited in the Board Report and in the letter to the program are in two categories:**

**Areas of Strength** – Findings that exceed the standard or are recognized as innovative practices.

**Areas of Weakness** – Findings that partially meet compliance with the standards, do not meet the intent of the standard, or do not meet compliance with the standard.

3. Each statement in the listings above must be supported by:
  - a. Accreditation Standard(s) number and specific standard or pertinent part of the standard.
  - b. Reason listed as bullet points/Font size should be no smaller than 18
  - c. Site Surveyor's evidence
4. A review of the critical elements of currently specified medical protocols will be summarized on one slide (created by the executive staff based on the committee's review)
5. Recommendation will be completed by the Board Reviewer for accreditation to include: if Progress Report is needed, in how many months and if it should come back to the full Board or to the Executive Board.

Board Reviewer will have this report ready by electronic format by posting it in Dropbox 24 hours prior to a meeting and bringing the report on a jump drive/flash drive along to the meeting. The Board Reviewer will also bring four copies of the Board Report pages except for the initial stats and history for the Executive Director, Associate Executive Directors, Chair and QM Committee Chair.

6. If the Board meeting is conducted by video conferencing, it will be recorded so that accurate minutes can be created. That recording will be deleted after two weeks or as soon as the Recording Secretary has finished and proofed the minutes.
7. Executive Director/Associate Executive Director will maintain these copies in the CAMTS Office and will use the Board Report and notes from the meeting to format the Board Letter to the Program. The formal letter to the program will provide the following:
  - a. Accreditation decision or action
  - b. Mode of transport and location of each mode
  - c. Type of Accreditation (Critical Care, ALS/BLS etc.)
  - d. Expiration date
  - e. List of findings and corrective actions to address the weakness findings in a progress report that is due at a specified date.
8. The Chair provides a final review and approval of the letter.

**03.02.01**

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**Progress Reports**

A. Progress Reports may be requested from a Program following an accreditation action or decision, or as a follow-up to a previous Progress Report. These reports will be reviewed by the Executive Director/Associate Executive Director, who will respond to the Program, without involving a Board Member, if the following conditions have been met:

1. Progress Report includes all requested materials and areas of weakness are addressed appropriately. There may be indications for an additional follow-up report, which will be specifically outlined in the response to the Program.
2. Progress Reports and follow-up to initial progress reports are complete and require no additional report or information.

B. Progress Reports will be referred to the Executive Board as follows:

1. Executive Board Member specifically requests that he or she review a follow-up progress report.
2. Executive Director/Associate Executive Director has questions after reviewing a Progress Report or needs clarification from a Board Member.
3. Probational accreditation – initial and follow-up progress reports unless Full Board review is specifically indicated.

C. Progress Reports will be presented to and reviewed by the full Board as follows:

1. Report on a fatal accident
2. Initial Progress Report from a Provisional Accreditation Action
3. Initial Progress Report following Probational Accreditation if indicated.
4. Any progress report that requires full Board approval.
5. Reasonable attempts will be made to use the same Board Members(s) who did the previous review for continuity and history. Board reviewers will receive the following materials to prepare the report for the Board.
  - a. The most recent of CAMTS Chair's letters to the program including Progress Report letters.
  - b. Program's most recent Progress Report.

**03.02.01**

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6. One or more Board Members will independently review these documents without consultation from outside sources or from other Board Members. Consultation with the Executive Director/Associate Executive Director and discussions with the Site Surveyors who conducted the site visit is permissible.

7. A PowerPoint will be created and formatted by the Executive Director or Associate Executive Director and sent to a Board Member presenting the progress report.

a. The format should follow the order of the findings that are cited in the formal letter of accreditation.

1) Number in the order cited in the Chair's letter

2) Rewrite/paraphrase the areas of weakness

3) Cite the Accreditation Standard.

4) Quote or paraphrase the Program's response.

5) Provide a recommendation – Addressed appropriately or Follow-up required.

b. The Board Member will bring two copies of their report to the Board meeting along with presenting a PowerPoint presentation to the Board.

**Record Retention, Security and Disposal of Confidential Information**

A. The CAMTS office will store the original PIF, a copy of the Standards Compliance Tool with attachments and pictures and the signed Board Reviewer Decision forms. The records will be stored on-line with some supporting documentation in program files in an area that is not accessible to the public.

1. A PIF submitted for reaccreditation will also be stored by CAMTS so that there is always a current copy of the PIF and a copy of the PIF from the preceding tenure of accreditation.

2. All correspondence to the Program and from the Program, regardless of format, is to be kept in a confidential file.

3. Copies of the PIF, Standards Compliance Tool and attachments that are sent to Site Surveyors and Board Members will be destroyed after the Board meets to review the materials and as directed by the Executive Director/Associate Executive Directors.

**03.02.01**

CAMTS/PPM

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The Executive Director/Associate Executive Directors will provide the Site Surveyor and Board Member with guidance regarding how and when to dispose of the PIF. Due to the Appeal Process timeline, the CAMTS Office may request the Site Surveyor to maintain his/her confidential copies until the Board makes a final accreditation decision. The original on-line document will be maintained by the CAMTS Office.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Final Accreditation Decisions (Accreditation Awards or Board Actions)

**POLICY:** An accreditation decision will result from a vote by the Board of Directors after presentation by one or more Board Reviewers and discussion by Board Members consistent with generally accepted principles of peer review.

**GUIDELINES:**

A. Reasonable efforts will be made to locate a substitute for a Board Reviewer who unexpectedly cannot attend the Board meeting so that there are one or more Board Members presenting reports for each accreditation action required.

B. The portion of the Board meeting dealing with accreditation deliberations shall be attended by Board Members without a conflict of interest and by those individuals invited by the Board, at its discretion, to participate in such deliberations. Programs applying for accreditation or reaccreditation are not permitted to attend Board meetings.

C. Presentation for fully accredited programs applying for reaccreditation may, at the discretion of the Board Chair, be presented to a multi-disciplinary subset of the full Board for more efficient use of the Board's time. Any board member requesting to present to the full Board may do so especially if they believe the program is complex or is in questionable substantial compliance. All other accreditation actions must be presented to the full Board.

1. A member of the Executive Board, or other appointed Board member, will serve as the chairperson for this Ad Hoc Board deliberation sub-committee and will make a recommendation for the new accreditation status or action to the full Board based on the decision of the subcommittee. The full Board will vote and approve all final accreditation decision or actions.

D. Notification of accreditation action

1. Executive Director/Associate Executive Directors will notify the Program's contact person by phone of the accreditation award or Board action as soon as practicable after the Board meeting.

2. A notification letter will be sent by certified mail within 30 business days of the Board meeting. The notification letter will include:

- a. The accreditation action;

- b. Supporting justification by reference to the Accreditation Standards; and
  - c. If necessary, steps outlining future expectations with specific deadline dates.
3. Copies of the notification letter will be shared with the appropriate Site Surveyors along with the site surveyor evaluations submitted by the program.
4. If awarded probational, full or conditional accreditation, a certificate of accreditation and logo information will be sent out by the **CAMTS Office**.

**03.03.00**

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*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Multiple Locations and Modes of Transport

**POLICY:** Medical transport services and mobile integrated healthcare systems applying for accreditation must include each component of the service according to the following guidelines.

**GUIDELINES:**

- A. Medical transport and/or mobile integrated healthcare services that operate more than one aircraft or surface vehicle in more than one location, including rotorwing, fixed wing, surface vehicle or any combination thereof, need to include all sites and modes of transport or service delivery in the application for accreditation unless 12 or more transports in one specific mode were not completed in the previous year.
  
- B. An air medical service with a ground critical care component is required to include the ground critical care component in the application process if the ground critical care service is part of the air service at the discretion of the Executive Committee of the Board of Directors. Examples of a ground critical care service that is part of the air service include:**
  - 1. The critical care ground service is under the same management structure within a hospital sponsored, private or public system.
  - 2. There are staffing overlaps between ground and air transports.
  - 3. Personnel wear the same identifying uniforms.
  - 4. Personnel, vehicles, and aircraft share the same name, logo, etc. identifying the service to the public.
  - 5. The ground part of the service advertises and accepts requests for transport of critical patients.
  - 6. A ground service that is strictly available to transport flight crews when the aircraft is out of service is not considered a dedicated ground service and is not required to be included in the accreditation application. However, the following must be present to ensure a safe and appropriate flight line and air to ground transfer.
    - a. There is a checklist to verify on board equipment is in working order and oxygen is sufficient for the length of the transport.

**03.03.00**

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- b. Stretcher can be secured in a locked position to prevent movement during transport.
  - c. Seatbelts are required for operator and attendants.
  - d. Operator uses lights and sirens only when requested by the clinical crew.
  - e. Operator uses a hands-free communication system. Texting is prohibited while the ambulance is in motion.
  - f. Ground ambulance EMS license by State or AHJ is provided.
  - g. Ambulance operator adheres to rest/duty time guidelines according to Accreditation Standard 01.07.01
  - h. Ambulance operator is trained in defensive driving, developed by the provider or outside agency that includes EVOC or equivalent training.
- C. If Medical Escort is part of the program's scope of service, it must be included in the accreditation application if 12 or more transports were conducted in the previous year.
- D. Decisions regarding the number of Site Surveyor days will be determined on a case-by-case basis at the time of application.
- E. Combinations of services under the same owner must have common missions, QM, SMS, operational policies, and medical protocols **as consistent with Policy 03.04.00.**
- 1. Sites that offer BLS, ALS, Specialty Care, Critical Care or Medical Escort must be clearly designated **and common medical protocols are expected to be based on the types of care provided.**
  - 2. **An accredited program or accreditation applicant that acquires medical transport services, operating under a different branding, must have an integrated quality management process that demonstrates operational and patient care issues are addressed based on overall tracking, trending, and resolution of identified trends.**
- F. Decisions regarding the number of Site Surveyor days will be determined on a case-by-case basis at the time of application. Some locations may be visited unannounced during a site visit for accreditation or reaccreditation.

**03.04.00**

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*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** All or None Principle

**POLICY:** If a medical transport program is, in CAMTS' determination, a multiple site program, a multiple aircraft program, a multiple service program, or a group or family of companies operating under a **single brand or different brands** then the accreditation decision for the entire service will be based on review of all sites, aircraft, surface vehicles and companies of the service. **The program offering several types of services (referred to in this policy as the "accreditation applicant")** may, in the sole discretion of CAMTS, be considered the same service and must include information concerning all aspects of the service under the guidelines listed below. A critical care ground service that also offers ALS/BLS ground is not required to include the ALS/BLS ground component.

**GUIDELINES:**

A. The provider of patient care and medical direction is identified as the accreditation applicant. The State EMS license identifies that provider as the legal entity responsible for operating an "ambulance service" under the rules and regulations of the State's Board of Health.

B. Each mode of transport ~~that completes 12 or more transports in the previous year,~~ each site, each service, and each entity within **"the accreditation applicant company"** must meet substantial compliance with the Accreditation Standards for the service to obtain ~~probational or full~~ accreditation.

C. An initial application, involving multiple companies, is approved on a case-by-case basis based on, but not limited to, the following information:

1. Any common name used by all aspects of "the company" and any identifier names specific to those included in the application.
2. A common Board of Directors for "the company" (any differences for specific entities within "the company" must be identified).
3. Employers for each of the disciplines are required in the application:

Medical Personnel\*  
Pilots  
Aviation Maintenance  
Ambulance operators  
Communications personnel  
Managers (List different employers if not all are employed by the overall company)

**03.04.00**

(032691/101692/011397/042797/072901/072205/112508/072515/10/17/15/073018/041721/041622  
102222)

Page two

**\*If an accreditation applicant contracts with a hospital or other entity for medical personnel to staff the aircraft or vehicle(s), but does not employ the medical personnel – this type of program (sometimes referred to as a “hybrid service” or “alternative delivery model”) cannot be included in a group application unless there is a written agreement or policy that the medical personnel are required to follow the medical direction, medical protocols, and operational policies and training of the accreditation applicant.**

**\*\*If a communication center(s) is contracted and the communication specialists are not employees of the accreditation applicant, there must be a written agreement or policy that these communications specialists have the same pre-hire requirements, receive the same or similar initial and recurrent training, and will follow the communications center policies of the accreditation applicant.**

4. **If there is more than one communications center, there is evidence that the communications centers operate under an integrated quality management process that demonstrates operational and communications issues are addressed based on overall tracking, trending, and resolution of identified trends.**
5. Medical directors and DEA licenses as required by each State.
6. All medical mission types of care provided by the **“accreditation applicant the company”** are identified (Critical Care, BLS, ALS, Specialty Care and Medical Escort).
7. Medical Protocols are common to all the Critical Care services with specific differences only for BLS, ALS, Specialty Care and Medical Escort services.
8. Each FAA certificate holder and **Operational Control Center** is identified in the application.

**03.05.00 (072205)**

**SUBJECT:** Medical Escort Service

**POLICY:** A Medical Escort Service (defined as a service that provides coordination for travel, medical personnel, and medical equipment to accompany a patient who is stable enough to travel by commercial airlines) may apply for accreditation under the following guidelines.

**GUIDELINES:**

1. A Medical Escort Service is eligible for accreditation if it operates as an independent service or as part of a medical transport service. A broker who occasionally provides medical personnel to accompany patients on a commercial airline is not considered a dedicated medical escort service and is not eligible for accreditation.
2. A Medical Escort Service that is part of an air service must include the entire service in its application for accreditation according to the guidelines of the “All or None Principle” – 03.04.00.
3. The Medical Escort Service will comply with the policies and procedures of CAMTS as applicable to its mission and operational environment.
4. The Medical Escort Service must meet substantial compliance with current Medical Escort Standards of the Commission on Accreditation of Medical Transport Systems to achieve accreditation.
5. A separate accreditation fee is applied to Medical Escort Services that are not part of an air or ground transport service. Please refer to Policy 04.05.00.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Accredited Programs that have Accidents, Incidents, or Sentinel Events

**POLICY:** Accredited medical transport programs that have Accidents or Incidents, as defined by the Federal Aviation Administration, National Transportation Safety Board, and/or Federal Aviation Regulations, or that have Sentinel Events, as defined by The Joint Commission, are required to report the Accident, Incident, or Sentinel Event to CAMTS, in writing (using the on-line form), according to the following guidelines:

**GUIDELINES:**

A. For minor incidents or Sentinel Events as defined by The Joint Commission that did not result in injury, death, or major damage to the vehicle – reports are to be included as part of the application for reaccreditation in the Demographics section of the PIF.

B. For an air accident as defined by the NTSB or an ambulance accident that involved injuries and/or the ambulance had to be towed or totaled or a sentinel event that resulted in injury or death, the initial report to the Board shall include:

1. Copies of the CONCERN report (if filed), NASA report (if filed), NTSB Preliminary Report, any reports from local law enforcement (e.g., police department, sheriff's department, fire department, etc.), and any Sentinel Event report must be submitted. The Program shall submit to CAMTS the NTSB's Probable Cause Report as soon as it becomes available.
2. Completion of the Accident Report included with this policy along with a causation analysis (event investigation or root cause analysis).
3. Fatal air accidents will require a supplemental Site Survey/Monitoring Visit or Reaccreditation Site Survey within six (6) months of the Accident. The date and time of the supplemental Site Survey/Monitoring Visit shall be at the sole discretion of CAMTS and may be an unannounced visit. The Program will immediately be placed Under Review as defined in Policy 04.01.00(c), until the supplemental Site Survey or reaccreditation Site Survey is completed and findings are reviewed by the Board.

A follow-up report may be requested from the Program to demonstrate how the Program has addressed findings related to the Accident, Incident, or Sentinel Event, including but not limited to a root cause analysis, and addressed issues of loop closure in the QM process.

**SUBJECT: Integrity of Information, Good Faith in Accreditation, and Grounds for Disqualification or Board Action**

**POLICY:** The accuracy and completeness of relevant information, whether used in the accreditation process or not, are essential to the integrity of the accreditation process. Information provided in the PIF and during the accreditation cycle by the medical transport service and used by the Commission for accreditation purposes must be accurate and complete. Such information may be obtained through direct observations or interviews, from documents supplied by the Program, from electronically transmitted information and data, or from other sources as deemed appropriate by the Board.

**GUIDELINES:**

1. A Program shall not submit false or misleading information to the Commission nor omit any information that is relevant to the accreditation process. Any attempt or apparent effort to do so is a violation of the Program's obligation to engage in the accreditation process in good faith.
2. Any amendments to the original documents submitted by a Program must be properly identified, dated, and accompanied by the original documents.
3. The Commission reserves the right to take whatever action it deems necessary to obtain truthful and complete information upon which to make a reasonable and informed decision.
4. If accreditation is withdrawn based on falsified information, the Program is not eligible to reapply for accreditation for a minimum of one year and a maximum of five years, as determined by the Board of Directors.
5. Good Faith in Accreditation. The Commission requires that each Program seeking accreditation engage in the accreditation process in good faith. The Commission may deny accreditation to any Program failing to participate in good faith in the accreditation process.
  - a. Examples of a Program interfering with good faith participation include, but are not limited to, the following:
    - (1) The Program must not deceive or attempt to deceive the Commission in any aspect of the accreditation process. The Commission believes preparation for accreditation is a positive practice that helps improve the quality of the Program. One example would be a Program that hires additional personnel before a site survey for the purpose of portraying a full staff, with the intent to terminate the employment immediately after the site visit.

(2) No Reprisals – The Commission invites open communications from any accredited Program’s staff and recipients of care about compliance with the Accreditation Standards or other issues related to the accreditation process. Any attempt to interfere with such communication shall be deemed an act of bad faith, including, without limitation:

- (a) any direct or indirect instructions or directions to employees to not cooperate with the accreditation process;
- (b) threats of termination or other adverse employment consequences or legal action to employees or agents of the Program who communicate with the Commission; or
- (c) other direct or indirect threats of reprisal against an employee or agent or such person’s family or economic interests.

(3) A lack of commitment to Accreditation Standards compliance is also a sign of not participating in good faith.

6. Grounds for Disqualification. A Program’s application may be disqualified, or the Board may take action against a Program as set forth in Policy 04.01.00 (“Other Accreditation Decisions”) in the event the Board concludes that a Program is not fit to provide medical transport services or has failed to act in good faith in the accreditation process. Reasons for denial include, without limitation, the following:

- a. Submission of material information that is false or misleading or the omission of any material information.
- b. The intentional falsification of any document. Falsification means the fabrication, in whole or in part, of any information provided by an applicant or accredited Program to the Commission. This includes, but is not limited to, redrafting, or reformatting of documents.
- c. Deliberate interference with the accreditation process.
- d. Clear weaknesses in the financial condition of the Program that would potentially result in the deterioration of safety standards.

7. Expedited Review. The Board (or the Executive Board, if between meetings) may expedite action to suspend and/or withdraw accreditation whenever it reasonably believes that there is credible evidence that the Program has either omitted information or provided falsified information. Relevant government agencies may be notified of the Board action.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Public Notification

**POLICY:** The Commission requires a Program to inform the public of a scheduled Site Survey, other than a Site Survey following a fatal Accident, and invites them to provide the Site Survey team with relevant information. The Program must provide an opportunity for members of the public to participate in a public information interview during a site visit. The public includes but is not limited to referral and receiving agents; patients and their families; patient advocacy and advocacy groups; and members of the community the program serves.

**GUIDELINES:**

1. The Commission requires that the Program scheduled for a Site Survey post or make announcements of:
  - a. The Site Survey date.
  - b. The opportunity for a public information interview; and
  - c. How to request an interview
2. Postings shall be made in a format consistent with the one provided by the Commission (see example to follow) and should be posted in public areas where the Program is based (reception areas, airport facilities, hospital reception areas, etc.)
3. Advance Notice: Postings shall be displayed at least 30 days prior to a Site Survey. Notices must remain posted until the Site Survey is completed. Failure to provide advance notice may result in the cancellation of the Site Survey at the Program's expense (see Policy 04.05.00).
4. Informing the community: Reasonable steps must be taken to inform the community of its opportunity for public information interviews at least 30 days before the site visit. Failure to provide notice to the public may result in the cancellation of the Site Survey at the Program's expense (see Policy 04.05.00).

Reasonable Steps include, but are not limited to:

- a. Informing stakeholders that have communicated with the Program in the previous 12 months.
- b. Reaching out to other members of the community (choose at least two of the following strategies):
- c. Public service announcements
  - Classified advertisements (run 2-3 days, 30 days prior to visit)

- Postings on the Program's Web site
  - Announcements in newsletters.
- d. Informing individuals who inquire about the Site Survey about the Site Survey date and the public's opportunity to participate.
5. Compliance with the Public Information Interview Policy. The Site Surveyors will review the Program's compliance with the policy outlined above and indicate whether it believes the Program has complied with the policy during the closing conference. Findings will be included in the Site Surveyor's report to the Board.
6. Conducting the Public Information Interview
- a. Handling requests – Individuals requesting a public information interview shall submit their requests and the nature of the information to be provided in writing to the Commission no later than 10 days before a scheduled Site Survey.
  - b. If the request for a public information interview is made to the Program, the Program will forward this request to the Commission within five (5) days of receipt of the request. Individuals making oral requests should be instructed to make requests in writing.
7. Scheduling Interviews – The Program must provide potential public information interview participants with advance notice of not less than 10 days. Prior to the Site Survey, the Commission is responsible for notifying individuals requesting an interview of the time, date, and place of the interview.
8. Interview Eligibility - Individuals whose written requests are untimely will not be interviewed unless time permits. If not interviewed, such individuals may provide a written statement to CAMTS.
9. Interview Process – Interviews shall be conducted by the Site Survey team, outside the presence of Program personnel. The Program will provide reasonable accommodations for the interview(s).
10. The interview shall not serve as a debate between the Site Survey team and the Interviewee.

Additionally, the Site Surveyors will not convey conclusions to any interviewee.

**PUBLIC NOTICE**

The Commission on Accreditation of Medical Transport Systems will conduct an accreditation site visit of:

\_\_\_\_\_ (name of the program)

on \_\_\_\_\_ (site survey dates)

The purpose of the site visit will be to evaluate the program’s compliance with nationally established medical transport standards. The site visit results will be used to determine whether, and the conditions under which accreditation should be awarded to the program.

CAMTS accreditation standards deal with issues of patient care and safety of the transport environment. Anyone believing that he or she has pertinent or valid information about such matters may request a public information interview with the CAMTS site surveyors at the time of the site visit. Information presented at the interview will be carefully evaluated for relevance to the accreditation process. Requests for public information interviews must be made in writing and sent to CAMTS no later than 10 business days before the site survey begins. The request should also indicate the nature of the information to be provided during the interview. Such request should be addressed to:

Office of the Executive Director  
Commission on Accreditation of Medical Transport Systems  
PO Box 130  
Sandy Springs, SC 29677

The Commission will acknowledge such written requests in writing or by telephone and will inform the program of the request for an interview. The Commission will, in turn, notify the interviewee of the date, time and place of the meeting.

This notice is posted in accordance with CAMTS requirements and shall not be removed until the site visit is completed.

Date Posted: \_\_\_\_\_

CAMTS/PPM

03.09.00 (071104/112508/ 010123)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**NO LONGER APPLICABLE**

**SUBJECT:** ARGUS Background Checks

**Date Approved:** 7/11/04

**POLICY:** The Aviation Research Group (ARGUS) is an internet service that provides a 10-year history of aviation companies and rates the companies according to their safety history. As a member of ARGUS, CAMTS has the capability to access a Charter Evaluation and Qualification System (CHEQ) Report on individual aviation companies. The CHEQ report is an instant, comprehensive report that provides information on NTSB and AID reports from the FAA, pilots experience and historic records with the FAA, ownership and management of the company and specific aircraft history. CAMTS will be entitled to access an ARGUS CHEQ Report at any time when deemed appropriate by the Board.

03.10.00 (102304/112508/041720/022422/012224)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Background Checks on Programs Seeking Accreditation

**Date Approved:** 10/23/04

**POLICY:** Any or all of the following resources may be checked by the CAMTS Office on Programs that submit a PIF prior to the Site Survey so that it can attempt to clarify or answer questions during the Site Survey or before the Board meeting. This Information may be provided to the Board Reviewer(s) presenting a report to the full Board for an accreditation decision.

**GUIDELINES:**

1. The Program will maintain hull and liability insurance for each aircraft.
2. The Program will maintain auto insurance on any ambulance, company car, or personal car used for company business.
3. Medical malpractice insurance is maintained by the company or individual patient care providers.
2. ARGUS research to be downloaded per CAMTS' discretion.
3. Progress or judgments in litigation information submitted in Part A of the PIF.
4. CONCERN and NTSB reports for the Program.
5. Reports of Sentinel Events.
6. Current State EMS Licenses and reports from state offices of the inspector general or queries from State EMS offices.

**03.11.00** (102205/041721)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Ongoing Communications with State EMS Agencies that require CAMTS Accreditation

**POLICY:** The CAMTS Office will provide information to state EMS agencies that require CAMTS accreditation for state licensing of air medical or ground services according to the following guidelines.

**GUIDELINES:**

A. Information regarding the accreditation status of Programs will be provided to the appropriate state EMS agency in writing (electronic submission is acceptable) and copied to the Program within 5 business days of the action or decision notification (to the Program) by the CAMTS Board of Directors. This information may include, but is not limited to, the following:

1. Initial application received by the CAMTS Office.
2. Scheduled dates of Site Surveys.
3. Accreditation actions and decisions with effective dates.
4. Reported changes within the Program.
5. ~~Copy of the annual Verification Form.~~

B. The state EMS agency will provide any reports of unsafe or untoward patient outcomes reported to the state regarding an accredited service (or a service going through the accreditation process) to the CAMTS office within 5 business days of its notification procedures.

03.12.00 (071208/112508/041319/041721)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Listing of Accredited Programs on the CAMTS website

**POLICY:** Accredited programs will be listed on the website according to the following guidelines.

**GUIDELINES:**

1. All Programs listed on the website will be listed with the expiration date of the most current certification period. The Program's corporate office will be listed by city under the appropriate state. Individual satellite bases will not be listed by city, but satellite bases located in other states will be listed by the Program name in parentheses.
2. A Program that is appealing an accreditation decision or Board action (see Policy 04.02.00) will be designated as "Action Pending" with an asterisk.
3. A Program under Special Review, as set forth in Policy #04.01.00, will be designated with a # sign.
4. A Program in a Preliminary Denial, as set forth in Policy 04.01.00(C) ("Accreditation Awards"), will be designated as "Preliminary Denial."
5. A Program undergoing review of major changes (see Policy 04.01.00 - "Board Review of Significant Program Changes") or a Program that has had a fatal accident within the past (six) 6 months (see Policy 03.06.00) will be designated as "Under Review."
6. A Program operating under an approved extension (see Policy 04.01.00 - "Requests for Extensions") will be designated as "Approved Extension."
7. A Program that achieved Conditional Accreditation is designated with a % sign. listed as "Conditional Accreditation" following the name of the program and expiration date.

**COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS**

**SUBJECT:** Safety Culture Survey

**POLICY:** Program applying for accreditation or accredited programs will be asked to participate in Safety Culture Surveys according to the following guidelines.

**GUIDELINES:**

1. To measure safety culture intangibles such as values, group dynamics, accountability and professionalism, the Safety Culture Survey (SCS) and the process to distribute and collect the results was developed as follows:
  - a. A SCS is emailed to each employee prior to an upcoming site visit. Employees complete the survey tool on-line anonymously and results are tabulated automatically through of the software tool. Only the discipline of the respondent is identified in the tool.
  - b. Employees will be strongly encouraged to complete the survey. If CAMTS does not receive a return from at least 50% of the employees, the program will not receive results of the survey.
  - c. Safety Culture Survey results including comments are shared with the appropriate site surveyors and board reviewers.
  - d. When comments are submitted that would lead to further questions or concerns, the PIF Pre-reviewer will format questions and pass those on to the lead surveyor to add to the interview question list.
  - e. The Program Board reviewer will receive the results of the entire survey tool including comments. The raw data in bar graph format will be shared with the entire Board during the Board reviewer's presentation to the Full Board. Accreditation actions will be based on the Standards Compliance tool, the site surveyor report, pertinent information regarding the program's history and correlative results of the safety culture survey tool.
2. Delivering Feedback to the Program with a 50% or greater return
  - a. The program manager will receive a graph that compares six cultures that impact the program's overall safety culture. The chart also compares the program's results to the average results of other programs received to date.
  - b. Occasionally, there could be an alarming number of negative comments about a specific issue or discipline that the Board determines needs to be communicated to the

manager and his or her supervisor. This can be handled by a phone call or by a face-to-face meeting depending on the seriousness of the concerns. The purpose is to assist managers in understanding where to focus and how to address the issues and perceptions.

3. Follow-up

- a. Programs may be asked to develop an action plan related to the results of their SCS to be reviewed by the Board.
  
- b. Program employees may also be asked to perform the SCS again either because there were too few responding or as a follow-up to an action plan.

03.14.00 (041815/041721)

**COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS**

**SUBJECT:** Medical Protocol Review

**POLICY:** Medical protocols will be reviewed by the physician led committee on the Board of Directors according to the following guidelines.

**GUIDELINES:**

1. Critical Elements for selected protocols will be established by the protocol committee.
2. Medical protocols for each program on the agenda for an upcoming Board meeting will be reviewed by the committee according to the pre-established critical elements.
3. A summary of the reviewed protocols will be included in the Board report and presented to the full board.
4. The critical elements for each reviewed protocol will be assessed and scored. A summary of the reviewed protocols will be shared with the program. A score less than 50 will require follow-up by the program.
5. Protocols selected for review will be periodically revised by the committee.

03.15.00 (072315/101715/**071721**)

## COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS

**SUBJECT:** Medical Education Approval

**POLICY:** Alternatives to meeting compliance with the standards regarding education requirements for medical personnel will be reviewed and accepted according to the following guidelines.

**GUIDELINES:**

### Equivalent Courses

CAMTS will accept courses developed by a program as equivalent to established courses (such as NRP or ATLS) but they must be appropriate to the scope of care and must include:

Measurable learning objectives

Equivalent number of hours to the course that is being replaced

Documentation of scores and evaluations at the completion of the course

Equivalent courses used by programs **must** be submitted to the Education Committee for approval at least six 6 months prior to a site survey for initial accreditation applicants or for new courses developed by accredited applicants. Changes to existing approved equivalent courses must be submitted with the PIF for programs applying for reaccreditation. Charges for this evaluation are listed in Policy 04.05.00 D.

### Certifications

A certification must come from a recognized professional body, for example, the Board of Certification for Emergency Nursing and is supported by an association who is a member of the CAMTS Board. This assures that the exam has been developed from a focused body of knowledge, has validity and reliability, and is administered in a secure environment. (see page 9 of the Education Matrix in the 10<sup>th</sup> Edition Standards for recommended certification exams)

### Simulation

1. Simulators must be dynamic (able to reflect physiologic changes resulting from a performed procedure) and not static. The Simulator must meet the following criteria to demonstrate compliance with intubation skills and/or invasive procedures and/or if used to access clinical competency. The dynamic changes that the simulator performs are to be controlled by an operator without the user being aware of what is being changed. The results must be critiqued by a trained operator. Simulation for airway competency and invasive skills does not require preapproval by the CAMTS Education Committee.

**A. For airway competency in initial training to meet the 5 live or cadaver intubation requirement:**

**03.15.00 (072315/101715/071721)**

- Must be capable of real time changes in difficult airway scenarios including a surgical airway.
- Must allow realistic pharmacologic/pharmacodynamic responses to drug interventions.
- Must allow for realistic learner interventions in terms of all aspects of airway intervention (i.e., Use of bag-valve mask, oropharyngeal airway, nasal-pharyngeal airway, laryngeal mask airway, endotracheal tube, and other rescue airway devices), CPR, pacing and defibrillation.
- Must allow for real time feedback to the user regarding actions taken, such as changes in vital signs, cardiac rhythm, breath sounds, pulses, pulse ox, end tidal CO2 etc.

**B. For invasive skills**

- HPS is capable of simulating same skills as listed in ATLS or TPATC curriculum and as consistent with the program's mission and scope of care.

**C. Simulation Scenarios used instead of ongoing clinical experiences pertinent to the Scope of care** must be submitted and approved by the CAMTS Education Committee. Charges for this evaluation are listed in Policy 04.05.00 D. R

**D.** Scenarios and the approval process should be completed prior to a site visit for new applicants. Accredited programs that change their education plan from providing clinical experiences to simulator experiences will use the on-line Report of Change process. If a program is reaccrediting, and the program's scope of care and previously approved scenarios have not changed since the previous tenure of accreditation, a new submission for approval is not required unless specifically contacted by the CAMTS office.

**During the tenure of accreditation and for reaccreditation:**

If changes have been made to the previous submission when reaccrediting, **such as adding a scenario for a new scope of care or changing to a different simulation center or instructor**, those changes should be submitted on-line in the Report of Change process and further instructions will be sent back to the program.

**If approved HPS is utilized at the time of applying for reaccreditation, submit documentation of one recent training to include the learning objectives and outline, corresponding medical protocols, roster, and debriefing document/checklist. No video is requested.**

**03.15.00 (072315/101715/071721)**

**Four Step Simulation Approval Process:**

**Step One**

Submit the CV for the simulation facilitator including all certifications (such as Certified Healthcare Simulation Educator-CHSE) or other formal training (such as from a simulator manufacturer or center). The facilitator must have evidence of simulation training.

**Step Two** - Complete the Gap Analysis to assess your current work with simulation learning.

(Highlight the number that best reflects your current status)

|   |   |
|---|---|
| 1 | Simulation equipment is available, which can include human patient simulators, task trainers, airway trainers, OB manikins. Scenarios used are basic.   |
| 2 | Simulation education plan in place with identified learning objectives and appropriate paid time devoted to training. Scenarios used incorporate advanced learning objectives and particularly emphasize high risk low volume clinical skills.  |
| 3 | Simulation educator(s) has documented experience and proficiency with the techniques of simulation and is actively involved with the broader educational needs of the program. Documented educator experience can include completion of formal degree programs related to simulation, CE from simulation organization conferences and educational offerings, and on the job mentorship. Checklist of specific interventions, evaluation, and debriefing are demonstrated. |
| 4 | Simulation program is mature in that scenarios include not only clinical points but integrate team training, aviation/ground environment, and communication skills. Well written criteria checklists are documented, and a post debriefing is completed. Community outreach is used to bring in EMS, transferring and receiving facilities, and other stakeholders into the scenario development and training.  |
| 5 | Simulation educators and other stakeholders link educational objectives to specific patient outcomes, track simulation effectiveness, and share their findings by publishing and presenting.  |

**Step Three – Submit:**

- The education plan that incorporates the simulation goals.
- The learning objectives and outline for each scenario utilized.
- The corresponding medical protocols for each of these patient conditions.
- Debriefing documents/checklists that support each of the scenarios.

**Step Four**

Submit a video\* of an actual simulation training that includes the debriefing session (Choose a scenario pertinent to the high-risk low volume patient population served by the program).

*This does not need to be professionally filmed – a home video or phone camera is adequate.)*

**03.16.00 (041523/102023)**

## COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS

**SUBJECT:** Pilot Experience Assessment Tool

**POLICY:** Alternative equivalents to meeting compliance with the minimal hours as required in current CAMTS Accreditation Standards will be reviewed and accepted according to the following guidelines.

**GUIDELINES:**

CAMTS will review and accept an evaluation tool that compares number of hours to specific levels of experience as a pre-hire alternative to the number of total hours (plus PIC, Multi engine, make and model, etc. hours) as currently listed in the standards.

**Three Step Acceptance Process:**

**1. Step One**

a. Report this as a Class II Change. The CAMTS office will send an application and this policy that describes additional steps.

**2. Step Two**

- a. Develop a risk/evaluation tool be used as an alternative to hire pilots who do not meet the minimal number of hours according to the CAMTS Standards.
- b. Develop a policy that describes how the tool is to be used and who is responsible.
- c. Complete the application and submit the application, tool, pilot job description, and policy to [admin@camts.org](mailto:admin@camts.org)\*

**3. Step Three**

- a. A letter of acceptance with recommendations from the subcommittee will be sent to the applicant.
- b. Define performance expectations, and track and trend the performance of pilots who are hired under this alternative to number of hours, as part of the program's QM process

*\*This may correspond with due dates for accreditation applications or progress reports but will not affect an accreditation decision, which is based on substantial compliance with the accreditation standards.*

[CAMTS POLICY AND PROCEDURE MANUAL](#)

|   |                 |
|---|-----------------|
| <b>ACCREDITATION ACTIONS AND FEES</b>                 | <b>04.00.00</b> |
| Accreditation Actions – Types                         | 04.01.00        |
| Due Process Procedures (Appeals)                      | 04.02.00        |
| Conditions Disqualifying Vote                         | 04.03.00        |
| Ad Hoc Ethics Committee                               | 04.04.00        |
| Accreditation Fees and Charges                        | 04.05.00        |
| Accreditation Standards and Policies Approval Process | 04.06.00        |
| Concerns/complaints – follow-up by CAMTS              | 04.07.00        |
| Compliance with HIPAA Privacy & Security Rules        | 04.08.00        |
| Interpretation of Standards and Policies              | 04.09.00        |

**04.01.00**

032691/080194/101495/042196/011397/042797/041600/071600/072802/071903/041604/071104/071406/092306/042407/0316/08/71008/112508/101710/040810/101511/040613/041815/040916/120516/101417/040718/102018/110219/041720/012022/012022/012825

**ACCREDITATION ACTIONS - 04.00.00**

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Accreditation Awards and Board Actions

**POLICY:** The Board of Directors of the Commission on Accreditation of Medical Transport Systems will make decisions regarding accreditation awards or board actions according to the following guidelines:

**GUIDELINES:**

Medical transport services may apply for accreditation by CAMTS at any time. However, a PIF will not be accepted from Programs that have not been in operation for a minimum of one year, are delinquent in payment of fees, or have an outstanding debt with the Commission. CAMTS shall be entitled to monitor Programs to ensure that they continue to substantially comply with the Accreditation Standards and comply with the policies and procedures set forth in this manual.

**ACCREDITATION AWARDS** *Only the Board of Directors can make Accreditation Award decisions. A Program may advertise itself as "being accredited" and enjoy the privileges of accreditation if accreditation is awarded under sections A, B, and C as follows:*

**A. Full Accreditation**

The Commission shall grant full accreditation only in the following circumstances:

1. When a Program is in operation for one year (and able to submit one full year of statistics), is applying for accreditation for the first time, demonstrates substantial compliance\* with the Accreditation Standards, and has achieved stability such that the Program is no longer considered to be in a developmental stage.
2. When a Program that is currently holding full accreditation has demonstrated upon review that it continues to be in substantial compliance with the Accreditation Standards.
3. When a Program holding probational accreditation has demonstrated that it has changed such that there is demonstrated progress in resolving weaknesses from the previous accreditation, significant and new contingencies have not been identified and the Program is in substantial compliance with the Accreditation Standards. **The maximum interval between reviews for a Program holding full accreditation is three (3) years.**

*\* Substantial compliance - "A medical transport service demonstrates overall quality of service consistent with the essential elements of the Accreditation Standards in the professional judgment and discretion of the Board. The service demonstrates a steady balance in all dynamic components which comprise their specific Program."*

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4. When a Program holding a Conditional Accreditation has demonstrated upon review that it continues to be in substantial compliance with the Accreditation Standards.

Progress Reports addressing weaknesses of the Commission will be submitted by the Program at a time specified by the Commission. If there are persistent weaknesses with a fully accredited Program that are not appropriately addressed in the Progress Reports, the Commission may specify a review prior to the three-year cycle.

**B. Probational Accreditation**

The Commission shall grant probational accreditation when a Program has held full accreditation, but scheduled review for reaccreditation reveals more weaknesses than cited during the previous tenure of accreditation or has unresolved weaknesses from the previous tenure of accreditation.

**The maximal interval between reviews for a Program holding probational accreditation is two (2) years. A Program cannot hold probational accreditation for more than four (4) consecutive years.**

The Commission will monitor the progress of a probationally accredited Program. Progress Reports addressing weaknesses of the Commission will be submitted by the Program by the specified deadline date of the probational accreditation decision. If there are persistent weaknesses with a Program on probation that are not appropriately addressed in Progress Reports, the Commission may require additional Progress Reports or specify a review prior to the two (2) year cycle or may suspend or withdraw the Program's accreditation. (If the Commission initiates a review prior to the two (2) year cycle due to persistent weaknesses not appropriately addressed in Progress Reports, the Program shall be responsible for Site Surveyor expenses plus a \$2,500 administrative fee.) A Program may request a review prior to the two- year cycle at the regular fee of a Site Survey.

In the review for reaccreditation of a Program holding probational accreditation, the Commission may make the following accreditation decisions or actions:

1. grant full accreditation;
2. withdraw accreditation;
3. repeat probational accreditation (provided that the Program has not had more than two (2) consecutive probational accreditations);
4. preliminary denial of accreditation; or
5. intent to suspend or suspension.

**\*A program receiving a Provisional or Withhold Action is not permitted to advertise as accredited.**

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**C. Conditional Accreditation**

A medical transport service may submit a PIF after it has been in operation for 4 months **or may be awarded to programs that experience conditions beyond their control such as a pandemic** according to the following guidelines. The program must submit an initial application with a \$750 fee. A specific PIF application along with selected attachments will be emailed to the program to complete and return for review along with a \$2500 fee.

**A virtual site visit will be conducted, and the findings and review of the requested attachments will be conducted by two Board members and presented to the full Board.** ~~their findings will be reviewed by the full Board.~~ As with all deliberations, the program is identified by a six-digit number, not a name or location.

The Commission may make the following accreditation decisions.

1. Conditional accreditation - a one-year accreditation.
2. Provisional Action - The Commission shall grant a provisional action when a Program has applied after 4 months in operation and before one year in operation and has weaknesses which are, in the judgment and discretion of the Board, correctable within a six (6) month timeframe but prevent the service from being in substantial compliance with Accreditation Standards.

**Programs that have major gaps in meeting the Accreditation Standards or demonstrate an imbalance in major components, such as in safety or patient care, are not eligible for a provisional action.**

3. Withhold accreditation with the option to resubmit a PIF and reschedule a full site visit after the service has been operational for one year.
4. The program may submit a PIF for full accreditation at its one-year anniversary or when the Conditional Accreditation expires. If the program applies for full accreditation and returns the applicable PIF within 3 months of expiration date of the Conditional Accreditation, the program will be considered a new applicant in terms of the beginning date for the tenure of accreditation if awarded Full or Probation accreditation. Other accreditation actions may revert back to the date of the Conditional accreditation at the discretion of the Board.
5. Two consecutive Conditional Accreditations may not be awarded.

**D. One-year Extension for Reaccrediting programs *(due to conditions beyond the program's control)*.**

**A program applying for reaccreditation after a Full or Probation accreditation may be eligible for a one-year extension to the tenure of accreditation (which ends one year from the expiration date) if a**

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pandemic or other external environmental conditions (that are beyond the control of the program) prohibits an on-site visit under the following guidelines:

1. PIF was submitted by the deadline date or within 3 months of the deadline date if a brief extension to the PIF due date was approved.
2. Pre-review is conducted by the Executive Staff within 4 weeks of receiving the PIF. A formal letter citing missing, outdated attachments or attachments that will require updating will be sent to the program. All requested updated attachments must be submitted at least 1 month before the scheduled site visit.
3. If reaccredited, the tenure of accreditation reverts to the expiration date of the full or probational accreditation. This will result in a two-year timeframe until the next reaccreditation site visit for Full Accreditations and a one-year timeframe for Probational Accreditation.

Due to this short time frame – the one-year extended visit will be treated as a Supplemental Site Visit in terms of costs and process. The balance of the fee that was paid with submission of the PIF will be credited toward the full site visit in one to two years.

4. An abbreviated PIF may be permitted when applying for reaccreditation at the discretion of the Board, since documents previously submitted may still be current and in effect.

**D. Dual Accreditation**

The Commission may grant a dual accreditation (CAMTS – CAMTS EU) at the request of a program operating in North America and in other continents. Independent medical escort services are also eligible.

Standards of both CAMTS and CAMTS EU apply as appropriate to the service area.

Application fee = \$750.00 (**\$1000.00 after 1/1/19**). The program will submit a PIF within one year.

Fee due with PIF = \$8,000 for single mode, \$9000 for 2 modes and \$10,000 for FW/RW/S.  
\$3500 for an independent Medical Escort service.

**Asset Fee Added = \$1000.00 per helicopter and airplane** (formerly \$750.00 per base over 5 bases)  
**\$150.00 per ambulance, boat or other surface vehicle**

*This applies to those aircraft and vehicles in service (staffed with flight crews on site or on-call – not aircraft or ambulances available or used as back-ups – **in the U.S. and Canada**)*

**PLUS** \$600.00 fee per day per site surveyor

Travel and expenses for each site surveyor plus a charge of

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\$350.00 for the site surveyor report to the Board.

A site visit will be coordinated as appropriate to the scope of service.

Full Accreditation is awarded for three years when the program has demonstrated upon review that it is in substantial compliance with the Accreditation Standards.

Policies regarding accreditation procedures, actions and decisions apply as listed in the CAMTS-CAMTS Global Policy Manual.

**E. Accreditation for Special Operations**

Standards apply as appropriate to the type of service provided.

Application fee = \$1000.00

A specific PIF application along with selected attachments will be emailed to the program to complete and return within one year of initial application.

Fee due with PIF = \$3000.00

A site visit will be coordinated as appropriate to the scope of service.

Full Accreditation is awarded for three years when the program has demonstrated upon review that it is in substantial compliance with the Accreditation Standards.

Policies regarding accreditation procedures, actions and decisions apply as listed in the CAMTS, CAMTS Global Policy Manual.

**F. Preliminary Denial of Accreditation**

The Commission may grant preliminary denial of accreditation when a Program has held Full or Probational accreditation, but upon a scheduled review for reaccreditation, the Commission has concerns and there are weaknesses that are not in substantial compliance with the accreditation standards but could be resolved or demonstrate significant progress in resolving the weaknesses within 90 days.

The Program's accreditation shall not be withdrawn, but the Program's name will be designated with a symbol (>) on the Commission's website indicating Preliminary Denial. The Program has up to ninety (90) days to make corrective actions or demonstrate corrective plans that meet the expectations as outlined by the Board. A Progress Report, Supplemental Site Visit, and/or a Monitoring Visit will be required during the Preliminary Denial of accreditation.

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In the review for reaccreditation of a Program holding Preliminary Denial of accreditation, the Commission may make the following accreditation decisions:

1. grant Probational accreditation;
2. withdraw accreditation; or
3. intend to suspend or suspend.

**G. Under Special Review by a Board Member**

At the time of reaccreditation or during its tenure of Full or Probational Accreditation, a Program that has unresolved and/or disputed contingencies or has several changes (that require intense review) agrees to have an appointed Special Master (Board Member) to review progress in addressing the issues in question. A signed agreement specifies a time limit and may require outside consultant reports that will be reviewed by the Special Master with reports to the Full Board. The Program is responsible for all legal fees in drawing up the agreement, all private consulting fees and in addition will be billed for the Special Master's time as determined by the Board.

The Special Master may serve as part of the site survey team if and when the program applies for reaccreditation.

When a program is placed Under Special Review – the ending date of certification may change so that accreditation does not exceed 2 years from the start of the current certification period. A program under special review takes on the same stipulation as a probational accreditation in that no more than two consecutive two-year accreditations are permitted.

**OTHER ACCREDITATION DECISIONS**—*A Program may not advertise itself as "being accredited" nor enjoy the privileges of accreditation if any of the following decisions are received.*

**A. Withhold Accreditation**

Accreditation will be withheld when the Commission determines that a Program applying for accreditation for the first time does not substantially comply with the Accreditation Standards and there are serious concerns regarding safety and/or quality of patient care. The Commission will cite those Accreditation Standards with which the Program does not comply. The Program may not submit a PIF for six (6) months following the decision to withhold accreditation unless accreditation was withheld due to the Program's falsifying or omitting information. In that case, the Program is not eligible to submit a PIF for accreditation for a minimum of one (1) year from the date of withdrawal to a maximum of five (5) years, at the sole discretion of the Board.

*The effective date of the withhold decision shall be thirty (30) days from the date of written notification to the Program by the Commission.*

A. Program may also receive a withhold accreditation under the following conditions:

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1. Non-compliance with accreditation actions and procedures- A Program may be in non-compliance with accreditation actions and procedures. The Commission may take appropriate actions to withhold accreditation if the Program does not comply with any of the following actions and procedures:
  - a. To undergo a Site Survey (to include a monitoring or supplemental visit) and Program review;
  - b. To follow directives associated with the accreditation process; or
  - c. Supply the Commission with information needed to appropriately assess compliance with the accreditation standards.
2. Falsification of application information – If, after investigation, it is the opinion of the Board of Directors that an applicant violated Policy 03.07.00 (“Integrity of Information, Good Faith in Accreditation, and Grounds for Disqualification”), accreditation will be withheld. CAMTS will withhold the Program’s accreditation and initiate an investigation relative to the violation when deemed appropriate by the Board of Directors. Programs that are withdrawn due to falsifying and/or omitting information are not eligible to submit a PIF for accreditation for a minimum of one (1) year from the date of withdrawal and a maximum of five (5) years at the sole discretion of the Board of Directors.
3. Violations of law that could impact a Program's ability to meet the Accreditation Standards - Conviction, finding of fault or uncontested settlement on the part of the service for any violation of local, state, or federal law or regulation may result in immediate suspension, withholding or withdrawing accreditation. The accredited service is required to report any such circumstance to CAMTS within thirty (30) days of the conviction, finding of fault or uncontested settlement. Failure to report may result in suspension, withholding accreditation or withdrawal of accreditation. A plea of *nolo contendere* shall be considered the same as finding of fault for the purposes of this policy.
5. Delinquent in payment of fees. - Programs that are delinquent in payment of fees or have an outstanding debt with the Commission are not eligible for review.
6. Unmeritorious Litigation Against CAMTS. Programs that initiate Litigation against CAMTS, but fail to prevail on all their claims at the conclusion of the Litigation are subject to a withhold decision. (Litigation is defined in 00.03.00, *supra*.)

**B. Withdrawal of Accreditation**

Accreditation will be withdrawn when the Commission determines that a Program applying for reaccreditation or during the tenure of accreditation does not substantially comply with the

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Accreditation Standards and there are serious concerns regarding safety and/or quality of patient care. The effective date of the withdrawal decision shall be thirty (30) days from the date of written notification to the Program by the Commission. However, in the event the Program was under suspension at the time of the withdrawal decision, the effective date of the withdrawal of accreditation will be the date the decision was rendered by the Commission. (See Due Process Procedures 04.02.00). If appropriate, relevant government agencies will be notified when accreditation is withdrawn from a Program.

*The Program may not submit a PIF for accreditation for six months following withdrawal of accreditation unless accreditation was withheld due to the Program's falsifying or omitting information. In that case, the Program is not eligible to submit a PIF for accreditation for a minimum of 1 year from the date of withdrawal to a maximum of five years at the sole discretion of the Board.*

The Commission may withdraw accreditation from a Program under the following conditions:

1. Non-compliance with Accreditation Standards - The Commission may withdraw accreditation of a Program holding full or probational accreditation or has had accreditation suspended/intent to suspend or is Under Preliminary Denial of Accreditation or Under Special Review for failure to be in substantial compliance with the Accreditation Standards and there are serious concerns regarding safety and/or quality of patient care.
2. Non-compliance with accreditation actions and procedures - A Program may be in non-compliance with accreditation actions and procedures. The Commission may take appropriate actions to withdraw accreditation if the Program does not comply with the following actions and procedures:
  - To undergo a Site Survey (to include a monitoring or supplemental site visit) and Program review;
  - To follow directives associated with an accreditation action; or
  - Supply the Commission with information needed to appropriately assess compliance with the accreditation standards.
  - Accreditation may be withdrawn immediately if the program fails to report changes that altered the program significantly as outlined in Policy 05.12.00 Class III changes as determined by the Board.
3. Falsification of application information - If after investigation, it is the opinion of the Board of Directors that an applicant violated Policy 03.07.00 ("Integrity of Information, Good Faith in Accreditation, and Grounds for Disqualification"), withdrawal of accreditation may result. CAMTS will initiate an investigation relative to the violation when deemed appropriate by the Board of Directors. This may occur at any time during the Program's tenure of accreditation.

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4. Violations of law that could impact a Program's ability to meet the Accreditation Standards - Conviction, finding of fault or uncontested settlement on the part of the service for any violation of local, state, or federal law or regulation may result in the withdrawal of accreditation. The accredited service is required to report any such circumstance to CAMTS within 30 days of the conviction, finding of fault or uncontested settlement. Failure to report may result in withdrawal of accreditation. A plea of *nolo contendere* shall be considered the same as finding of fault for the purposes of this policy.
5. Delinquent in payment of fees. - Programs which are delinquent in payment of fees or have an outstanding debt with the Commission.
6. Changes that would alter the service significantly from the service reviewed during accreditation deliberations as determined by the discretion of the Board.
  - a. Some examples of this type of change may include but not be limited to:
    - (1) Changing ownership with changes in operator and aircraft/ambulance
    - (2) Changing FAA Part 135 operator or obtaining its own Part 135 operating certificate
    - (3) Merging with a non-accredited CAMTS service
    - (4) Changing the mission statement and/or scope of care or adding a component in the scope of care or mode of transport.
    - (5) An accident or incident that resulted in substantial damage to the aircraft or vehicle or injuries to personnel or passengers.
    - (6) A legal settlement against the service regarding a transport or patient care issue.
    - (7) Unreported sentinel events or accidents

**C. Voluntary Surrender of Accreditation**

A Program may voluntarily surrender its accreditation at any time, except when the Board notifies the Program that there has been a decision to withdraw, suspend or intend to suspend the Program's accreditation. In such cases, the Program may appeal the decision pursuant to Policy 04.02.00 or Policy 04.01.00(E) ("Other Accreditation Decisions").

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If a Program voluntarily surrenders its accreditation, the Program may reapply for accreditation, at the sole discretion of the Board, at any time.

**D. Under Review Accreditation**

A Program that is accredited may be placed “Under Review” until a course of action is determined by the Board of Directors. Under Review accreditation may occur when the Program has legitimate reasons for delaying a Site Survey for reaccreditation (such as waiting for a new aircraft, changing vendors) or when encompassing a base or another Program that will operate under the same policies and procedures of the accredited service. A Program will automatically be placed Under Review in the event of a fatal accident. (See Policy 03.06.00 3.) A service under Under Review accreditation may continue to advertise itself as accredited (for the bases included in its current CAMTS certification), until the Board makes a further determination.

**E. Suspended Accreditation**

1. Intent to suspend

A Program that is accredited or is in the process of accreditation decision-making may be placed on an Intent to Suspend. The Program will be notified as soon as practicable of the Board’s intention to suspend. Within ten (10) business days, the service will be provided with a list of the Board’s concerns/allegations. The Program will then have ten (10) business days to respond to the concerns/allegations. Within ten (10) business days of the receipt of the Program’s response, the Board (or Executive Board if between meetings) will make a decision regarding an accreditation action that could be:

- a. not suspend and reinstate accreditation;
- b. deferred action requiring additional information that will expand the time permitted under Intent to Suspend until a further decision is reached;
- c. suspension and require a Progress Report, a Supplemental Site Visit (or both), or conduct a Monitoring Visit within the six (6) month suspension timeframe; or
- d. withdraw accreditation.

The Program is permitted to continue to advertise as accredited while under an Intent to Suspend but this time frame will be considered the due process or appeal period at which time the Program has the opportunity to provide evidence to support its appeal to the Intent to Suspend along with any specific information required by the Board as outlined in the certified letter.

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**2. Immediate Suspension**

Notwithstanding anything to the contrary contained in this Section 04.01.00, the Commission expressly reserves the right to immediately suspend a Program when, in the Commission's judgment and discretion, there exists an imminent safety issue involving patient safety and/or care, pilot and/or crew safety, public safety or safety issues involving the operation and/or maintenance of aircraft. The Program will be notified as soon as practicable of the Board's decision to suspend. Within five (5) business days, the Program will be provided with a list of concerns/allegations. The Program will then have five (5) business days to respond to concerns/allegations. Within ten (10) business days of receipt of the Program's response, the Board (or Executive Board if between meetings) will make a decision regarding an accreditation action. The Board's decision may include:

- a. reinstatement of accreditation;
- b. deferred action requiring additional information during which time the program can advertise as accredited until further action by the Board;
- c. continuation of suspension for up to six (6) months; or
- d. withdrawal of accreditation. (See Due Process Procedures 04.02.00).

The program is permitted to continue to advertise as accredited between notification of immediate suspension and the Board's decision following the program's response. This time frame will be considered the due process or appeal period at which time the program has the opportunity to provide evidence to support its appeal to the Immediate Suspension along with any specific information required by the Board as outlined in the certified letter.

3. Suspension - A service that was notified of an Intent to Suspend and then Suspended or an Immediate Suspension not overturned by a program's response is NOT permitted to advertise as accredited while on suspension.
  - a. A program may be suspended for up to six months during which time additional progress reports, a supplemental or monitoring visit may be conducted at the Board's discretion.
  - b. If the program's certification period expires during the six-month suspension, the Board will require a full reaccreditation site visit if required responses and progress reports are satisfactory.

Depending on the outcome of the Progress Reports, Supplemental or Monitoring visits, or other pertinent information while under suspension and not to exceed the six-month time frame, the Board may decide to:

- (1) return the Program to its previous tenure of accreditation;
- (2) review a reaccreditation application if current tenure of accreditation expires before the six month suspension; or

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(3) withdraw accreditation.

4. A service may be suspended for:

- a. unsatisfactory progress report;
- b. unfavorable Supplemental Site Visit, Monitoring Visit, or reaccreditation visit; or
- c. Other issues as determined by the Board.

5. If appropriate, relevant government agencies will be notified when accreditation is suspended.

**BOARD ACTIONS** *Either the full Board or the Executive Committee, acting on the full Board's behalf, can make Board Actions decisions. A Program may not advertise itself as "being accredited" nor enjoy privileges of accreditation if a Board Action is received.*

**A. Provisional Action**

The Commission shall grant a provisional action when a Program has applied for the first time and has weaknesses which are, in the judgment and discretion of the Board, correctable within a six (6) month timeframe but prevent the service from being in substantial compliance with Accreditation Standards.

1. Programs that have major gaps in meeting the Accreditation Standards or demonstrate an imbalance in major components, such as in safety or patient care, are not eligible for a provisional action.
2. The Board of Directors shall outline the areas of weakness and require one of the two following courses of action:
  - a. Submit a Progress Report addressing the areas of weakness. This Progress Report is due within six (6) months of the provisional action.
  - b. Address the areas of weakness in a Progress Report which may be followed-up by a Supplemental Site Survey at the discretion of the Board. The Progress Report must be submitted within 3 - 6 months of the provisional action. If a Supplemental Site Survey is required, it would be scheduled within thirty (30) days of receiving the Progress Report..
3. A provisional action is temporary and shall not exceed six (6) months. Only two further accreditation decisions can result after the Board reviews the Progress Report and the Site Surveyor's report if a supplemental visit is required.
  - a. Full accreditation will be awarded if weaknesses are addressed to the Board's satisfaction.

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b. A withhold action will result if weaknesses are not corrected within the six (6) months.

4. A Program whose accreditation has been withheld and reapplies for accreditation is eligible for Provisional Action since it is starting over with a new PIF.

**B. Deferral Action** The Commission may defer a decision on accreditation. Lack of sufficient information may preclude an informed and reasonable decision. If action is deferred on a Program submitting for reaccreditation, the Program retains its current accreditation status until a final decision is made.

**PROGRESS REPORT**

The Commission may request a progress report from the Program as a result of a review of that Program or as a response to a complaint. Progress reports may be reviewed by one or two board members.

The Commission will specify the exact information to be provided and include a specific due date when the progress report should be submitted to the Commission. If a progress report is not submitted by the due date, a fine of up to \$1000.00 may be levied at the discretion of the Board. A progress report that is past due more than thirty (30) days may result in one of the following actions:

- intent to suspend;
- suspend accreditation;
- preliminary denial;
- deferred accreditation action; or
- withdraw accreditation.

**BOARD REVIEW OF SIGNIFICANT PROGRAM CHANGES**

Changes in the Program's organizational structure or operations that deviate significantly from those present at the time of application must be reported to CAMTS, in writing, within thirty (30) days of the change (*reference Policy # 05.12.00*). CAMTS reserves the right to request, receive and review (potentially on-site) information on the impact of these changes to determine whether the Program qualifies for continued accreditation. Significant changes may so alter a Program that in the judgment and discretion of the Board, it is the equivalent of a new Program. If this occurs, a Program must reapply for accreditation.

A Transition plan must be submitted according to Policy 05.12.00 A for 1. 2. 3. 5. and 6. below:

1. Merging with a non-accredited service(s) - If an accredited Program merges with a non-accredited Program or Program(s), the emerging service will be considered an entirely new entity by the Commission and the accreditation certification will be suspended. This action will be effective on the date that the newly merged service begins operations.

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- a. For Programs with more than eighteen (18) months remaining in their certification period:

A Supplemental Survey may be required at the expense of the service to cover the costs of one Site Surveyor, plus the current administrative fee, if the service has eighteen (18) months or longer remaining in their accreditation certification period. After the Board has deliberated on the information from the Supplemental Site Survey, the appropriate accreditation action will be determined. A new certification period will begin on the date an accreditation action is decided by the Board.

The service must apply for a Supplemental Survey at least eighteen (18) months before their certification period runs out to be eligible for the Supplemental Survey. Also, the Program must notify the Commission within 30 days of the official merger date and complete a PIF within six months of the notification date.

- b. For Programs with less than eighteen (18) months remaining in the certification period:

A service with less than eighteen (18) months remaining in its certification period is not eligible for a Supplemental Survey but may reapply for accreditation at any time.

- c. Data collection

Since the Commission requires one year of statistics and the newly merged service may not have an entire year of statistics, the following alternatives may be accepted:

- Six months of data from the newly merged service.
- Submitting data from each of the merged services for the year prior to the merger.

## 2. Merging with another accredited service(s)

A service merging with another accredited service shall notify the Commission within 30 days of the effective date of the merger. A questionnaire will be sent to the newly formed service to determine a further course of action. The accreditation certification will be placed Under Review as of the effective date of the merger until the Board determines a further course of action. The Board may do any of the following:

- request an in-depth Progress Report;
- conduct a Supplemental Site Survey; or
- require an application for reaccreditation.

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- a. If a Progress Report is required, the date of the certification period will end half-way between the ending dates of the two merged services.

b. The certification period may also change with a Supplemental Site Survey or a reaccreditation site visit. In such cases, the new certification period will begin on the date the Board makes its accreditation decision.

c. Data submitted for a reaccreditation site visit will be accepted according to the above guidelines in 5. c.

3. Purchase of an accredited service by another entity (not another medical transport service) such as the aviation vendor who was previously contracted to supply aviation services is considered a Class II change (reference policy 05.12.00). Purchase of an accredited service by other entities will be reviewed by the Executive Board for determination of change in accreditation status.

4. Purchase of an accredited service by a non-accredited service

a. CAMTS accreditation is not transferable. It cannot be sold and cannot be considered part of the purchase. The PIF completed by the previously owned program is not the property of the new company and cannot be duplicated or sent to the new company.

b. If an accredited Program is purchased by a non-accredited service, the accreditation of the emerging service will be withdrawn (reference page 4, section B. of this policy). This action will be effective on the date that the newly formed service begins operations.

5. Purchase of a non-accredited service by an accredited service

a. An accredited service that purchases a non-accredited service shall notify the Commission within 30 days of the effective date of the purchase.

b. The newly formed Program shall be placed Under Review until the new base or site can be reviewed.

c. The newly formed service shall submit a PIF.

d. A Supplemental Site Visit will be required. If the service has twelve (12) months or longer remaining on its accreditation certification period, the service must pay the costs of the Site Surveyor(s) plus the current administrative fee. If less than twelve (12) months remain in the accreditation certification period, the newly formed service shall undergo a reaccreditation site visit.

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After the Board has deliberated on the information from the Supplemental Site Survey Visit, the appropriate accreditation action will be determined. If the Program is found to be in substantial compliance with the Accreditation Standards, the certification period

will revert to the previous tenure of accreditation and will now include the new component.

While the Program is Under Review, the accredited portion of the service can continue to advertise itself as accredited but must make it clear through advertisements and marketing materials that the recently purchased portion is under review by CAMTS and is not accredited. The Program must show proof of appropriate advertising to CAMTS. Any false inferences or claims that the newly acquired service is accredited (before official notification of accreditation by the Board) may lead to further action, up to and including withdrawal of accreditation.

6. Purchase of an accredited service by another accredited service

An accredited service that purchases another accredited service shall notify the Commission within 30 days of the effective date of the purchase. A questionnaire will be sent to the service to determine a further course of action. The accreditation certification will be placed Under Review as of the effective date of the purchase until the Board determines a further course of action. The Board may do any of the following:

- request an in-depth Progress Report;
- conduct a Supplemental Site Survey; or
- require an application for reaccreditation

a. If a Progress Report is required, the date of the certification period will end half-way between the ending dates of the two merged services.

b. The certification period may also change with a Supplemental Site Survey or a reaccreditation site visit. The new certification period will begin on the date the Board makes its accreditation decision.

7. Opening a new base or adding a new component

a. A service that opens a new base or adds a component such as fixed wing or rotorwing or ground service shall notify the Commission within 30 days of the effective date of the change. The Board will then determine whether a Progress Report is sufficient or if a Supplemental Site Survey (reference Policy 03.02.00A) is required.

b. The service's accreditation will be placed Under Review until the Progress Report or Supplemental Site Survey is completed. The Progress Report or Supplemental Site Survey must be completed within six (6) months of CAMTS receiving notification.

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While the Program is Under Review, the accredited portion of the service may continue to advertise itself as accredited but must make it clear through

advertisements and marketing materials that the new component is under review by CAMTS and is not accredited. The Program must show proof of appropriate advertising to CAMTS. Any false inferences or claims that the newly acquired component is accredited (before official notification of accreditation by the Board) may lead to a suspended accreditation.

c. Additional Progress Reports may be required if the Board decides that the new component is in substantial compliance with the Accreditation Standards, but that further follow-up is needed.

d. If the Board decides that the new component is not in substantial compliance with the Accreditation Standards, accreditation may be suspended (reference D. in this policy) or withdrawn (in which case the service will be required to reapply for accreditation no sooner than six months from the withdrawal decision).

### **REQUESTS FOR EXTENSIONS**

A medical transport service may request an extension on its one-year application period or its accreditation certification period according to the following guidelines:

1. All requests for extensions must be in writing and must be received by CAMTS prior to the expiration date.
2. The Executive Committee of the Board of Directors will utilize its discretion in deciding whether to grant the extension.
  - a. If a program requests extra time to submit the PIF – the Executive Staff will determine the deadline that will still allow time to complete a site visit before the planned board meeting date. The request must be in writing and received by CAMTS before the PIF due date.
  - b. If there are major changes or issues that require extension into the next board meeting, the Executive Staff will determine if the request can be granted unless there are questions or concerns that need to go to the Executive Committee.
3. Extensions shall not exceed six (6) months.
4. If an accredited service is granted an extension, it may continue to advertise itself as accredited as determined by the Board.

- The certification date will revert to the end of the previous certification period regardless of the date the Board awards reaccreditation.

04.02.00 (032691/042196/011397/042797/071903/071104/031608/71208/101511/040613/041815)

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*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Due Process Procedures (Appealing an Accreditation Decision)

**POLICY:** Accreditation awards and board actions can be appealed under the following guidelines.

**GUIDELINES:**

A. A Program will be entitled to appeal an accreditation decision (or Board Action) under the following conditions:

1. The Program shall request an appeal of the accreditation decision in writing within thirty (30) days of written notice of the accreditation decision, unless the Board suspends the accreditation, in which event the appeal timeframe is governed by Policy 04.01.00(E). During the appeal process, programs receiving a Preliminary Denial decision or a Withdraw Accreditation (during the 30-day appeal process) or Suspend or Intent to Suspend action (during the time frame outlined in Policy 04.01.00 (E.) will be listed on the CAMTS website with an asterisk. The asterisk will be defined as outlined in Policy 03.12.00.

In the written request for appeal, the Program must identify the specific grounds for its appeal. To the extent the Program claims that the accreditation decision was based on incorrect facts, the Program shall submit specific written evidence to be considered in the appeal. Corrections made after the site visit based on the site surveyors' closing comments and/or the list of weaknesses in the formal notification of accreditation are not considered valid points for appeal since accreditation decisions and actions are based on findings at the time of the site visit.

2. The Executive Committee of the Board of Directors may request additional information from the Program and/or may schedule a follow-up site survey if, in its sole discretion, it determines that such additional information or a follow-up site survey (Supplemental Site Survey) would be helpful to the process. If such additional information or a Supplemental Site Survey is requested, all reasonable expenses associated with such additional efforts, including all reasonable attorney's fees incurred by CAMTS in the process, shall be the responsibility of the appealing Program. The CAMTS office will provide the Program with an estimate of costs associated with a Supplemental Site Survey if that is required.

Any dispute regarding the amount of fees requested or the payment of such fees shall be submitted to binding arbitration before a mutually acceptable arbitrator, such arbitration to be held at a site chosen at the sole discretion of CAMTS. However, if such an arbitration is

filed by the Program, CAMTS shall be entitled to recover its reasonable attorney's fees in the arbitration if it is determined that the fees invoiced were reasonable. The institution of such an arbitration shall not delay the appeal.

**04.02.00** (032691/042196/011397/042797/071903/071104/031608/71208)

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3. This Supplemental Site Survey shall be conducted by different Site Surveyor(s) than the Site Survey being appealed. All applicable Site Survey rules and requirements shall apply.
4. The findings of Site Surveyors will be submitted to the Board of Directors for reconsideration.
5. The Program will be informed of the decision of the Board of Directors following the next Board of Directors meeting.
6. Regardless of the outcome of the appeal, the effective date of the original accreditation notification will serve as the basis for the tenure of the accreditation.

B. During the appeal process, Programs receiving a Withdrawal accreditation decision or a Suspend or Intent to Suspend action (as outlined in Policy 04.01.00 (E.) will be listed on the CAMTS website with an asterisk. The asterisk will be defined on the website as "Action Pending". Any questions about the nature of the "Action Pending" will be directed to the Program.

04.03.00 (032691/ 021892/050892/011397/102409/071710/040211/041721)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Conditions Disqualifying Director's Vote – Conflict of Interest Issues

**POLICY:** All accreditation awards or board actions are the responsibility of the CAMTS Board of Directors as directed by the Leadership Responsibilities Policy 06.06.00. The following guidelines specify conditions that would disqualify a Director from participating in the decision or voting on an accreditation decision:

**GUIDELINES:**

- A. When the Director is employed by the medical transport service, institution or company seeking accreditation.
- B. When the Director is employed by a medical transport service located in the same state or service area as the medical transport service seeking accreditation.
- C. When the Director is employed by a medical transport service that is considered to be in competition with the medical transport service seeking accreditation.
- D. When the Director is employed by a company that has purchase of service relationships with the medical transport service seeking accreditation.
- E. When the Director has special knowledge of the Program seeking accreditation that has been obtained by virtue of a personal relationship with staff or others involved with the medical transport service which would preclude objective consideration of the full range of accreditation outcomes.
- F. When the Director has had a previous position of employment in any capacity, including consultation, with the medical transport service seeking accreditation.
- G. Previous conflicts of interest as listed above *may* continue to be considered a conflict for a time frame of up to five years and will be determined on a case-by-case basis in discussion with the CAMTS office and Director.
- H. Conflict of Interest Lists Forms (addendum a) will be completed, signed, and returned will be completed online by each Board member to the CAMTS office prior to scheduled Board meetings.
  - 1. Conflict of interest issues that arise after an accreditation decision is made will be referred to the Ethics Committee (see policy 04.04.00).

**04.04.00** (020792/050892/011397/042797/041402)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Ad Hoc Ethics Committee

**POLICY:** The ad hoc Ethics Committee will be called upon to make independent, blinded decisions about conflict-of-interest issues or ethical issues regarding a specific medical transport service according to the following guidelines:

**GUIDELINES:**

- A. The Ethics Committee will be an ad hoc committee with rotating members made up of Board members.
- B. The Ethics Committee will consist of three members.
- C. The Executive Director/Associate Executive Directors will send all pertinent information concerning the issue to the Ethics Committee. This information will be blinded and will not reveal the identity of the program or the person(s) involved.
- D. The Ethics Committee will:
  - 1. Make a decision and recommendation to the Board of whether there is or is not a conflict of interest.
  - 2. Make a recommendation to the Board regarding an ethical issue and if that issue prevents the service from being in compliance with the accreditation standards that may ultimately affect the program's accreditation status.
- E. If the Ethics Committee decides that there is a conflict of interest or an ethical practice that prevents the program from being in compliance with accreditation standards, the Board will decide on appropriate action and communicate its decision to all involved parties.

**04.05.00**

(062997/072598/102999/041600/072901/071104/092306/062407/112508/071009/101511/032714/  
091214/041815/101715/040817/040718/010119/110219/102921/102222/102525)

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*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Accreditation Fees and Charges

**POLICY:** Charges for accreditation will be based on the fee schedule below and as appropriate to the accreditation action described. Charges for accreditation items such as pins, stickers, etc., are according to the guidelines listed below.

**A. Accreditation Fees**

**1. For a medical transport service**

**Initial Application Fee = \$1000** (to be submitted with initial application)

**PIF Submission Fee = \$6,500.00**

**Asset Fee = \$1000.00 per helicopter and airplane\*  
\$150.00 per ambulance, boat or other surface vehicle\***

a. This applies to those aircraft and vehicles in service (**meaning staffed with crews on site or on-call – not aircraft or ambulances that are available or used as back-ups**)

b. **A 10% discount on asset fees will be credited to programs that have achieved Full Accreditation in two previous consecutive tenures of accreditation and have achieved full accreditation in the third tenure of accreditation. Programs that apply for an extension to submit the PIF are not eligible for the discount fee if the extension is greater than 60 days from the PIF due date at the discretion of the Board.**

c. **A program that does not achieve Full Accreditation (but is awarded Probational, Withdrawn, or Preliminary Denial, or Suspended after two consecutive Full Accreditations is not eligible for a discount until two full consecutive accreditations are achieved and the current tenure of accreditation results in a Full Accreditation.**

**PLUS \$600.00 fee per day per site surveyor**

Travel and expenses for each site surveyor plus a charge of **\$400.00** for the site surveyor report to the Board.

**04.05.00**

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Number of days and number of site surveyors will be determined by the Site Surveyor Coordinator and CAMTS office based on the number of factors that may require additional interviews and travel outside of a normal 1 site - 2-day visit.

The criteria used to determine additional travel days and number of site surveyors may include but are not limited to:

- Number of sites
- Distance between sites
- Modes of transport offered by the service\*
- Travel differentials
- Number of specialty teams
- States, vendors, and maintenance facilities etc.

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**2. For a Medical Escort, Mobile Integrated Health or a Special Operations service**

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**Initial Application Fee = \$1000** (to be submitted with initial application)

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**PIF Fee = \$3000** (to be submitted with PIF) **for up to 5 bases**  
**\$3500 for an independent medical escort service applying for dual accreditation**

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**PLUS** \$600 per day fee per site surveyor (normally only 1 site surveyor) and travel and expenses plus a charge of **\$400** for the report to the Board

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\*Programs that predominantly perform one mode of transport such as ground but occasionally perform rotorwing and/or fixed wing transports, for example, must include (in the CAMTS application process) all modes of transport that were used for 12 or more patient transports in the previous year or any mode of transport (regardless of how many) that the program advertises as part of their program.

**3. Conditional Accreditation**

A medical transport service may submit a PIF after it has been in operation for 4 months. The program must submit an initial application with a \$750.00 fee. A specific PIF application along with selected attachments will be emailed to the program to complete and return for review along with a \$2500 fee.

The Board will determine if a paper review or on-site audit is required depending on the program's scope of service.

**4. For international site visits –beyond the North American Continent – see CAMTS Global Policy**

5. Accreditation fees for the following services apply as outlined:

- a. Service receiving a withheld or withdrawn accreditation cannot reapply for 6 months but are eligible for a 50% decrease in the base fee if completing and submitting a new PIF within one year of the accreditation decision.

In addition, the Program will be billed for site surveyor(s) fees, travel and expenses to the main base and additional bases as determined by the Executive Committee of the Board. If the site visit requires chartering an aircraft to remote bases, the cost of the charter will be added to the accreditation fee.

- b. If a service has a Class II or Class III change (refer to Policy 05.12.00) – there is:

- \$400 administrative charge for processing a Class II changes- \$800 administrative charge for processing a Class III change

If a supplemental visit is required because of the Class II or Class III change

- a. An additional \$2500.00 administrative fee plus additional charges for site surveyor(s)' fee, travel and expenses will be charged to the service for the supplemental visit.

**B. Charges for Accreditation Items**

- 1. When a service achieves full or probational accreditation, the following items will be provided by the Commission free of charge:
  - a. Certificate of Accreditation for each base.
  - b. Two logo stickers for each aircraft and ambulance (Additional logos can be purchased for \$10.00 each plus shipping.)
  - c. CAMTS lapel pins for employees upon achieving accreditation for the first time. Thirty pins will be sent to each program achieving reaccreditation.

| # of Pins  | # of Transports per Year                       |
|------------|--|
| 30 pins -  | < 500 transports or for reaccrediting programs |
| 60 pins -  | 500 - 1000 transports                          |
| 75 pins -  | 1001- 2000 transports                          |
| 100 pins - | >2000 transports                               |

\*(Additional pins may be purchased at \$2.00 each)

**C. Charges for Consulting service**

In North America

\$3000.00 - 1<sup>st</sup> day plus travel and expenses for site surveyors

\$1000.00 for each additional day

Outside North America

\$4000.00 - 1<sup>st</sup> day plus travel and expenses for consultant

\$1000.00 per day for each additional day

**D. Charges for Education Evaluation**

Programs developing their own course as an equivalent to established courses such as ATLS will be charged \$500.00 for an evaluation, suggestions for improvement and approval by the CAMTS Education Committee. (see Policy 03.15.00)

Programs using simulation instead of clinical experiences must submit according to the 4-step process in Policy 03.15.00. There is a \$500.00 charge for this evaluation.

**SUBJECT:** Accreditation Standards and Policies Approval Process

**Date Approved:** 03/27/14

**POLICY:** Accreditation Standards and Policies require final approval from the Board of Directors according to the following guidelines:

**GUIDELINES:**

**A. Accreditation Standards**

1. The CAMTS Accreditation Standards develop and follow the essential elements of the American National Standards Institute (ANSI) and are outlined in a separate policy entitled, "CAMTS Procedures for ANSI Accreditation". See addendum
2. There is a Standards Committee made up of ~~Board members, Site Surveyors, and~~ medical transport constituents who may include board members, site surveyors and interested parties. Drafts are created by the committee, posted to the CAMTS website for public comments as well as sent to the Board for review. Board members are expected to solicit input from their representative member organization.
3. Drafts for the next edition will be vetted on the CAMTS website throughout the time frame between publication of the previous edition and expected date of publication for the next edition. Comments from constituents and the public are accepted, reviewed for inclusion in the subsequent draft and presented to the ~~Board~~ Standards Committee. There is no specific time frame between published editions although it is usually no less than 2 years and no more than 5 years.
4. The committee approved Standards are then forwarded to the Full Board for ratification. Final approval for the next edition of accreditation standards must be by a majority vote of the current Board of Directors.

**B. Policies**

1. There is a policy and procedures committee headed by the Executive Director and made up of voluntary Board members.
2. Policies are created or revised when there is a need identified during board reviews of programs and because of findings in the QM process.
3. Legal review of policies will be conducted whenever necessary or at a minimum every 5 years.

4. New policies may be presented in draft form at each Board meeting for approval.
5. An entire review of existing policies will occur annually at the spring Board meeting and the annual review must have Board approval.

**SUBJECT:** Handling Concerns and Complaints

**POLICY:** The Commission will address all written complaints it receives, at its discretion, regarding an accredited medical transport service or a service that has submitted an initial application for accreditation in accordance with the generally accepted principles of peer review and according to the following guidelines.

**GUIDELINES:**

1. Complaints or concerns about an accredited service can form the basis for disciplinary action and accreditation decisions. They shall be handled consistent with generally accepted peer review guidelines. Complaints must be put in writing unless extraordinary and exigent circumstances exist. Complaint forms are on-line and accessed through the website.

Information reported may or may not be shared with the Program, but the identity of the complainant will not be revealed unless required by a court order. There is a signature block for the complainant on the Complaint/Concerns Report and a signature is encouraged but not required.

The Complaints/Concerns Report informs the complainant that CAMTS is not a regulatory agency.

Patient care or safety issues involving federal, state, or local regulators should be reported to the appropriate authority by the complainant.

Complaints about patient transport charges or unethical business practices should also be reported to the appropriate authority by the complainant.

Complaints should be referenced to non-compliance with a specific standard, indicating the standard number.

It is not the responsibility of CAMTS to notify the appropriate authority. The CAMTS Office may provide the complainant with agency listings as a point of contact.

2. If the complainant is identifiable, the CAMTS Office will respond in writing to the complainant acknowledging receipt of the Complaints/Concern Report with no further follow-up to the complainant regarding outcomes or actions taken by the Board. Any actions taken will be at the discretion of either the full Board or the Executive Board.

3. If the complaint is about a service that has submitted an application, the Executive Director/Associate Executive Directors may provide such information to Site Surveyors in the Standards Compliance Tool. Complaints will be logged into the CQI log for tracking/ trending of repeated issues, per current QM policy.
4. The Complaints/Concerns Report may be sent to the Chair and Vice-Chair of the Board, after discussing with the Program and at the discretion of the Executive Staff, to determine if further action is required. Another Board Member may be substituted if there is a conflict of interest.
  - a. The Executive Director/Associate Executive Directors ~~Administration~~ may notify the medical transport service (by via written correspondence and, at the Executive Director's/Associate Executive Directors' option, via email or telephone) that a complaint or concern was received and ask for a written response via email. If the response is that the issue is no longer a factor or the issue has been addressed, the Executive Director or Associate Executive Directors will provide a written email response that no further action or follow-up is required. Complaints and responses are filed in the program's file folder for future reference.
  - b. If it is determined that further action is required, the Executive Director/Associate Executive Directors may notify the medical transport service (by via written correspondence and, at the Executive Director's/Associate Executive Director's option, via telephone) that a complaint or concern was received and what action has been taken pending an investigation. Input from the Program will be obtained and documented and included in a report to the Board of Directors along with the confidential report for discussion and action at the next Board meeting.
  - c. Depending on the nature of the complaint, it may be necessary to take action before the next Board meeting. In that event, the Executive Board will decide on an appropriate action. Such action may take place prior to notifying the service, such as conducting a Monitoring visit. If complaints are of such a serious nature that safety and patient care is at risk and confirmed by an additional source, the Program may be suspended by action of the Board.
  - d. One or more of the following courses of action may occur:
    - No action required;
    - Progress Report requested from the medical transport service within a specified time frame;

-Monitoring visit arranged (Please refer to policy 05.08.00 entitled "Monitoring Visit") or Supplemental Site Survey.

-Accreditation placed on suspension until further action can be determined.

-Accreditation may be withdrawn if the review determines that the Program no longer operates substantially in the manner described in its application.

e. The medical transport service will be notified of the Board's decision by certified mail if further actions are required.

5. If a Site Surveyor(s) witnesses an act that would constitute a violation of a CAMTS Accreditation Standard (while conducting a survey at a different program), it is recommended that the form entitled "Site Surveyor Observation Report" be submitted to the CAMTS office along with the Standards Compliance Tool and Board report.

04.07.00 (072205)

COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS

Site Surveyor Observation Report

The purpose of this form is to document a concern or complaint about an accredited service while a site surveyor is on a site visit conducting a survey at a different medical transport service. The completed report will be forwarded to the CAMTS office for follow-up. Individuals completing the form will receive verification that the form was received but follow-up actions by the Board of Directors will be at the discretion of the Board. All information regarding this report is considered confidential and the source of the complaint is not revealed. CAMTS is not a regulatory agency. Patient care, safety issues, billing practices and unethical business practices involving federal, state, local and other regulators or agencies should also be reported to the appropriate authority by the complainant.

Name and Location of the Accredited Medical Transport Service: \_\_\_\_\_

Site Survey Date: \_\_\_\_\_

Concern: Please describe in detail (including when, where etc.) your complaint or concern in the space below. May continue on a second page if necessary.

Multiple horizontal lines for writing the concern.

\_\_\_\_\_ SS Signature: \_\_\_\_\_

Date of observation \_\_\_\_\_

(Please sign so the CAMTS office can follow-up with questions, if necessary.)

CAMTS Use Only:

Board Members Sent To: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Contact Person at Medical Transport Service: \_\_\_\_\_ Name \_\_\_\_\_ Title

Date of contact: \_\_\_\_\_

Board Meeting Date: \_\_\_\_\_

Board Action: No Action \_\_\_\_\_ Progress report \_\_\_\_\_ Monitoring Visit \_\_\_\_\_

Accreditation On-Hold \_\_\_\_\_ Accreditation Suspended \_\_\_\_\_ Accreditation Withdrawn \_\_\_\_\_

No change in Accreditation Status \_\_\_\_\_

04.08.00 (071710/041721/071622)

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COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS

**SUBJECT:** Compliance with the (HIPAA) Privacy and Security Rules

**POLICY:** The Commission will be in compliance with HIPAA Privacy rule (Health Insurance Portability and Accountability Act of 1996 - 45 CFR Parts 160, 162, and 164) **including, but not limited to, the HIPAA Privacy, Security, and Breach Notification Rules, 45 C.F.R. § 154.502(e), 45 C.F.R. § 160.102, 45 C.F.R. § 164.504(e), and 45 C.F.R. § 164.314 as the same may be amended from time to time** and the HITECH (Health Information Technology for Economic and Clinical Health (passed August 2009 **and amended January 5, 2021**) statute in its role as a Business Associate to “Covered Entities”.

**GUIDELINES:** The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.

*A “business associate” is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity. A member of the covered entity’s workforce is not a business associate. A covered health care provider, health plan, or health care clearinghouse can be a business associate of another covered entity. The Privacy Rule lists some of the functions or activities, as well as the particular services, that make a person or entity a business associate, if the activity or service involves the use or disclosure of protected health information. The types of functions or activities that may make a person or entity a business associate include payment or health care operations activities, as well as other functions or activities regulated by the Administrative Simplification Rules.*

*Business associate functions and activities include: claims processing or administration; data analysis, processing, or administration; utilization review; quality assurance; billing; benefit management; practice management; and repricing. Business associate services are: legal; actuarial; accounting; consulting; data aggregation; management; administrative; accreditation; and financial. See the definition of “business associate” at 45 CFR 160.103.*

To comply with the Provisions of the HIPAA Privacy Rule, the Commission will:

1. Send out and receive a signed Business Associate Agreement prior to a site visit (to follow).

2. Online applications and information submitted online is encrypted and protected by password use only. **There is no patient information requested.** However, if a patient's protected health information is found on a document submitted by the program, the Pre reviewer will:

a. Immediately notify the CAMTS Executive Director or Associates.

b. The Executive Staff will delete the patient identifier and contact the program within 5 business days of the breach. It is the program's responsibility to determine further action such as reporting the incident to its Privacy Official who will determine whether the incident rises to the level of a breach.

c. The date, time and name of the program representative who is contacted will be documented along with where the patient identifier was found.

3. Pre -reviewers and Board members who review the on-line application and attachments will sign a confidentiality agreement prior to conducting a review.

4. Site surveyors will sign a confidentiality agreement on site and leave a copy with the program.

**SUBJECT:** Interpretation of Standards and Policies

Date Approved: 071616

**POLICY:** Interpretation of Standards will be based on the collective minds of the CAMTS Board when requested.

**GUIDELINES:**

**A. Accepting Requests for Interpretations**

1. The CAMTS Standards and Policies are written to be as clear as possible; however, there are times when a Standard may purposely be left vague to allow a program to implement non-traditional and creative ways to meet the intent of the Standard.
2. Request for interpretations of a Standard or Policy can be submitted via a phone call, letter, or e-mail. The response will be returned in the same manner as the request is received.

**B. Interpretations**

1. Interpretation of a Standard or Policy will be directed to and interpreted by the Executive Director or Associate Executive Directors. For those situations where the Standard needs additional clarity, as opposed to addressing a question, they will log the request and submit the issue to the Standards Committee for a potential rewrite of the Standard in the next update draft. Suggested Standard changes will then follow the normal process, including approval by CAMTS Board. For those situations where a Policy needs additional clarification, it will be submitted to the Executive Committee for an immediate response and a draft Policy change will be submitted to the Board for approval at the next Board meeting.
2. If the person requesting the interpretation does not agree with the interpretation, or if the Executive Director and/or the Associate Executive Directors are uncomfortable or unable to make an interpretation, the question will be directed to the CAMTS Executive Committee. If the Executive Committee is uncomfortable or unable to make an interpretation, the question will be taken to the full CAMTS Board.

[CAMTS POLICY AND PROCEDURE MANUAL](#)

|                                   |           |
|-----------------------------------|-----------|
| <b>GENERAL POLICIES</b>           | 05.00.00  |
| Two Consecutive Probation Awards  | 05.01.00  |
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## **GENERAL POLICIES - 05.00.00**

**05.01.00** (032691/101692/042797)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Two Consecutive Probational Awards

**POLICY:** If a program receives two (2) consecutive probational awards, then during its next accreditation review it must either receive full accreditation or not be accredited in any category.

**05.02.00** (032691/101692/050194/042797/033003)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Follow-up on Recommendations

**POLICY:** A progress report must be sent in to CAMTS within the time frame specified in the accreditation letter. This report by the program must outline and document plans and actions taken following the written report issued by the CAMTS board addressing all issues identified in the letter requiring a reply. Failure to submit a progress report may result in Board action up to an including withdrawal of accreditation.

**05.03.00** (032691/042797/033003)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Waiting Period

**POLICY:** Six (6) months must elapse before a new PIF can be accepted by programs in the event of withheld or withdrawn accreditation unless the program was withheld or withdrawn due to falsifying or omitting information. In that case, a minimum of one year and a maximum of five years must elapse before a new PIF can be accepted at the sole discretion of the Board of Directors.

**05.04.00** (032691/101692/102696/102796/042797/040613)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Outstanding Indebtedness

**POLICY:** CAMTS will not accept an application for accreditation or review a progress report from a program with an outstanding overdue debt until that debt has been paid.

Any Program that is delinquent in the payment of CAMTS fees or has an outstanding debt to CAMTS will not be eligible for accreditation review until the delinquency or outstanding debt is resolved to the satisfaction of CAMTS. Delinquent or indebted Programs may also be subject to the immediate withholding or withdrawal of any current accreditation.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Supplemental Survey

**POLICY:** If a program adds another location or increases the number of aircraft or expands the service (by another aircraft and/or additional site) a supplemental survey may be initiated unless the original accreditation expires in less than one year. A program may also be required to undergo a supplemental survey visit as a result of an accreditation action or decision. Direct expenses of the site surveyor(s) and a \$2500.00 administrative fee would be the responsibility of the program.

The Board may require a supplemental visit for any medical transportation service that applies for accreditation, is accredited by CAMTS, or is appealing an accreditation decision or Board action at the program's expense.

A program may appeal the decision to require a supplemental visit but if the Board denies the appeal and requires a supplemental visit, the program is required to reimburse the Commission for the visit as outlined above.

A supplemental survey may also be completed if a program wins an appeal on the accreditation decision and the board decides a follow-up visit is necessary. In this instance, the Commission would be responsible for the direct expenses of the site surveyor(s).

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Reaccreditation

**POLICY:** CAMTS will notify a program of the need to request a survey approximately six (6) months prior to accreditation expiration date. A PIF must be completed and submitted prior to scheduling the site visit.

**GUIDELINES:**

- A. To maintain accreditation, a medical transport service must have the PIF submitted a minimum of 120 days prior to the ending date of the certification period unless an extension has been approved by the Board. A PIF must be submitted within 30 days of a conditional accreditation expiration date. However, regardless of the date of the next board meeting (assuming the service is reaccredited) the certification period will revert to and begin with the ending date of the previous certification period.
- B. The process of survey for continuation of accreditation is the same as the initial survey in that all appropriate and current accreditation standards are applied. During a resurvey site visit for continuation of accreditation, the surveyors will pay particular attention to any weaknesses from the previous survey and to compliance with new accreditation standards.
- C. In rare circumstances, a single site surveyor may be able to complete the site visit. In this instance the cost savings for expenses of a second site surveyor would be passed along to the medical transport service.

05.07.00 (032691\101692\042797)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Extending the Accreditation Certification

**POLICY:** Extension of an existing accreditation may be granted for up to six (6) months if the program is experiencing temporary disruption (such as change in program leadership, change in aircraft/ambulance operator, change to/from single-hospital management, etc.) which would interfere with the Commission's ability to conduct a meaningful survey. The extension must be requested in writing at least three months prior to the expiration of the existing accreditation. The Executive Committee will make all decisions on requests for extensions of accreditation.

**05.08.00** (032691/101692/042797/033003/041615)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Monitoring Visit

**POLICY:** CAMTS reserves the right to conduct a scheduled or unannounced onsite visit of any medical transportation service that applies for accreditation, is accredited by CAMTS, or is appealing an accreditation decision or Board action at the expense and discretion of the Commission. The Commission will notify the program in writing that a site surveyor or board member will conduct a monitoring visit. This written notice may be presented by the CAMTS representative on-site at the time of the monitoring visit.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Confidentiality Policy and Statement

**POLICY:** It is the Policy of CAMTS to respect and protect each individual's right to confidentiality concerning their health care, personal, and employment information. CAMTS shall maintain the confidentiality of this information, protecting it against loss, defacement, tampering, unauthorized access, or use by unauthorized individuals. Additionally, a list of accredited Programs will be updated on the website as changes occur published quarterly and made available to the public. However, it is the policy of CAMTS to consider specific information about the accreditation process of a Program to be strictly confidential according to the guidelines below.

**GUIDELINES:**

Confidential Information. For the purposes of this policy, Confidential Information includes, but is not limited to, the following:

Patient health care information: All information and records related to the health of a patient prepared by or under the supervision of a health care provider, e.g., diagnosis, treatment, prognosis, condition, or other information contained in medical records, photographs, video tapes, or verbal reports. This includes personal information such as patient name, address, phone number, admission and discharge dates, physician's name, family, or social information.

Employment Information: Employee address, telephone number, personnel file, job application, performance appraisal, discipline, termination, investigations, compensation, and benefits.

Business Information: Confidential business information of a proprietary nature related to the operations, finances, marketing, or strategic plans. Proprietary information obtained through verbal or written internal communication is confidential unless it is made public by the service. Such information may include but is not limited to transport statistics, marketing plans, patient/customer feedback or terms of contracts.

Accreditation information: All materials submitted by a Program in the course of the accreditation process, including but not limited to the **Program Information Folder (PIF)**, ~~PIF and addendums to the same~~, and information accumulated by Site Surveyors during a Site Visit, Supplemental Site Visit, or Monitoring Visit.

**05.09.00**

(032691/101692/050194/072096/042797/062997/102999/033003/101511/041721/071622/012224)

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Confidential Information to be kept confidential. CAMTS and its employees and agents (including but not limited to Site Surveyors) shall maintain the confidentiality of all Confidential Information, except as provided in this policy.

Review of Confidential Information during Site Survey. Review of Confidential Information during a Site Survey, Supplemental Site Survey, or Monitoring Visit will take place on the Program's property at a secure location within the jurisdiction and safekeeping of the Program.

Disclosure of Confidential Information to Pre-reviewers, Board Members and Site Surveyors. CAMTS may disclose and provide access to Confidential Information to Pre-reviewers, Board Members, Site Surveyors and/or required Accreditation Review Committee Members for use in the accreditation process.

Disclosure of Confidential Information to third parties. CAMTS shall not disclose Confidential Information to third parties except under the following circumstances:

- a. For patient health care information, upon the receipt of a signed medical authorization from the patient;
- b. For employee information, upon receipt of a signed employment authorization from the employee;
- c. For business information, upon receipt of a signed authorization from the business;
- d. For accreditation information, upon receipt of a signed authorization from the Program.
- e. For all Confidential Information, upon being served with a duly authorized subpoena or court order, or as otherwise required by federal, state, or local law.

Procedure when individual is served with a subpoena or court order. If an individual Board Member or Site Surveyor is served with a subpoena requesting the production of Confidential Information; or is served with a court order requiring the same, he/she shall forward the subpoena or court order to the Executive Director as soon as practicable.

Disclosure of accreditation status to government agencies. CAMTS is permitted to disclose a Program's accreditation status to state and local government agencies, including but not limited to state EMS agencies.

Maintenance of Confidential Information. CAMTS will maintain a file on each Program that applies for accreditation. Such files will include, without limitation, all original documents and **materials submitted in the encrypted online process** by the Program as part of the accreditation process. Program files, **such as Reports of Change, accident reports, complaints and other correspondence** shall be kept in a **password protected Dropbox folder** in the CAMTS office.

Disposal of Confidential Information. At the conclusion of the accreditation process, including any appeal of an accreditation decision or Board action, Board Members and Site Surveyors will no longer have access to the Dropbox folder or to the online system. CAMTS will destroy any computer disks containing Confidential Information and will shred any hard copies of the same.

**05.10.00** (032691/101692/042797/112508)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Site Surveyor Confidentiality

[This policy has been incorporated into Policy 02.09.00.]

**SUBJECT:** Public Identification

**POLICY:** The Certificate of Accreditation and the CAMTS logo are to be utilized under the following guidelines.

**GUIDELINES:**

**Certificate of Accreditation**

- A. A Certificate of Accreditation is provided, at no charge, to a program awarded full or probational accreditation. This Certification identifies the program surveyed and the expiration date of accreditation.
- B. A medical transport program is permitted to identify the accreditation status publicly.
- C. The following would not be considered permissible uses of the Certificate of Accreditation:
  - 1. A program shall not display the Certificate in any manner which misrepresents the availability or quality of the service offered.
  - 2. A program shall not permit another program to display or use its Certificate.
  - 3. In the event continued accreditation is denied, the program shall refrain from misrepresenting its accreditation status. The expiration date on the Certificate will be clearly identified and cannot be altered in any way.
  - 4. The Certificate should never be used either explicitly or implicitly as a claim or promise of service.
  - 5. Officials and staff of CAMTS should not be referred to or quoted in publicity releases on accreditation without prior approval from the CAMTS office.
- D. Within 30 days after notification of loss of accreditation, the failure of a program to return the Certificate of Accreditation and/or to terminate purporting to be accredited by CAMTS shall constitute grounds for the Commission to publicly disclaim the accredited status of the program.

### **CAMTS Logo**

An accredited program is encouraged and entitled to use the CAMTS logo with the following limitations:

A. When not using the logo, the Commission on Accreditation of Medical Transport Systems will not be abbreviated.

B. Accredited medical transport services will not advertise as a "member" of the Commission since there are member organizations that make up the Commission. This would be misleading or confusing.

C. Accredited medical transport services will not advertise as "approved by". The phrase "Accredited by: Commission on Accreditation of Medical Transport Systems is suggested.

E. The logo can be used in print. The logo may be enlarged but not reduced any smaller than the sample logo below because the type becomes too small to read:

1. The logo can only be printed in black, pms blue 282, or shades of grey. These options will hopefully help on printing costs, though the standard use will be in black or pms 282.

2. Elements of the logo may not be separated and used individually other than what is shown on previous page.

3. The logo must be clearly identified as a separate entity and cannot be used in conjunction with or in close proximity to a program tagline or other logo.

F. A medical transport service may **NOT** use the CAMTS logo **NOR** publicize accreditation if:

1. Accreditation status is withdrawn.

2. Accreditation has been suspended.

3. Accreditation status has expired.

4. Used or publicized in conjunction with a claim or promise of service.

G. The logo may not be loaned, donated, or transferred to another medical transport service.

H. Accredited medical transport services will sign an agreement of understanding based on the above limitations on use of the CAMTS logo. A new agreement will be signed with each recertification.

**05.12.00**

(020391/rev101692/080194/102696/102796/042797/062997/041402/041815/101715/040916/  
071616/102222/102023)

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*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Ongoing Communication with CAMTS - Reporting Changes

**POLICY:** During the tenure of accreditation, the program shall communicate to the Commission in writing (within thirty days of the effective date) any changes in the scope of service provided as reviewed at the time of accreditation. Examples of changes requiring notification and how these changes are classified for purposes of board action are provided in the guidelines below. The form is located on our website – [www.camts.org](http://www.camts.org)

**Class I Change** - *A class I change is a minor change that will have little effect on the overall mission, direction, and operation of the service.*

1. Some examples of this type of change may include but not be limited to:
  - a. Change of address
  - b. Change in personnel occupying management positions
  - c. Deleting a part of the service
2. A Class I change may result in one of the following board actions.
  - a. No follow-up required
  - b. Follow-up progress report required

**Class II Change** - *A Class II change is a change that has the potential to cause other changes within the service as reflected in the mission, scope of care or policies, for example, that would alter the service significantly from the service reviewed during accreditation deliberations.*

1. Some examples of this type of change may include but not be limited to:
  - a. Adding a new aircraft/surface vehicle or additional aircraft/surface vehicles.
  - b. Adding or changing location of a base in the same State or region (in the same mode of transport as previously reviewed).
  - c. Changing ownership of the service but middle managers and aviation/ambulance operators are the same.

**05.12.00**

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**d. Adding a specialty care team or changing the composition of the specialty team**

**e. Expanding into fixed wing or rotorwing with the same FAA Part 135 operator**

**f. Changing simulation centers or adding a simulation for a new scope of care**

**g. Using an alternative pilot experience tool as a pre-hire requirement for rotorwing and fixed wing pilots.**

**2. A Class II change may result in one of the following board actions.**

- a. No follow-up required
- b. Follow-up progress report required
- c. Supplemental site visit
- d. Monitoring visit

3. Class II changes may result in an accreditation recommendation as follows:

- a. No change in accreditation status
- b. Intent to Suspend or Suspend accreditation
- c. Withdraw accreditation

**Class III Change** - *A Class III change is a change that interrupts the service or causes overall differences that would alter the service significantly from the service reviewed during accreditation deliberations. See 05.12.00A that outlines Transition Plans to be submitted for specific types of Class III changes.*

1. Some examples of this type of change may include but not be limited to:

a. Change in ownership that includes change in managers, teams, and/or aircraft or ambulance operator.

**b. Adding a base in a different state or acquiring or merging with another medical transport service with a non-CAMTS accredited service**

c. Changing the mission statement and/or scope of care.

**05.12.00**

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- d. Expanding into fixed wing or rotorwing with a different FAA 135 operator or with its own Part 135 certificate
  - e. Adding a ground ambulance or surface vehicle to the service.
  - f. Contracting with a new Communications Center or developing its own communications center
  - g. Changing the composition of the regularly scheduled team.
  - h. An accident or sentinel event that resulted in substantial damage to the aircraft or vehicle or injuries to personnel, passengers, or bystanders.
  - i. A legal settlement against the service regarding a transport or patient care issue.
3. A Class III change may result in one of the following board actions.
- a. No follow-up required
  - b. Follow-up progress report required
  - c. Supplemental site visit
  - d. Monitoring visit
4. Class III changes may result in an accreditation recommendation as follows:
- a. No change in accreditation status
  - b. Suspend accreditation
  - c. Voluntary withdrawal by program
  - d. Withdraw accreditation

*\*A program that does not report changes during the tenure of accreditation, may be in noncompliance with Commission policies and therefore may have accreditation withdrawn, according to policy 04.01.00. - "Accreditation Awards and Board Actions"*

05.12.00 REPORT of CHANGES and FOLLOW-UP NEEDED – interoffice actions  
Approved by the Board 10/20/23

- A. **Class I Change** - *A class I change is a minor change that will have little effect on the overall mission, direction, and operation of the service.*
1. Some examples of this type of change may include but not be limited to:  
**Make these changes in the Demographics Form – Office will update unless the program has access to their online PIF.**
    - a. Change of address
    - b. Change in personnel occupying management positions
    - c. Deleting a part of the service
  2. A Class I change may result in one of the following board actions:
    - a. No follow-up required
    - b. Follow-up progress report required
- B. **Class II Change** - *A Class II change is a change that has the potential to cause other changes within the service as reflected in the mission, scope of care or policies, for example, that would alter the service significantly from the service reviewed during accreditation deliberations.*
1. Some examples of this type of change may include but not be limited to:
    - a. Adding a new aircraft/surface vehicle or additional aircraft/surface vehicles.  
**Aircraft/Surface checklist if replacing or adding at an existing base with existing personnel – disregard the bottom section about the base**  
  
**New aircraft and new base – need the aircraft/surface checklist, crew competencies and schedules (pilots, crews and maintenance) for the previous month – complete entire checklist – competencies and Initial clinical experiences are the second and third tabs of checklist**
    - b. Adding or changing location of a base in the same State or region (in the same mode of transport as previously reviewed).  
**Base only checklist**
    - c. Changing ownership of the service but middle managers and aviation/ambulance operators are the same.  
**Part of Demographics that apply (names and contact of senior managers) EMS**

**license if change is in new ownership's name**

- d. Adding a specialty care team or changing the composition of the specialty team.
- 1) If Specialty team is operating as part of the team – submit orientation outline and dates of completion (see Specialty Team Competencies and Clinical Experiences checklist)**
- Names and dates of aviation and/or ambulance safety hands-on training.**
- If isolette is involved – submit pictures of how the isolette is secured, loaded and unloaded.**
- Submit meeting minutes that indicates the specialty team is participating in staff, safety and quality.**
- 2) If Specialty team is contracting for transport or part of the healthcare system but not part of the team but transports independently:**
- Submit orientation outline and dates of completion, including dates of aviation and/or ambulance safety hands-on training.**
- If isolette is involved – submit pictures of how the isolette is secured, loaded and unloaded.**
- 3) If Specialty team is contracting for transport or part of the healthcare system but not part of the team and transports accompanied by one of the regularly scheduled crew members.**
- Submit safety and egress briefing provided to the team prior to the flight.**
- If isolette is involved – submit pictures of how the isolette is secured, loaded and unloaded.**
- e. Expanding into fixed wing or rotorwing with the same FAA Part 135 operator.
- f. **Changing simulation centers or adding a simulation for a new scope of care.**  
If HPS was approved but changes to the sim center or a new simulation (that meets the change in scope of care) is utilized, submit documentation of one recent training to include the learning objectives and outline, corresponding medical protocols, roster, and debriefing document/checklist. *No video is requested.*
- g. **Using an alternative pilot experience tool as a pre-hire requirement for rotorwing and fixed wing pilots.**  
Submit acceptance letter from the Aviation Advisory Committee

2. A Class II change may result in one of the following board actions:
  - a. No follow-up required
  - b. Follow-up progress report required
  - c. Supplemental site visit
  - d. Monitoring visit
  
3. Class II changes may result in an accreditation recommendation as follows:
  - a. No change in accreditation status
  - b. Intent to Suspend or Suspend accreditation
  - c. Withdraw accreditation

C. **Class III Change** - *A Class III change is a change that interrupts the service or causes overall differences that would alter the service significantly from the service reviewed during accreditation deliberations. See 05.12.00A that outlines Transition Plans to be submitted for specific types of Class III changes.*

1. Some examples of this type of change may include but not be limited to:
  - a. Acquiring or merging with another medical transport service.  
**Case by case issue depending on accreditation status of each service as outlined in Policy 04.01.00**
  
  - b. Change in ownership that includes change in managers, teams, and/or aircraft or ambulance operator.
    - 1) **If program's owned aircraft: Complete the Section of the PIF (Section 5-RW and/or Section 6-FW) dealing with their operations (not necessary if the operator has those on file with CAMTS).**
    - 2) **If new pilots: Complete the Section of the PIF (Section 5-RW and/or Section 6-FW) dealing with their operations (not necessary if the operator has those on file with CAMTS).**
      - Submit aircraft checklist**
      - Submit pilot's pre hire requirements**
      - Submit pilot and maintenance schedule from the previous month**
    - 3) **If new ground operator: Complete the section of ground operator questions in Section 7 of the PIF Resubmit EMS license if that changed.**
    - 4) **If new medical director and medical protocols plus new HR Policies: Submit all pertinent policies and medical protocols and submit meeting minutes that indicate medical personnel were oriented to new policies and protocols.**
  
  - c. Adding a base in a different state.

- 1) Submit aircraft/surface checklist – including base section at the bottom and competency tab in checklist for new staff
  - 2) Submit State EMS license
  - 3) Submit copies of pilots' licenses and pilot or ambulance operators licenses
  - 4) Submit duty schedules for all disciplines.
- d. Changing the mission statement and/or scope of care.  
 Submit new mission statement and scope of care and appropriate documents will be requested depending on the complexity of the change.
- If the program uses Human Patient Simulation instead of ongoing clinical experiences and it was approved by CAMTS - submit documentation of one recent training to include the learning objectives and outline, corresponding medical protocols, roster, and debriefing document/checklist. *No video is requested.*
- e. Expanding into fixed wing or rotorwing with a different FAA 135 operator or with its own Part 135 certificate.
- 1) Submit the sections of the PIF that are appropriate to the mode of transport.
  - 2) Submit aircraft checklist
  - 3) Submit Updated EMS license if the State differentiates by mode of transport
  - 4) Submit copies of pilots' licenses
  - 5) Submit competency checklist for medical personnel
  - 6) Submit duty schedules for all disciplines for the previous month
- f. Adding a ground ambulance or surface vehicle to the service.
- 1) Submit the sections of the PIF that are appropriate to the mode of transport.
  - 2) Submit surface checklist
  - 3) Submit Updated EMS license if the State differentiates by mode of transport
  - 4) Submit copies of drivers' certifications and training
  - 5) Submit competency checklist for medical personnel
  - 6) Submit duty schedules for all disciplines for the previous month
- g. Contracting with a new Communications Center or developing its own communications center.
- 1) Submit job description and duty schedules for communications specialists
  - 2) Submit outline of initial comm spec training
  - 3) Submit dedicated phone number
  - 4) Submit type of recording system
  - 5) Verify back-up emergency power for communications equipment
  - 6) Submit pictures of workstations
  - 7) Submit post-accident incident plan (PAIP)
  - 8) Submit evacuation plan of the comm center in the event of a power loss or other disruptions in the comm. Center
- h. Changing the composition of the regularly scheduled team.

- i. An accident or sentinel event that resulted in substantial damage to the aircraft or vehicle or injuries to personnel, passengers, or bystanders.
    - 1) **Submit a report describing the incident or accident, listing damages and injuries**
    - 2) **Submit Preliminary NTSB report**
  - j. A legal settlement against the service regarding a transport or patient care issue.  
**Submit date and outcome.**
  - k. **Changing medical direction and/or clinical employer.**  
**Submit physician medical license and certifications if applicable.**
2. A Class III change may result in one of the following board actions:
- a. **No follow-up required**
    - i. Follow-up progress report required
    - ii. Supplemental site visit
    - iii. Monitoring visit
  - d. Class III changes may result in an accreditation recommendation as follows:
    - i. No change in accreditation status
    - ii. Suspend accreditation
    - iii. **Voluntary withdrawal by program**
    - iv. **Accreditation withdrawn by the Board**

*\*A program that does not report changes during the tenure of accreditation, may be in noncompliance with Commission policies and therefore may have accreditation withdrawn, according to policy 04.01.00.*

**05.12.00A (040916/071616)**

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**SUBJECT:** CAMTS Transition Plans

**POLICY:** During the tenure of accreditation, the program must submit a transition plan when prompted by the CAMTS office in response to a Report of Change that involves a merger, acquisition, or purchase. This should be submitted as early as possible after an agreement is made to merge, acquire, or purchase another service. The CAMTS Transition Plan should be submitted no less than 30 days before the start of combined operations according to the following guidelines:

**GUIDELINES:**

- A. Any new service that emerges from a merger, acquisition or purchase is designated as “Under Review” on the website (under the previous identity) until the merged/acquired/purchased organization has submitted a transition plan and a progress report or supplemental site visit confirms the combined organization is in substantial compliance with the current edition accreditation standards as determined by a Board of Directors.
- B. The number of steps in the Transition Plan, and the depth of detail should be driven by the size of the two organizations to be combined, the volume of transports by each organization, type of equipment and mission and scope of care of each organization.
- C. The Transition Plan should include, but is not limited to the following:
  - 1. Complete contact information for the new combined organization.
  - 2. New listing of corporate officers and management team, and qualifications of each.
  - 3. Which FAA Air Carrier or Authority Having Jurisdiction (AHJ) Certificate or ambulance license will be used.
  - 4. Any vendor changes, if applicable, and if the vendor is participating in the transition.
  - 5. A timetable as to all aircraft being on one set of Operations Specifications, and the methods to move such.
  - 6. Which drug testing program will be utilized, and when will the employees NOT on that program be tested and added to that program?
  - 7. Which medical director(s) will remain in place and CV of any new medical directors with copies of current licenses and certifications?

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- 8. The number of employees that are planned to remain with the combined organization.

9. Which General Operations Manual will be utilized, or will there be an attempt to combine them, and the timeline for such?
  10. Which pilot and maintenance training program will be utilized, and a timeline for approval?
  11. A statement on how training will be conducted going forward.
  12. A training plan for training all employees on any different procedures of the new combined organization.
  13. A copy of medical protocols that will be used by the merged, acquired or purchased service and evidence that medical personnel were oriented to the protocols.
  14. Which Safety Management System (SMS) will be utilized.
2. A detailed explanation of any changes in the manner in which the combined organization will be complying with CAMTS standards, if that method of compliance is different than what it had been prior to combining of the entities.
- D. If an accredited program fails to notify CAMTS of the proposed merger, accreditation may be withdrawn.
- E. If an accredited program fails to submit an acceptable Transition Plan to CAMTS, accreditation may be suspended for up to six months or until such time that it can be determined that the combined program remains in substantial compliance with the CAMTS standards.
- F. Board Approval

The Board will review the transition plans prior to formal acceptance as it applies to the merged/acquired/purchased organization's accreditation status using some of the criteria in the All or None Policy 03.04.00 and other information the Board may require in follow-up reports and site visits. These criteria may include:

1. A common name is used by all aspects of the company.
2. Each aspect files under the same IRS return
3. There is a crossover between officers and/or board of directors.

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4. Employees receive equivalent and consistent training.
5. There is a common medical director and/or medical protocols.
6. There are common benefit plans and payroll systems.
7. There are common Articles of Incorporation.
8. Operations Specifications under a common FAA Part 135, EASA, or TC certificate cover each aspect of the air transport services.
9. Licenses issued by the State or AHJ are under the common name.
10. Other factors that demonstrate “same service” to the public

**SUBJECT:** Postponement, Cancellation and Refund

**POLICY:** The initial application fee is non-refundable because the applicant receives the Program Information Form (PIF). The completed PIF must be returned within one year in order to be eligible for a site visit under that application. If not returned within one year, the applicant must purchase another initial application if still interested in applying for accreditation. Once the PIF is received, a site visit must be scheduled within 6 months of filing the PIF. Once scheduled, an applicant may postpone the site visit or withdraw the application at any point prior to the date of the site review according to the following guidelines:

**GUIDELINES:**

A. Postponement - a request to postpone a site visit must be received in writing at least 14 calendar days prior to the scheduled site visit date. Penalties for postponement will be assessed as follows:

If the postmarked date of written postponement request is:

1. 60 or more calendar days from the scheduled site visit - program will be assessed a \$500.00 fee.
2. 30 - 59 days prior to the site visit date - program will be assessed a \$500.00 fee plus any penalties for changes in surveyor travel arrangements if applicable.
3. Less than 30 days - program will be assessed a \$1000.00 fee plus any penalties for change in surveyor travel arrangements.

B. Cancellation - a medical transport service may withdraw from the accreditation process at any point. However, a considerable amount of work precedes the site visit and therefore the following refund policy applies:

If the postmarked date of written cancellation request is:

1. 60 or more days prior to the scheduled site visit - the invoiced amount for the PIF will be refunded (or the entire fee if total was paid) minus \$500.00 plus any penalties for canceled travel reservations, if applicable.
2. 30 - 59 days prior to the scheduled site visit - 50% of the fee paid with the PIF will be refunded.
3. There is no refund for cancellations less than 30 days prior to the scheduled site visit.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Requests from Charitable Medical Transport Services

**POLICY:** The Commission will address requests for a reduction in the accreditation fee from charitable services according to the following guidelines.

**GUIDELINES:**

- A. Medical transport services requesting a reduction in the fee for accreditation must submit a request in writing signed by an administrative officer of the service or sponsoring institution.
- B. Requests will be considered on a case-by-case basis. A majority vote by the board of directors is necessary for approval.
- C. The medical transport service must be a 100% charitable service (such as a service sponsored by an institution that depends on donations to provide care for the patients who are not billed for their care) in order to be considered for a reduction in the accreditation fee.
- D. Although a reduction in the accreditation fee may be approved, direct costs of the site visit must be recouped. These direct costs include site surveyors' travel and lodging expenses as well as administrative time of the Executive Director/Associate Executive Directors. The \$1000.00 initial application fee will be deducted from the administrative fee.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Quality Management

**POLICY:** CAMTS Quality Management (QM) Committee oversees the reporting and quality improvement activity in the organization and is dedicated to improving the process and implementing efficiencies that will contribute to the mission of the organization.

**GUIDELINES:**

- The QM Committee functions within the context of the CAMTS Strategic Plan and organizational priorities.
- The QM Committee members model and promote leadership and CAMTS values.
- The QM Committee follows the principles of a Just Culture.
- The QM Committee monitors quality to assure that we do what we say we do.
- The QM Committee validates our data for credibility before measuring performance.
- When the QM Committee identifies that performance is below-set standards, we seek to understand why by identifying and managing the obstacles from both an overall system and organizational process points of view.

**Scope**

**The QM Committee will:**

- Meet quarterly.
- Evaluate all metrics to determine the value of the parameter, its source of truth, and the Quality Improvement processes associated with the metric, and recommend any needed changes
- Monitor quality across the organization including compliance to CAMTS standards, QM metrics, and other regulatory requirements
- Review trends in CAMTS Process and Site Surveyor Quality Assurance
- Support and monitor departmental quality improvement initiatives to ensure continuous improvement.
- Be effective stewards of organizational resources
- Maintain a quality performance dashboard
- Ensure communication of decisions or actions to appropriate stakeholders.

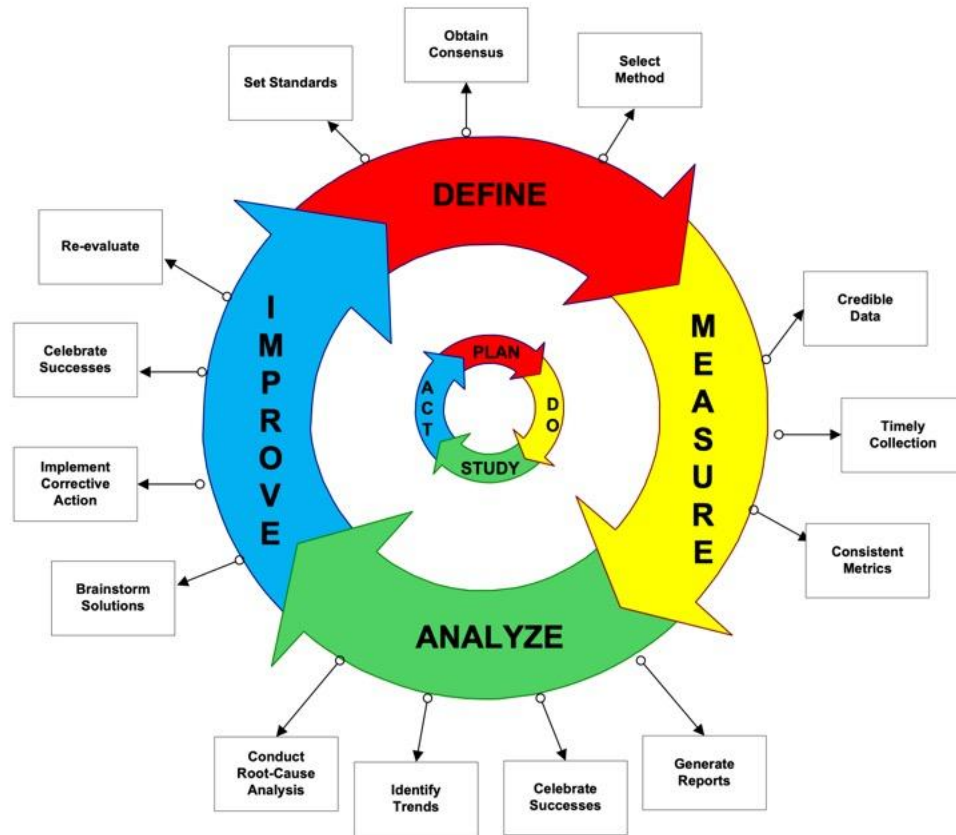
**Membership**

Executive Director  
Associate Executive Directors  
CAMTS staff  
Ad hoc members

**QM Committee Chairman**--Associate Executive Director – Clinical, unless otherwise selected by the committee.

**Quality Management Wheel**

The following Quality Management Wheel reference uses the Deming principles of “plan-do-study-act” as the foundation for the CAMTS QM Program. The process begins with setting standards, measuring against the standards, reporting, and analyzing trends, then celebrating successes or taking corrective action, where necessary.



### Quality Management Committee Activities

The QM members review performance regularly so that issues are identified, and feedback can be provided promptly. Periodically, results should be summarized so that they can be reported and discussed at the quarterly meetings. If the trend is decreasing or has decreased to below the expected level of performance, a root-cause or system analysis should be done to determine the best reason(s) for the change in performance.

When performance is sub-standard, the committee should develop a solution trial, where applicable, at their scheduled meetings. The evidence and information in the system review or root-cause analysis must be considered before strategizing behavioral or procedural change solutions. Once a change solution has been found, an implementation plan must be developed. Some areas to consider in an implementation plan are communicated to those involved in the solution, training if procedures are being changed and the timelines involved. A monitoring plan that assesses if the change is improving or hindering performance also must be included.

This cycle of new activity, monitoring, analysis, change strategy, and the new process repeats until the targeted performance standard or threshold is achieved.

### **Quality Reporting**

The QM chair will record and report on specific quality improvement initiatives at CAMTS monthly meetings and quarterly at CAMTS Board meetings. The chair also reports on several measures of quality: Key Performance Indicators, Board Metrics, Executive Metrics. These metrics combine to ensure that CAMTS is doing what we say we do, and the metrics inform areas that need focus for improvement.

### **Key Performance Indicators (KPIs)**

Key Performance Indicators (KPIs) represent what is critical to the organization and reflect the mission, vision, and values. The QM committee will develop KPI's for the organization that are quantifiable measures to be used to gauge performance.

### **Metrics**

Metrics are analytical measurements intended to quantify the state of our system. Metrics provide evidence to show how the organization is performing in each area. The following will be included in the quality performance dashboard. All information submitted is considered confidential. Information collected will be added for ongoing training, and individual mentoring will be on an as needed basis.

- A. Program Input- evaluate the CAMTS Staff and process, and the individual Site Surveyors involved via electronic submission, (Survey Monkey), each time a site survey is completed.
  - a. Each program will do one evaluation survey immediately after completion of the site survey.
  - b. Information collected will be reviewed regularly for outliers and followed up for loop closure.
- B. Board Member input- evaluate the Site Surveyor Report, Standards Compliance Tool (SCT), photos, and supporting documents, and each final board report electronically (Survey Monkey).
  - a. One evaluation survey will be done for each program presented by the CAMTS board.
  - b. Information collected will be reviewed regularly for outliers and followed up for loop closure.
- C. Site Surveyor input- evaluate the partner Site Surveyor electronically (Survey Monkey).
  - a. Each site surveyor will do one evaluation immediately after completion of the site survey.
  - b. Information collected will be reviewed regularly for outliers and followed up for loop closure.

### **Serious Reportable Events**

A serious reportable event (SRE) is an incident involving death or serious harm, including financial damage, (commonly described to patient care) resulting from a lapse or error in an organization. The

National Quality Forum (NQF) coined the term to refer to "preventable, serious, and unambiguous adverse events that should never occur."

Serious reportable events are reported to the Executive Director as soon as possible.

**CAMTS SRE's**

- Lapse of confidentiality
- Negative media mention
- Negative Site Survey feedback

**Reportable Events**

- A. A Concern/ Complaint Report Form is located on the website, [www.camts.org](http://www.camts.org). The purpose of the website submission is to document a concern or complaint about an accredited service. Information provided may identify possible noncompliance with our standards. These may be submitted anonymously or contain contact information. The contact information is not revealed outside the CAMTS office.
  - a. A Concern/Complaint Report may also be generated from information obtained from other sources, i.e., Survey Monkey. A form will be created for any event that requires documented follow up.
  - b. All Concern/Complaints will be entered into the CQI log and assigned a number for tracking. All trends will be noted and reported every quarter. The report will be forwarded to the appropriate CAMTS executive staff or Board member(s) for follow-up. Individuals completing the form will receive verification that the form was received if they identify themselves. Follow-up actions by the Board of Directors will be at the discretion of the Board. All information regarding this report is considered confidential, and the source of the complaint is not revealed.
  - c. When follow up is received, it will be noted in the CQI log. The item will remain open until supportive actions have been reviewed as compliant. This log is located on the CAMTS Server.
- B. CQI (Loop Closure) forms will be initiated based on Reported Events, information obtained from evaluations, and other sources. They will be entered and processed in the CAMTS CQI log.
- C. In the event the executive staff is made aware of an SRE, from either internal or external sources, the CQI form will be instituted along with a full investigation. The facts from the research will be taken before the Executive Committee for review. They may decide to continue with the accreditation process or reschedule the survey/ deliberations.

## Quality Management Program Reference Documents

### *Definitions*

#### **Quality**

Quality refers to the perception of the degree to which the product or service meets the customers' (programs, site surveyors, board members) expectations. Quality has no specific meaning unless related to a particular function or object. At CAMTS, quality is defined by pre-determined standards, benchmarks and performance measures that are in line with industry standards as referenced by regulations, research, accreditation standards, industry white papers, and as determined by the Board. In essence, quality means meeting all agreed upon standards.

#### **Quality Management (QM)**

Quality Management (QM) at CAMTS is the method for ensuring that activities necessary to design, develop, and implement a product or service are practical and efficient concerning its intended performance. The components of QM are Quality Assurance, Quality Improvement, Quality Monitoring, Key Performance Indicators (KPIs), and metrics.

#### **Quality Assurance (QA)**

Quality Assurance is the planned or systematic actions necessary to provide confidence that a product or service is satisfying the given requirements for quality. At CAMTS, this is the verification process that the data collected is complete, accurate, valid, and aligned with the definitions and standards specified.

#### **Quality Improvement (QI)**

Quality Improvement (QI) is the purposeful change of a process, procedure, or behavior to improve the ability to achieve an outcome or standard. A root-cause analysis typically precedes this. The change then needs to be monitored to assess improved quality.

#### **Quality Monitoring**

Quality Monitoring is the ongoing effort of maintaining the integrity of a process to achieve a positive outcome. At CAMTS, this is the process of reviewing the performance, both quantitative and qualitative, of the organization's activities. (Some QM systems use the term "quality control," rather than "quality monitoring.")

#### **Serious Reportable Events**

(Commonly referred to as Never Events) A serious reportable event (SRE) is an incident involving death or serious harm, including financial damage, (commonly described to patient care) resulting from a lapse or error in an organization. The National Quality Forum (NQF) coined the term to refer to "preventable, serious, and unambiguous adverse events that should never occur."

#### **Sentinel events**

**05.15.00 (02/02/20)**

Defined as any unanticipated event resulting in death or serious physical or psychological injury, or the risk thereof.

Recognizing these types of concerns through the QM process, CAMTS is in the position to make the appropriate decisions, and resource allocations to maintain value to its stakeholders by addressing the perceptions and internal performance issues brought forward.

CAMTS POLICY AND PROCEDURE MANUAL

|                                |                 |
|--------------------------------|-----------------|
| <b>ADMINISTRATIVE POLICIES</b> | <b>06.00.00</b> |
| Non-Wage Employee Benefits     | 06.01.00        |
| Check Signing                  | 06.02.00        |
| Annual Audit                   | 06.03.00        |
| Monthly Financial Reports      | 06.04.00        |
| Travel Stipend                 | 06.05.00        |
| Leadership Responsibilities    | 06.06.00        |
| Investment Policy Statement    | 06.07.00        |
| Social Media Policy            | 06.08.00        |

## ADMINISTRATIVE POLICIES - 06.00.00

**06.01.00** (060593/042797/072802/102205/071710/040916/07192024)

Page one

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Non-Wage Employee Benefits

**POLICY:** Employees of the Commission will receive non-wage benefits according to the following guidelines.

**GUIDELINES:**

A. Holidays - There are seven paid holidays as follows. Holiday pay is pro-rated based on FTEs.

- New Year's Day
- Good Friday or Personal Day\*
- Memorial Day
- July 4th
- Labor Day
- Thanksgiving
- Christmas

The employee is not required to take off on the exact day of the holiday but is required to use the holiday within the same calendar year.

\*Personal day can be taken 5 days in advance or with concurrence of supervisor.

B. Vacation pays according to the following guide:

| <u>Years of Employment</u> | <u>Number of Weeks Paid Vacation</u> |               |
|----------------------------|--------------------------------------|---------------|
|                            | <b>Wage/Hour</b>                     | <b>Exempt</b> |
| 1 - 5                      | 2 weeks                              | 3 weeks       |
| 5 - 10                     | 3 weeks                              | 4 weeks       |
| 10 plus                    | 4 weeks                              | " "           |

Employee can never accrue more than 8 weeks of vacation time.

Vacation and sick time are prorated based on FTEs.

Vacation time should be approved two weeks prior to vacation.

C. Compensation Time - Hours accrued over forty hours per week can be accumulated and used for time off at a later date for exempt employees with the approval of the Chair or designated Board Member. Employee cannot accumulate more than 120 hours.

D. Sick pay benefits according to the following guidelines:

| <u>Qualifying Period</u>                   | <u>Sick Pay Allowance</u> |                       |
|--|---------------------------|-----------------------|
|  | <b>Wage-Hour</b>          | <b>Exempt</b>         |
| At six months                              | 5 workdays                | 5 workdays            |
| Second year of employment                  | 10 workdays               | 10 workdays           |
| Third, fourth and fifth year of employment | 10 workdays               | 10 workdays           |
| After five years of employment             | 15 workdays each year     | 15 workdays each year |

Sick pay benefits are not cumulative and are applicable only 1 year at a time beginning at employee's six-month anniversary date according to the above schedule.

E. Travel benefits

Employees who travel on Commission business (Board meetings, conferences, for example) will complete a travel voucher for incurred expenses. Expenses that are reimbursable are as follows:

- Air Fare and travel to and from hotel
- Airport parking
- Rental Car (if necessary)

- Personal vehicle will be reimbursed mileage to reflect federal guidelines.
- Hotel
- Food will be reimbursed and tips at a per diem rate of ~~\$50.00~~ \$65.00 per day

Travel expenses will generally be reimbursed by the conference.

The following guidelines will apply:

- Speaking engagement to be approved by Chair of the Board
- Incurred expenses not covered by the conference to be approved by the Executive Committee
- Any speaker's fees returned to the employee will be reimbursed to CAMTS

#### F. Health Insurance

For those employees not otherwise covered by another health insurance plan, the Board may supplement the employee's salary to help offset all or some of the expenses associated with securing health insurance coverage. It is the responsibility of the employee to obtain and continue their own coverage. The Board will determine and may change the supplemental amount as deemed necessary that applies equally to all employees.

CAMTS/PPM

**06.02.00** (050194/042797/072802/112508/032714)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Check Signing

**POLICY:** To identify responsibility for signing checks

**GUIDELINES:**

A. All checks below \$10,00.00 and checks above \$10,000.00 for payroll, taxes, and travel agent disbursements will be signed by the Executive Director or Associate Executive Director.

B. All checks above \$10,000.00 except for payroll, insurance, taxes, and travel agent disbursements will be approved by the Treasurer of the Board of Directors.

CAMTS/PPM

**06.03.00** (050194/042797/072802)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Annual Audit

**POLICY:** An annual audit will be conducted to provide financial accountability.

**GUIDELINES:**

- A. The accounting firm responsible for filing annual 990 tax reports will be responsible for completing the annual audit.
- B. The Executive Director/Associate Executive Director will provide the accounting firm with all the necessary documentation.
- C. Copies of the completed annual audit will be provided to all board members. Board members are responsible for sharing the annual audit with their specific representative organizations.
- D. The audit report will be presented by the Treasurer at the next board meeting along with any action plans required to address required operational changes.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Financial Reports

**POLICY:** Financial reports will be prepared and distributed by the Accounts Manager and Treasurer of the Board according to the following guidelines.

**GUIDELINES:**

- A. The Accounts Manager will prepare the following reports by the 5th-20th of the month for the preceding month.
- B. The following financial reports will be sent to the Treasurer and Executive Director:
- CAMTS Financial Report which includes the current and year-to date budget report (abbreviated format) along with the operational statistics.
  - Monthly balance sheet
- C. In addition, the Treasurer and Executive Director will receive the following:
- Bank statements for checking and money market accounts
  - Bank reconciliation form
  - Profit and loss statement
  - Transaction report
  - Monthly and year-to date budget report
- D. The Treasurer will be responsible for presenting a year-to-date report to the Board during each Full Board meeting and convening a conference call with the Executive Board if discussion is required between Full Board meetings.
- E. An annual report will be presented by the Treasurer along with a proposed budget for the next fiscal year (for Full Board approval) at the Fall Board meeting.

**06.05.00**

(101495/102696/102796/042797/072802/070904/042205/102205/071208/112508/0327/14)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Travel Stipend

**POLICY:** Board members (including ad hoc Board members) are eligible for up to \$2500.00 travel stipend per fiscal year based on the guidelines below. However, the stipend is subject to the discretion of the Executive Board.

**GUIDELINES:**

1. Requests for reimbursement must be in writing on an expense form and accompanied by the original receipts to cover only those expenses actually incurred for the Commission travel.
2. All requests for reimbursement should be timely and should not include expenses that the board member expects to be reimbursed from an employer or another organization.
3. If the board member occupies a double room with family/friends, the Commission will reimburse the single room rate. Notation of the single room rate must be included with the travel voucher.
4. Expenses must be submitted within the year they were incurred and must be received within thirty (30) days of travel.
5. Any unused portion of a stipend will end with the fiscal year.
6. Board members acting as Observer's on a site visit will be reimbursed for travel and expenses but will not be reimbursed for a daily site surveyor fee unless they are acting in official capacity as a part of the Site Surveyor team.
7. Receipts may be original or scanned provided the receipt is legible.
8. Expenses reports may be mailed or submitted electronically to the CAMTS Accounts Manager.
9. Board members supported by a member organization are eligible for up to but not to exceed a \$2500.00 travel stipend each fiscal year. Balance and limit will be carried forward for a member organization if a new Board member is appointed during the fiscal year.
10. Ad hoc and Executive Board members are eligible for up to but not to exceed a \$3000.00 travel stipend each fiscal year.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Leadership Responsibilities

**POLICY:** Board members, site surveyors, and staff members of the Commission on Accreditation of Medical Transport Systems (CAMTS) must act at all times in the best interests of the corporation they represent. Accordingly, the CAMTS Board of Directors has adopted the following policy for all these individuals (Leaders). The Code of Conduct is intended to provide guidance regarding general expectations for service as a Leader. The remaining portions address specific obligations.

**GUIDELINES:**

**A. Code of Conduct**

1. Each Leader must carry out the duties and obligations inherent in his/her role as a Leader in a trustworthy, diligent, and collegial manner.
2. Each Leader must act in a manner that reflects the integrity of CAMTS both inside and outside the Boardroom.
  - a. Treat each constituent with respect regardless of social or economic status, national origin, race, religion, age, sex, or health status.
  - b. Protect the rights and confidentiality of all accreditation applicants. There will be strict adherence to policies and legal applications that affect the accredited and non-accredited medical transport service.
    - (1) False claims of accreditation will not be tolerated, and appropriate action will be taken.
    - (2) All information in an accreditation will be held in strict confidence according to established policies.
3. All decisions must be made with the mission, values, and vision of CAMTS first and paramount.
4. Board members may exercise authority as Board members only when acting in meetings with the full Board, acting in meetings of the Executive Committee, or acting as expressly delegated by the Board.

5. Generally, only the CAMTS Chair and **salaried executive** staff serve as the external face of CAMTS between meetings of the Board. Other Leaders must not act, directly or indirectly, as spokespersons for CAMTS unless formally designated to do so by the Board.
6. Each Leader must maintain in strict confidence any confidential information of CAMTS that he/she receives while serving as a Leader. Confidential information includes economic and financial information, sales and marketing plans, information and materials obtained from interviews or site surveys, membership and donor lists, business procedures, solicitation or contact methods, and any other information regarding the business of CAMTS that has not been previously released by CAMTS to the public. Each Leader must not use or disclose such information except as may be authorized by the Board and must make efforts to prevent its unauthorized disclosure. Upon the end of service as a Leader, the individual must return or destroy materials that contain CAMTS confidential information, without retaining copies. If it is not feasible to return or destroy confidential information, then the Leader must make efforts to prevent its unauthorized disclosure indefinitely.
7. Details of Board discussions and discussions of Executive and Standing Committees are not to be disclosed publicly. When the Board or Executive/~~Standing/Management~~ Committee votes to conduct matters in confidence, no information must be disclosed publicly. While Board discussion on a matter is confidential, the outcome of any votes is public.
8. Leaders must fully prepare for and participate in appropriate meetings of the Board of Directors and Committee meetings (as their positions entitle them to attend).
9. Leaders must read and understand the Articles of Incorporation, Bylaws, corporate policies, and financial statements.
10. Leaders must be cautious and protective of the assets of CAMTS and must ensure that they are used in the pursuit of the mission of CAMTS.
11. If a Director ~~or Trustee~~ **or Site Surveyor or staff** has significant doubts about a course of action of the Board, he/she must clearly raise the concern with one or more of the following, as applicable to the issue at hand.

- a. The Executive Director/Associate Executive Directors of CAMTS, or
- b. The CAMTS Chair and/or any member of the Executive Committee. If a Committee member has significant doubts about the course of action of the Committee he/she must clearly raise the concern first with the Committee Chair, and if need be, with the Chair of the Board as applicable.

**B. Fiduciary Duty**

1. Maintain the highest ethical standards by conducting all transactions with payers, contractors, vendors, and constituents without accepting offers or solicitation of gifts, favors, or other improper inducements in exchange for influence or assistance in a transaction.

- a. Known vendors of goods and service purchased by CAMTS must not serve as employees, Board members, or site surveyors.
- b. Employees, Board members or site surveyors (interested person) are considered to have a conflict about financial interests in the following examples:
  - (1) If the interested person has an ownership or investment in any entity with which CAMTS has a transaction or arrangement unless the ownership is less than 5%.
  - (2) If the interested person has a potential ownership interest, investment interest or compensation agreement with any entity or individual with which CAMTS is negotiating a transaction or arrangement.
  - (3) If the person has an appointment, administrative position (paid or unpaid) or investment interest in any entity that provides services and/or supplies to CAMTS.

c. Interested persons may accept an offer or recreation, entertainment or other social activity with a vendor or potential vendor if appropriate under the circumstances. However, the following must exist:

- (1) The purpose of the activity must meet the needs of CAMTS
- (2) The activity must be reasonable in nature, time, frequency, and cost >25.00 or <100.00
- (3) Interested persons will disclose such activities to the Executive Committee within 30 days.

## 2. Procedures

a. Duty to Disclose—An interested person must disclose the existence of financial interests to the Executive Board and must also report:

- (1) If a family member holds a position with a vendor or competitor of CAMTS.
- (2) If the interested person is a director, trustee or officer of an entity that does business or is in competition with CAMTS.
- (3) Any business relationship between an interested person and a vendor, or potential vendor for which compensation of services of value (such as an honorarium, free travel, etc.) are received must be disclosed in advance to the Executive Committee to determine conflict of interest.
- (4) Appearance of conflict – Leaders should avoid circumstances or situations that benefit or appear to benefit the individual whether through personal gain involving a business transaction, gift, favor or other consideration that appears to result in the personal enrichment of the individual, the individual's relative, friend or business associate.

b. Addressing a conflict of financial interest.

- (1) The Executive Committee will determine if a conflict of interest exists and may ~~appoint a disinterested person or~~ convene the Ad Hoc ethics committee to investigate alternatives to a proposed transaction, if appropriate.

(2) After exercising due diligence, the Executive Committee will determine whether CAMTS can obtain a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

(3) If a more advantageous transaction is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the full Board will determine by majority vote whether the transaction is in the best interest of CAMTS

c. Purchases of goods and services will adhere to ethical practices and not knowingly misrepresent CAMTS through dishonesty, inaccuracy, or perceived profits.

(1) Major ongoing purchase of goods and services will go through a selective process at the discretion of the Executive Board.

d. Conserve CAMTS resources, whether that is money, time or commodities and accurately report financial transactions according to established policies and adherence to legal policies regarding non-profit corporation status.

C. **Conflicts of Interest** - CAMTS encourages and supports a culture of transparency and open disclosure, and recognizes that management of actual, potential, or perceived conflicts is critical to the operations of CAMTS.

1. A conflict of interest is a real or seeming incompatibility between a Leader's private and/or personal interest and his/her duties with respect to CAMTS. "Conflicts of interest" include actual, potential, and perceived conflicts of interest.

2. A conflict of interest includes not only individual financial gain in conflict with an individual's duties to CAMTS but also conflicts arising from any interest in or duty to a medical transport service. Leaders are committed to furthering the best interests of CAMTS and must avoid conflicts of interest with CAMTS. Leaders must not profit personally from their affiliation with CAMTS, or favor the interests of themselves, relatives, friends, supporters, business partners, or other affiliated organizations over the interests of CAMTS. Leaders must not bring their interests into conflict or competition with the interests of CAMTS.

3. Whenever a Leader discovers an opportunity for business advantage or personal gain that is relevant to the activities of CAMTS, the opportunity belongs to CAMTS, and the Leader must present the opportunity to the Board of Directors. Only at such time as the Board by recorded vote determines not to pursue the matter and relinquishes the opportunity may the individual consider it a matter of possible personal benefit. Leaders must use extreme care to be certain that they are not using actual or perceived leverage of their Board/committee authority or influence in transactions external to their role on the Board or committee or Education and Consulting Division of CAMTS.

4. Investments in companies with business relevant to the activities of CAMTS can lead to a conflict of interest. However, the Board has determined that ownership of the following securities is not material to this Statement and need not be disclosed: (See Investment Policy Statement – 06.07.00)

(1) Ownership of stock in a public or private company, unless the company is engaged in contacts, negotiations, or other circumstances of potential or actual conflict of interest.

(2) Ownership of stock through a mutual fund.

5. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CAMTS is involved with accreditation decisions or negotiating a transaction may be a conflict of interest.

6. A Leader must declare any actual, potential, or perceived conflicts of interest that arise:

a. During a meeting:

(1) ~~An Annual~~ **Biennial** Update: Each Leader is required to ~~annually~~ complete and submit an updated Disclosure Form **biennially**. (*attached to this policy*).

(2) Conflict of Interest forms (program specific\*) related to individual medical transport services that are on the agenda will be signed by the Leader and submitted prior to each meeting. However, if the Leader recognizes that the discussion (during a meeting) is about a service with which they have a conflict – they should immediately report that to the Executive Director/Associate Executive Directors and recuse him or herself from the discussion.

(See Policy 04.03.00 – Conditions Disqualifying a Director’s Vote.)

b. Changes during the year: A Leader must update the Disclosure Form if any material changes or additions to the submitted information arise during the course of the year. Whenever a new conflict is disclosed, the Leader must complete and submit an updated Disclosure Form that includes the new conflict to the CAMTS office.

c. Outside of a meeting: Outside of a meeting, a Leader should communicate in writing any concern regarding an actual, potential, or perceived conflict at any time to the Board President, committee Chairman, and Executive Director.

7. How Conflicts Are Reviewed - After an actual, potential, or perceived conflict of interest has been identified or disclosed, an initial determination as to whether the area of concern constitutes an actual, potential, or perceived conflict of interest must be made by the Board for conflicts at the corporate level.

a. The Board may determine that it requires the advice of legal counsel for resolution of the matter.

b. The Leader whose involvement in the transaction or relationship is under consideration may not participate in the deliberation and vote on whether the transaction or relationship presents an actual, potential, or perceived conflict of interest. However, upon request by the Board, the Leader may provide additional information detailing the nature of the relationship or transaction.

c. A Board may request assistance from the Executive Director or refer the matter to the Ad Hoc Ethics Committee to assist in the investigation and review of the matter. The Ad hoc Ethics Committee may request permission to contact legal counsel for advice. Upon the conclusion of its review, the Ad hoc Ethics Committee must report its findings and recommendations to the Board.

d. The CAMTS Board of Directors has final authority over the resolution of conflict-of-interest matters involving its members and other Leaders of CAMTS.

- e. No policy statement can cover every possible situation where a conflict of interest may arise. When evaluating whether a particular transaction or relationship constitutes an actual, potential, or perceived conflict of interest, the CAMTS Board must consider all the relevant facts and circumstances.

8. Actions to Manage Identified Actual, Potential or Perceived Conflict of Interest:

If the Board determines that a particular relationship or transaction represents an actual, potential, or perceived conflict of interest, the conflict will be resolved in one of the following manners.

- a. Determine that the conflict is unlikely to affect the Leader's ability to act in the best interests of the organization;
- b. Determine that the individual Leader should be recused from all deliberations and/or decision-making/voting related to the particular transaction which gives rise to the actual, potential, or perceived conflict.
  - (1) This resolution should apply particularly when the transaction or relationship is one that presents a conflict only with respect to one or two discreet programs or activities. For example, if an individual Board member also works for a company that produces or provides a program that has an absolute conflict with program(s) under review for accreditation action or decision, the Board may determine that the Board member should be recused from all deliberations and voting related to such programs(s) both at the outset and on an ongoing basis.
  - (2) In some circumstances, it may be appropriate for the Board to decide that an individual Leader may participate in deliberations but must be recused from voting on a matter before the body.
- c. Determine that the individual Leader must resign from his/her service to CAMTS because the actual, potential, or perceived conflict is such that the Leader would seldom, if ever, likely be able to act in the best interests of the organization. A discussion with the Leader involved will be held with the Chair and potentially the Ad Hoc Ethics Committee.

(1) For example, if an individual Board member also works for a company that produces or provides services that compete with most of the educational services provided by CAMTS, The Board may recommend that the individual should resign from the CAMTS Board.

g. The processes of resignation and/or removal of a director are guided by the pertinent by-laws of CAMTS and applicable law.

h. All disclosures and votes regarding conflicts of interest must be recorded in the minutes.

i. Provision of services/contracts to CAMTS; The special procedure below is applicable to manage all instances in which a Leader (or the Leader's company, organization or another entity for which the Leader serves in a leadership, employment or ownership capacity, or a member of the Leader's family) seeks to provide goods or services to CAMTS as a paid vendor. This procedure must not apply to pre-existing relationships with Leaders that previously have been disclosed to and approved by the Board.

(1) The Leader must disclose to the Chair in advance of any related action to be taken by the Board, his/her intent to seek to provide goods or services as a paid vendor to CAMTS;

(2) The Leader must recuse himself/herself from all deliberations and voting related to the contemplated actions;

(3) If the value of the transaction exceeds \$5,000, CAMTS must, through a request for proposal process, have solicited proposals broadly from other qualified vendors or prospective contract recipients, and must receive (or attempt to receive) written bids from at least three such individuals/entities (including the Leader);

(4) The Board must determine whether CAMTS could obtain a more advantageous transaction with reasonable efforts from a person or entity that would not give rise to a conflict of interest.

(5) If a more advantageous transaction is not reasonably attainable, the Board must determine (without the presence or participation of the Leader) that the transaction is fair and in the best interests of CAMTS based on all the facts and circumstances, and such determination

(including the fact that it was made in the absence of the Leader) must be documented as part of the meeting minutes (all competing bids received must be retained as well); and If selected, the Leader may not participate in any process by which his/her performance as a vendor or contract recipient is evaluated.

j. The Board must conduct periodic reviews of any transactions with Leaders to ensure that the corporation's activities do not jeopardize its tax-exempt status.

9. Evaluating and Reporting the Management of Conflicts of Interest:

a. A roster of reported conflicts of interest will be maintained by the Executive Director Secretary of CAMTS. The Board will conduct an annual biennial evaluation process. The cumulative assessment will be confidentially reviewed by the Ad hoc Ethics Committee for two purposes:

(1) For further evaluation of conflict management and corrective action as needed.

(2) For a summary report to the CAMTS member organizations with the specific purpose of transparency in managing conflict of interest. Example: "The Leaders of the CAMTS Board have confidentially reviewed specific and general conflict of interest management during the past year and found no known material violations of the Statement of Leadership Responsibilities."

10. Non-compliance

a. The following (non-exhaustive) list of factors would indicate a violation of this Statement:

(1) Use of one's role as a Leader for personal or third-party gain (including, but not limited to, the solicitation or acceptance of gifts or other items of material value or indirect inducement to provide special treatment on organization matters).

(2) Placing one's own self-interest, the interest of one's company, organization, or another entity for which the individual serves in a leadership, employment or ownership capacity, or the interest of any third party above that of CAMTS.

(3) Engaging in any outside business, professional or other activities that would directly or indirectly materially adversely affect CAMTS.

b. In the event of a violation of the Statement, the Board may take reasonable action to remedy such violation, including, but not limited to:

(1) Voiding any transaction in which an actual, potential, or perceived conflict of interest was present;

(2) Requiring the individual in question to make CAMTS whole for any damages incurred because of his/her violation; and/or

(3) Recommending removal of the individual from his/her position with CAMTS.

#### D. Biennial Statements

1. Each Leader with Board delegated powers must biennially ~~annually~~ sign a disclosure form ~~statement~~ that affirms that such person:

a. Has received a copy of the Leadership Responsibilities policy and disclosure form

b. Has read and understands the policy.

c. Has agreed to comply with the policy.



## CAMTS BOARD MEMBER DISCLOSURE FORM

Upon nomination: Nominees to Board member positions within CAMTS shall declare any actual, potential, or perceived conflict of interest prior to the Board’s acceptance of the nomination. This Disclosure Form will be shared with the Executive Committee prior to interviewing the potential candidate for a Board member position and will be shared with the member organization upon acceptance or denial of a Board position nominee.

Biennial update: Each Board member is required to biennially complete and submit an updated Disclosure Form.

1. I have a family or business relationship or financial interest that will impact the ability to maintain independence in decision-making.

NO \_\_\_\_\_ YES \_\_\_\_\_ *Please describe that relationship below:*

2. I serve on another Board of Directors that competes with CAMTS or takes action or public positions against CAMTS.

NO \_\_\_\_\_ YES \_\_\_\_\_ *Please explain below:*

3. My current position involves leadership over a number of services that apply for accreditation or compete with a number of accredited services over a large geographic area that may impact my ability to participate in accreditation deliberations due to conflicts of interest.

NO \_\_\_\_\_ YES \_\_\_\_\_ *Please explain below:*

4. I have accepted economic benefits, contract enhancements or gifts from vendors in the medical profession (in the past 5 years) that may impact the ability to maintain independence in decision-making.

NO \_\_\_\_\_ YES \_\_\_\_\_ *Please describe below:*

5. I am not aware of a contract or business relationship that may be *perceived* as a conflict of interest.

NO \_\_\_\_\_ Possible? \_\_\_\_\_ *Please describe below:*



**SUBJECT:** Investment Policy Statement

**POLICY:** The goal is to have 6 months of operating capital readily available in the worst-case scenario to cover expenses if there is no income. Short term and long-term investments are considered accordingly as income exceeds this threshold and according to the following guidelines.

**GUIDELINES:**

1. Recommendations regarding investing (relative to percentage of allocation) are the responsibilities of the Executive Committee and must be approved by the Full Board.
2. In general, investment opportunities will be sought with the advisement of a professional investor or investment firm.

**SUBJECT:** Social Media Policy

**POLICY:** This policy provides expectations of staff, Board members and site surveyors to utilize social media in a responsible manner when conducting business for or about CAMTS in any online platform, regardless of whether during or outside of work, the following guidelines must be followed:

**GUIDELINES:**

1. Identify yourself. Do not share opinions about CAMTS or related matters anonymously.
2. Use a disclaimer and write in first person. Make it clear you are speaking for yourself and not CAMTS when sharing opinions about CAMTS or related matters unless there is prior authorization from CAMTS.
3. Be aware of your role in representing CAMTS in online social networks. If readers are aware of your identity as a CAMTS employee, Board member or site surveyor, be careful how you represent yourself to colleagues, customers, competitors, and the public (reference the code of conduct policy). Online correspondence is immediately researchable and accessible by others and subject to being re-published on other social networks or to the media. Be aware that libel, defamation, HIPAA, and data protection laws apply to your activities.
4. If someone from the media, press or legal authorities contacts employees, Board or site surveyors about posts made in online forums that relate to CAMTS in any way, alert the Executive Director/Associate Executive Directors or Chair of the Board of Directors before responding.
5. Respect the policy on Confidentiality and HIPPA regulations. Information submitted for accreditation or reviewed on site during a visit is extremely confidential and should not be discussed outside of peer reviews that may have pertinence to compliance with accreditation standards.
6. Be respectful and professional within a social network. When you identify yourself as an employee or affiliate of CAMTS, you are connected to other employees and affiliates. Remember that any information shared via social media is public information that could easily be reviewed by anyone. Use good judgment and strive for accuracy. If you make an error in your posting, correct it immediately.

7. When communicating or posting online, do not send or display any information that may be construed as offensive or harassing such as pornographic images, sexual references, racial slurs, comments regarding an individual's age, gender, sexual orientation, religious beliefs, national origin, disability, or other characteristic protected by law, or comments that threaten or intimidate another person.
8. When communicating or posting online about CAMTS or related matters, it is unacceptable to communicate or post information that defames CAMTS its employees and affiliates (Board members and site surveyors), member organizations, medical transport services, etc., and will not be tolerated.
9. Employees, while at work, are not permitted to use electronic communications systems for personal communications, including social networking at any time.
10. Employees, Board members and site surveyors may not maintain an expectation of privacy with respect to public, online communications involving CAMTS or CAMTS related matters.
11. Violation of this policy may result in termination of employment or dismissal as a site surveyor or Board representative,

[CAMTS POLICY AND PROCEDURE MANUAL](#)

|                                      |                 |
|--------------------------------------|-----------------|
| <b>CONSULTATION SERVICE POLICIES</b> | <b>07.00.00</b> |
| Consultation Service                 | 07.01.00        |
| Consultant                           | 07.02.00        |
| Conflict of Interest                 | 07.03.00        |
| Consultant Fees                      | 07.04.00        |
| Consultant Reimbursement             | 07.05.00        |
| Contracting for a Consultant         | 07.06.00        |
| Outstanding Indebtedness             | 07.07.00        |
| Confidentiality                      | 07.08.00        |

## CONSULTATION PROGRAM POLICIES - 07.00.00

07.01.00 (072698/021604/032714/041815/051426)

Page one

COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS

**SUBJECT:** Consultation Service

### **GENERAL DESCRIPTION:**

The Consultation Program of the Commission on Accreditation of Medical Transport Systems (CAMTS) is offered to medical transport services that provide air medical services and surface transport services and who:

- *Want to measure the quality of the service they provide in comparison to the criteria listed in the CAMTS accreditation standards as examined by an informed consultant.*
- *Want to have specific assistance in preparing for an accreditation site visit through a review of:*
  - Documentation, policies, and materials requested for accreditation
  - Entire service by a consultant's on-site visit. **"Service Consultation"**.

CAMTS does not guarantee the availability of a consultant. Services that contract with CAMTS for a consultant are not required to apply for accreditation and the consultant's role does not guarantee any accreditation outcome if the service is preparing for a site visit by CAMTS. *Services will sign a contract with a disclaimer in reference to applying for accreditation and that no accreditation outcome is guaranteed.*

### **CAMTS CONSULTANTS**

Consultants will be chosen (as availability permits) from a pool of professional site surveyors and former board members or executive staff who have a minimum of six years' experience in the field of air medical and/or ground inter-facility transport.

- Consultants are responsible for providing the service with a written summary report after completing a Service Consultation.
- Consultants may not serve as a site surveyor for the contracting service nor for a competing service for a period of four years after the consultation service.

## CONSULTING FEES

### Documentation Review

There will be a \$1200 charge for a Document Consultation, payable before the consultation. Previewing documents, policies, and materials to be submitted for accreditation in the PIF by the applicant.

### Service Consultation

There will be a \$ 3,000 charge for a Service Consultation, payable before the consultation visit.

On-Site Visit - Service Consultations requested to be conducted during an on-site visit will incur an additional \$750 charge per day and will be billed for the consultant's travel, food, and lodging. Air travel of more than 8 hours on any one flight, not cumulative flights, requires business class travel.

Virtual Visit - Service Consultations requested to be conducted through a virtual visit include 4 hours of virtual meetings and will be billed an additional \$250 charge per hour for each hour over the initial 4 hours.

## CONFIDENTIALITY

Consultants are not permitted to discuss program information, their findings or report with colleagues, site surveyors, CAMTS personnel, or others outside of the program personnel contracting for these services.

The consultant's report is considered proprietary information and will be sent directly to the service by the consultant. A copy of the report will be kept on file at the CAMTS office for quality improvement purposes only.

## HOW TO ARRANGE

Please submit your contact information at [www.camts.org/resources#forms](http://www.camts.org/resources#forms) for a CAMTS consultant or request more information about this program. Consultants will be selected by the Executive Director/Associate Executive Directors (from an approved list) based on the time frame and specific needs of the program.

- Executive Director/Associate Executive Directors will prescreen consultants for their interest and time availability before sending CVs to the service.
- Information on consultants' backgrounds and expertise (CVs) will be provided to the program who will ultimately choose a consultant.
- Finalizing the specific dates and times of the visit will be the responsibility of individual consultants.
- Programs are required to sign a contract with CAMTS outlining the terms of the consultant's role

**SUBJECT:** Consultant

**General Description:** Under the direction of the Commission on Accreditation of Medical Transport Systems Board.

**Basic Function and Responsibilities:** This position, while under formal contract, will conduct a consultative site visit and submit a summary report with recommendations based on past experience to the medical transport service.

**Characteristics Duties:**

1. Maintains current employment or involvement in medical transport service activities.
2. Complies with CAMTS Policies and Procedures.
3. Assists the Executive Director/Associate Executive Directors in coordination of schedules each assigned visit.
4. Represents the Commission in a positive manner during all consultative activities.
5. Facilitates a positive relationship with the medical transport service during the consultative role by:
  - a. Communicating in a positive, open manner.
  - b. Representing a positive image of CAMTS by presenting self in a professional manner.
6. Maintains current knowledge of Accreditation Standards and participates actively in recurrent training and revisions of these standards.
7. Prepares a written report which may include recommendations made to the service based on the consultant's past experience. This report is sent directly to the program within 30 days of the consultation visit. A copy is kept on file at the CAMTS office for quality improvement purposes.
8. Consultants may not serve as a site surveyor for the contracting service nor for a competing service for a period of four years after the consulting visit.

9. Prepares a payment voucher for expenses and fees and submit to the CAMTS office within 14 days of the site visit.
10. Performs duties only as a consultant and will not speculate about the outcome of an accreditation site visit.
11. Maintains strict confidentiality and does not discuss findings or recommendations with peers.
12. Consultants will sign a contract outlining the terms of each consultation visit. Original to be filed with the Commission office and a copy for the consultant's records. Consultants will also receive a copy of the contract signed by the contracting service.

**Minimum Qualifications:**

1. Six (6) years of medical transport experience and currently employed with an air medical service /ground critical care **OR** recent experience (within four (4) years), and currently involved in air medical or ground interfacility service activities.
2. Must be a current or former site surveyor. Former Board members or Executive Staff are eligible but must have served on the CAMTS Board of Directors for a minimum period of two years within the past four years.
3. Must have well-rounded experience or broad knowledge associated with managing a medical transport service.
4. Effective communication/interpersonal skills to interface with all services.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Conflict of Interest

**POLICY:** In order to preclude a potential conflict of interest with consultants, the following guidelines will be adhered to:

**GUIDELINES:**

A. The consultant will not accept an assignment in which he/she has had a previous capacity (within the past 4 years) as a site surveyor.

B. The consultant will not accept an assignment to conduct an accreditation site visit within four years of a consultation visit:

- To the program with which there was a consultative relationship.
- To a competing program of the service with which there was a consultative relationship.

CAMTS/PPM

**07.04.00** (072698/041604/071710/032714/041815)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:**     Consultant Fees

**POLICY:** Consultants will be reimbursed according to the following guidelines:

**GUIDELINES:**

A. Travel, daily room and board expenses incurred directly relating to a consultation visit will be paid by CAMTS. The consultant will receive \$1000.00 for the one-day on-site visit and will be reimbursed for travel and on-site days at the per diem rate in Policy 07.05.00. Consultants are not reimbursed for alcoholic beverages.

B. An honorarium of \$500.00 per day will be paid for each additional day on-site. Preparation time, travel time, time on site, and time to prepare a summary report are considered part of the per-day on-site fee and are not compensated additionally.

COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS

**SUBJECT:** Consultant Reimbursement

**POLICY:** Travel expenses are reimbursed to consultants according to the following guidelines:

**GUIDELINES:**

A. Consultants must submit completed expense vouchers and receipts within 14 days of visit.

B. Original receipts are required for all expenses listed on the expense voucher. (Appendix G)

C. Reimbursement Limitations

1. Air travel - Reimbursement is limited to the lowest available rate via the most direct route, except under extenuating circumstances.

2. Rental Car or Private Auto - If private auto is used, reimbursement will be made at the prevailing rate allowed by the IRS.

3. Hotel - Reimbursement will be made for reasonable lodging expense (single occupancy rooms, not a suite). If a member of the traveler's family shares a room, the equivalent single occupancy charge should be included on the voucher for reimbursement. A copy of the hotel statement must accompany the voucher. Personal phone calls and movie rentals are not reimbursable.

Meals – There is a ~~\$50.00~~ \$65.00 per day per diem rate paid for each day on site and for travel days if traveling the day before and/or the day after the site visit. This per diem is for meals and tips. The per diem for meals and tips for travel beyond North America will be \$75.00 day for U.S. based surveyors and \$75.00 per day for travel beyond Europe for European based site surveyors.

5. Taxi and Telephone - Reimbursements are made for necessary taxi (to and from airport, for example). Use of courtesy van or multi passenger transport is required when available. Telephone calls are reimbursed only if applicable to the survey process.

6. Other - The Commission is not responsible for "overnight" shipping costs (will pay at the regular rate) if a consultant is late in submitting a summary unless there were extenuating circumstances or if specifically requested by the Executive Director/Associate Executive Directors.

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Contracting for a Consultant

**POLICY:** The following guidelines list the steps to be taken in contracting for a consulting visit.

A. Program sends a letter or contacts the Executive Director/~~Associate Executive Directors~~ of CAMTS.

B. Consultation visit arrangements

1. Preliminary arrangements are made between program and the Executive Director/~~Associate Executive Director~~ who will provide a list of consultant names and description of the consultant's background and experience (CVs) after screening interest level and time commitment with the consultants.

2. The program will select a consultant. The CAMTS office will make the initial contact with the consultant. Arrangements for specific dates and times, travel and agenda will be made between the consultant and the program after the initial contact is made and the consultant accepts the assignment.

3. Consultants and program contracting for this service will sign a contractual agreement with CAMTS which includes a disclaimer that:

- A consulting relationship does not require the service to apply for accreditation with CAMTS.

- A consulting relationship does not guarantee any accreditation outcome if the service is applying for accreditation with CAMTS.

CAMTS/PPM

**07.07.00** (072698/040613)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:**     Outstanding Indebtedness

**POLICY:** CAMTS will not accept an application for accreditation from a service who received consultation services (from CAMTS) with an outstanding overdue debt until that debt has been paid.

Any Program that is delinquent in the payment of CAMTS fees or has an outstanding debt to CAMTS will not be eligible for accreditation review until the delinquency or outstanding debt is resolved to the satisfaction of CAMTS. Delinquent or indebted Programs may also be subject to the immediate withholding or withdrawal of any current accreditation.

07.08.00 (072698/041721)

*COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS*

**SUBJECT:** Confidentiality

**POLICY:** All information and recommendations resulting from a consultation visit are considered proprietary information of the contracting service.

**GUIDELINES:**

1. The Commission will not disclose the names of services who have requested a consultation visit.
2. The consultant's written report will go directly to the contracting service. Copies are filed with CAMTS for internal quality improvement purposes only.
3. Board members are not permitted to serve as a consultant while serving on the CAMTS board of directors.

1. The board of directors, as a unit, will not be involved with problems dealing with a specific consultation. Any ethical problems resulting from a consultation will be referred to the Ethics Review Board.

2. Personnel and process issues will be resolved by the ~~Site Surveyor Selection Committee.~~ **Executive Committee of the Board.** Board members serving on this committee and dealing with a consultation issue would be exempt from future accreditation deliberations (for the next four years) for that service.

## **APPENDIX - SIGNATURE FORMS**



## APPLICANT’S VERIFICATION OF INFORMATION

The undersigned Applicant, by its authorized officer, hereby certifies that it has reviewed the Program Information Form (“PIF”) and all of the information contained herein, or submitted in support of the application for accreditation, and verify that the information is accurate and complete.

We are applying for:

RW       FW       Critical Care Ground       Ground ALS       Ground BLS

Other Surface Vehicle       Special Operations

*(Check all that apply above)*

I understand that we meet the eligibility requirements as applicable for CAMTS accreditation as listed below:

- Our service has been in operation for at least one (1) year.
- Two patient care providers are required for ALS or critical care transports.
- Our air transport service operates under a FAA Part 135 certificate or is operated by a FAA Part 135 certificate holder.
- Our air medical service carries hull insurance for each aircraft operating in the EMS environment and aircraft liability coverage with a single limit of at least the following:
  - Fixed Wing
    - 5 million for twin-engine aircraft
    - 25 million for turboprops and light jets
    - 30 million for heavy jets
  - Rotorwing – 30 million
- Our ground ambulance service carries minimal auto insurance of 1 million.

(Please print name and title of principal official)

(Signature of principal official)

(Date)

(Name of medical transport service)

(City)

(State or Country of origin)

(Zip or postal code)

*Approved June 2000/Revised June 2012, October 2016, November 2020, April 2022*



## LETTER AGREEMENT

This Letter Agreement (this "Agreement") is entered into by and between the Commission on Accreditation of Medical Transport Systems ("CAMTS" or the "Commission") and the undersigned applicant ("Applicant") (each a "Party" and collectively, the "Parties") as of the date set forth in the signature block below, and sets forth the terms and conditions governing the accreditation relationship between the Parties.

### **1. Peer Review and Accreditation Process.**

Applicant understands that CAMTS is an independent peer review and accreditation organization, where other providers of out-of-hospital care services serve on the Commission and will review Applicant's application and information during the tenure of accreditation.

Applicant understands that the state emergency medical services director(s) of Applicant's principal operating environment will be contacted to verify licensure, if applicable, and to notify of accreditation actions and decisions in states or other governmental agencies that require CAMTS accreditation as part of their process.

Applicant understands that research on background information that is on public record, including but not limited to previous litigation, aviation history, business incorporation, insurance verification, information received from public notification, complaints, and concerns, may be considered part of the accreditation process.

Applicant understands that outcomes of any site visits will be shared with upper management of Applicant's organization and contributors to the application such as the Part 135 Certificate Holder and/or ambulance or service operator, as applicable.

Applicant understands that CAMTS will publish the names of all out-of-hospital care services accredited by it.

### **2. CAMTS Policy and Procedure Manual.**

Applicant acknowledges that it has reviewed the current CAMTS Policy and Procedure Manual ("Manual") and hereby accepts and agrees to the policies and procedures of CAMTS as set forth in the Manual, which may be amended from time to time, which are incorporated herein by reference. Applicant also acknowledges that the most current version of the Manual is located on, and may be obtained from, the CAMTS website ([www.camts.org](http://www.camts.org)) or by submitting a written request for a copy to CAMTS (CAMTS, P.O. Box 130, Sandy Springs, SC 29677) or [admin@camts.org](mailto:admin@camts.org). Applicant may also call the CAMTS office at 864-287-4177.

### **3. Nature of Relationship; Protected Health Information.**

The Parties acknowledge and agree that the role of CAMTS under this Agreement is limited to evaluating Applicant's compliance with applicable accreditation standards. Nothing in this Agreement shall be construed to create a joint venture, partnership, employment, or agency relationship between the Parties.



**CAMTS does not access, collect, create, receive, maintain, or transmit Protected Health Information (“PHI”), including Electronic Protected Health Information (“ePHI”), as those terms are defined under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (“HITECH Act”), and their implementing regulations (collectively, the “HIPAA Rules”).**

The accreditation services provided by CAMTS under this Agreement do not involve and are not intended to involve the use or disclosure of PHI. To the extent that any PHI is incidentally observed by CAMTS personnel during an on-site accreditation visit, CAMTS personnel shall not record, copy, retain, or further disclose such information. Any such incidental observation shall not alter the nature of the relationship between the Parties or create any obligation on the part of CAMTS as a “Business Associate” as that term is defined under the HIPAA Rules.

**Accordingly, the Parties acknowledge and agree that CAMTS is not a “Business Associate” of Applicant within the meaning of the HIPAA Rules, and that no Business Associate Agreement is required in connection with this Agreement.**

Notwithstanding the foregoing, if Applicant is a “Covered Entity” as defined under the HIPAA Rules, Applicant shall be solely responsible for safeguarding any PHI in its possession or control during CAMTS’s on-site accreditation activities, including but not limited to ensuring that PHI is not made accessible to CAMTS personnel beyond what may be incidentally observed in the ordinary course of an accreditation visit. Applicant shall take reasonable steps to de-identify or redact PHI from materials submitted to CAMTS in connection with the accreditation process.

#### **4. Compliance with Applicable Laws.**

To the extent applicable to this Agreement, each Party shall comply with all applicable federal, state, and local laws, regulations, and ordinances in the performance of its obligations hereunder, including without limitation the HIPAA Rules. To the extent applicable, each Party agrees not to use or further disclose any PHI other than as permitted by the HIPAA Rules. Each Party will make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of Health and Human Services to the extent required for determining compliance with the HIPAA Rules.

#### **5. Confidentiality.**

During the term of this Agreement, CAMTS, its employees, and agents may have access to and become acquainted with Confidential Information of Applicant. Confidential Information shall mean all tangible and intangible confidential and proprietary information and trade secrets owned or possessed by Applicant, including without limitation: business information, business practices, plans, strategies, data processes, accounts, financial information, personnel data, and operational information, in each case that is disclosed to CAMTS or to which CAMTS gains access in connection with this Agreement, and that is either marked as confidential or would reasonably be understood to be confidential given the nature of the information and the circumstances of its disclosure. CAMTS shall hold all Confidential Information in strict confidence and shall not disclose, publish, or otherwise disseminate Confidential Information to any third party except as required by law or as necessary to carry out CAMTS’s accreditation functions under



this Agreement. Confidential Information shall not be removed from Applicant's premises, except to the extent necessary for CAMTS to perform its accreditation evaluation and reporting functions. Confidential Information shall not include information that: (a) is or becomes publicly available through no fault of CAMTS; (b) was known to CAMTS prior to disclosure by Applicant without obligation of confidentiality; (c) is independently developed by CAMTS without use of or reference to Applicant's Confidential Information; or (d) is disclosed to CAMTS by a third party without restriction on disclosure.

#### **6. Use of Names and Marks.**

Each Party may use the other Party's name, marks, and logos in connection with this Agreement and any accreditation-related activities, including but not limited to CAMTS's standard publication of accredited services and Applicant's display of its CAMTS accreditation status. Such use shall be limited to factual representations of the accreditation relationship and shall not imply any endorsement, sponsorship, or affiliation beyond the accreditation itself.

#### **7. Limitation of Liability; Protected Health Information.**

CAMTS shall not be liable to Applicant or any third party for any claims, damages, losses, liabilities, costs, or expenses arising out of or related to the use, disclosure, or breach of PHI or ePHI, regardless of the circumstances under which such PHI or ePHI may have been observed, accessed, or obtained. Applicant acknowledges that CAMTS does not collect, maintain, or transmit PHI in connection with its accreditation services and that any incidental exposure to PHI during the accreditation process shall not give rise to any liability on the part of CAMTS. Applicant shall be solely responsible for any and all claims arising from the use or disclosure of PHI in connection with the accreditation process.

#### **8. Dispute Resolution.**

*Any claim or controversy that arises out of or related to this Agreement, or the breach of it, shall be settled by arbitration in accordance with the rules of the American Arbitration Association. Judgment upon the award rendered may be entered in any court with jurisdiction.*

#### **9. Term and Termination.**

This Agreement shall become effective upon execution by both Parties and shall remain in effect for the duration of Applicant's accreditation cycle, unless earlier terminated as provided herein. Either Party may terminate this Agreement for cause upon written notice to the other Party in the event of a material breach of this Agreement that remains uncured for thirty (30) days following written notice of such breach. Termination of this Agreement shall not affect the rights or obligations of the Parties that have accrued prior to the effective date of termination, nor shall it affect any provision of this Agreement that by its nature is intended to survive termination, including but not limited to the confidentiality, limitation of liability, and dispute resolution provisions.

#### **10. General Provisions.**

This Agreement constitutes the entire agreement between the Parties with respect to the subject matter hereof and supersedes all prior and contemporaneous agreements, understandings, representations, and warranties, whether written or oral, with respect to such subject matter. This



Agreement may not be amended or modified except by a written instrument signed by both Parties. If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect. The failure of either Party to enforce any right or provision of this Agreement shall not constitute a waiver of such right or provision. Given the personalized nature of the accreditation relationship, neither Party may assign this Agreement or any of its rights or obligations hereunder without the prior written consent of the other Party, except that CAMTS may assign this Agreement to a successor entity in connection with a merger, acquisition, or sale of all or substantially all of its assets. All notices required or permitted under this Agreement shall be in writing and shall be deemed given when delivered personally or by nationally recognized overnight courier to the following addresses (or to such other address as a Party may designate in writing): if to CAMTS, at CAMTS, P.O. Box 130, Sandy Springs, SC 29677; if to Applicant, at the address set forth below. This Agreement shall be governed by and construed in accordance with the laws of the State of Pennsylvania, without regard to its conflict of laws principles. This Agreement may be executed in any number of counterparts, each of which, when so executed and delivered, shall be deemed an original, and all of which shall constitute one and the same Agreement. Electronic signatures and signatures delivered by email in PDF format shall be considered fully binding and shall carry the same weight as original signatures.

The individual signing this Agreement acknowledges that he or she has carefully read and fully understood this Agreement, represents that he or she has the authority to bind the Applicant to the terms of this Agreement, and agrees the Applicant will be bound by this Agreement.

**APPLICANT NAME:** \_\_\_\_\_

Date: \_\_\_\_\_ Applicant City/State or Country of Origin: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Officer Signature: \_\_\_\_\_

Officer Name/Title: \_\_\_\_\_

*(Please print)*

**COMMISSION ON ACCREDITATION  
OF MEDICAL TRANSPORT SYSTEMS**

Jan Eichel  
Executive Director

## BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement is made as of [REDACTED], 20 [REDACTED] (“Effective Date”), by and between [REDACTED] (the “Covered Entity”) and Commission on Accreditation of Medical Transport Systems (referred to as “CAMTS” “Contractor” or “Business Associate”). Covered Entity and Contractor may be referred to individually as a “party” or collectively as the “parties.”

Either prior to or contemporaneously with the execution of this Business Associate Agreement, Contractor and Covered Entity have entered into an agreement (the “Service Agreement”) pursuant to which Contractor has been engaged to provide certain services, specifically accreditation audit, on behalf of Covered Entity.

### 1. OBLIGATIONS.

1.1. Contractor shall not request, and Covered Entity shall not provide any protected health information (“PHI”) or associated information in the course of Contractor providing accreditation audit services. If, despite the parties’ express intention, Covered Entity inadvertently provides, or Contractor inadvertently or incidentally obtains any PHI or associated information, the discovering party shall make the other party aware of such disclosure and shall comply with the relevant requirements of this Agreement and applicable law, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Health Insurance Technology for Economic and Clinical Health Act of 2009 (“HITECH Act”), and current and future regulations promulgated under HIPAA and/or the HITECH Act, as well as Texas laws related to the privacy and security of health information, including, but not limited to, Texas Health and Safety Code Chapters 181 and 182.

1.2. To the extent that any inadvertently disclosed PHI concerns alcohol and substance abuse treatment, Business Associate acknowledges and agrees that:

(i) such information is protected by 42 C.F.R. Part 2 (“Part 2”), and Business Associate is bound by these regulations;

(ii) Part 2 prohibits Business Associate from further disclosing such information unless disclosure is authorized by Part 2, Subparts D or E, or Business Associate obtains the written consent of the individual whose PHI is to be further disclosed; and

(iii) if necessary, Business Associate will resist any effort to obtain access to such information by initiating judicial proceedings against the person or entity attempting to gain access in contravention of Part 2.

1.3. Obligations of Business Associate. Upon either Covered Entity or Business Associate discovering that PHI has inadvertently been provided by Covered Entity to Business Associate as set forth in Section 1.1, the discovering party shall immediately notify the other party, and Business Associate will return or destroy all PHI received from Covered Entity, as requested in writing by Covered Entity, in accordance with Section 4 of this Agreement.

1.4. Business Associate agrees it shall not use PHI, nor disclose to or provide any third-party access to PHI, except as specifically set forth in this Agreement. Any reference to Business Associate in this Agreement includes all of Business Associate's directors, officers, employees, affiliates, agents and representatives, as well as subcontractors' downstream subcontractors.

## 2. EQUITABLE REMEDIES.

2.1. The parties acknowledge and agree that the non-breaching party will suffer irreparable damage upon the breaching party's breach of this Business Associate Agreement, and that such damages will be difficult to quantify.

2.2. Breaching party acknowledges and agrees that, where non-breaching party has knowledge of any material breach by breaching party, non-breaching party may file an action for injunction against breaching party to enforce the terms of this Business Associate Agreement. Such proceeding may be brought before any Court having jurisdiction to obtain an injunction.

2.3. Breaching party acknowledges and agrees that non-breaching party may also pursue any other legal remedies available to non-breaching party to cure or stop such material breach.

## 3. TERM AND TERMINATION.

3.1. General Term and Termination. This Business Associate Agreement will become effective on the Effective Date of the Service Agreement and will terminate concurrently with the termination of such Service Agreement.

### 3.2. Termination for Material Breach.

3.2.1 Where non-breaching party has knowledge of a material breach by breaching party, non-breaching party may terminate both the Service Agreement and Business Associate Agreement

4. RETURN/DESTRUCTION OF PROTECTED HEALTH INFORMATION. Business Associate acknowledges that, as between Business Associate and Covered Entity, any PHI inadvertently provided or disclosed to Business Associate by Covered Entity will be and remain the sole property of Covered Entity. Upon written notice by Covered Entity as set forth in Section 15, Business Associate will:

4.1. If feasible, return or destroy all PHI received from, or received by Business Associate on behalf of Covered Entity; or

4.2. Business Associate agrees that all paper, film, or other hard copy media will be shredded or destroyed such that it may not be reconstructed, and PHI will be purged or destroyed as set forth in the NIST Guidelines for media sanitization at <http://www.csrc.nist.gov/>.

4.3. Business Associate's obligation under this Section 4 shall survive the termination of this Business Services Agreement.

5. AMENDMENT. If any of the rules or regulations promulgated under HIPAA or state law are amended or interpreted in a manner that renders this Business Associate Agreement inconsistent therewith, Covered

Entity may, on thirty (30) days written notice to Business Associate, amend this Business Associate Agreement to comply with such amendments or interpretations.

6. ASSIGNMENT. This Agreement may be assigned to any affiliate or successor of the Covered Entity. Notwithstanding the foregoing, no assignment of this Business Associate Agreement or the rights and obligations hereunder will be valid without the prior written consent of the non-assigning party.

7. CONFLICTING TERMS AND REQUIREMENTS. In the event any terms of this Business Associate Agreement conflict with any terms of the Service Agreement, the terms of this Business Associate Agreement will govern and control. In the event of any conflict between this Business Associate Agreement and federal or Texas law, the more stringent requirements will govern.

8. ADDITIONAL DOCUMENTS. Each of the parties hereto agrees to execute any document or documents that may be requested from time to time by the other party to implement or complete such party's obligations pursuant to this Business Associate Agreement or law.

9. ENTIRE AGREEMENT. This Business Associate Agreement, including any exhibits or addenda identified and incorporated by reference herein, contains the entire understanding of the parties and supersedes any prior written or oral agreements or understandings among them concerning the subject matter set forth above. There are no representations, warranties, covenants, promises, agreements, arrangements or understandings, oral or written, express or implied among the parties hereto relating to the subject matter set forth above which have not been fully expressed herein.

11. INDEPENDENT CONTRACTOR STATUS. In performing Business Associate's responsibilities pursuant to this Business Associate Agreement, it is understood and agreed that Business Associate is at all times acting as an independent contractor and that Business Associate is not a partner, joint-venturer, agent or employee of the Covered Entity. It is expressly agreed that Contractor will not for any purpose be deemed to be an agent, ostensible or apparent agent, or servant of the Covered Entity, and the parties agree to take any and all such action as may be reasonably requested by the Covered Entity to inform the public and others utilizing the professional services of Business Associate of such fact.

12. INTERPRETATION. Any ambiguity in this Agreement will be resolved in favor of a meaning that permits Covered Entity and Business Associate to comply with applicable law.

13. NON-WAIVER. No waiver by either of the parties hereto of any failure by the other party to keep or perform any provision, covenant or condition of this Business Associate Agreement will be deemed to be a waiver of any preceding or succeeding breach of the same, or any other provision, covenant or condition.

14. NO THIRD PARTY BENEFICIARIES. This Business Associate Agreement is not intended to benefit any third person or entity, nor will anyone not a party to this Business Associate Agreement be able to enforce or recover any right or remedy hereunder.

15. NOTICES. Any notice to a party hereto pursuant to this Business Associate Agreement will be given in writing in the manner and at the address set forth in the Service Agreement for notice. Notice will be effective upon delivery.

16. PARTIES BOUND. This Business Associate Agreement, and the rights and obligations hereunder will be binding upon and inure to the benefit of the parties and their permitted assigns. This Business Associate

Agreement will also bind and inure to the benefit of any successor of Covered Entity by sale, merger or consolidation.

17. SEVERABILITY. The sections, paragraphs and individual provisions contained in this Business Associate Agreement will be considered severable from the remainder of this Agreement and in the event that any section, paragraph or other provision should be determined to be unenforceable as written for any reason, such determination will not adversely affect the remainder of the sections, paragraphs or other provisions of this Agreement. It is agreed further, that in the event any section, paragraph or other provision is determined to be unenforceable, the parties will use their best efforts to reach agreement on an amendment to the Agreement to supersede such severed section, paragraph or provision.

IN WITNESS WHEREOF, the parties have signed this Business Associate Agreement to be effective as of the date set forth above.

BUSINESS ASSOCIATE

CAMTS

By: 

Name: Jan Eichel

Title: Executive Director

Address: 4124 Clemson Blvd.

Anderson, SC 29621

Date: January 29, 2025

COVERED ENTITY

By:

Name:

Title:

Address:

Date:

# ATTACHMENT A

## Destruction of Protected Health Information

Destruction of protected health information shall be carried out by CAMTS upon the termination of the underlying Agreement with the Surveyed Organization entity. Destruction shall be performed in such a way as to prevent reconstruction as follows.

- a. Paper burning, shredding, pulping, pulverizing
- b. Microfilm/fiche recycling, pulverizing
- c. Laser discs (WOM) pulverizing
- d. Computerized data magnetic degaussing (demagnetizing) and/or industry accepted methods

An authorized representative of CAMTS shall provide the Surveyed Organization with a certification, within five (5) business days from the date of termination or expiration of any underlying agreements or termination of the Services provided to the Surveyed Organization, that all PHI has been returned or disposed of as above and that CAMTS no longer retains any PHI of the Surveyed Organization in any form.



## USE OF PHOTOS

This authorization is entered into in connection with the Letter Agreement between CAMTS and Applicant dated \_\_\_\_\_. Capitalized terms used but not defined herein shall have the meanings ascribed to them in the Letter Agreement.

Applicant acknowledges that the audit process designed for use in consultation and accreditation site visits may include photos to indicate compliance with standards or to demonstrate the audit process for use in marketing materials, such as in brochures or displays.

CAMTS agrees that Applicant is entitled to approve the use of photos. Applicant shall ensure that any areas, equipment, or materials to be photographed during the accreditation process are free of Protected Health Information, confidential information, and proprietary or intellectual property-protected materials prior to photography. CAMTS does not access, collect, or retain patient-identifying information, confidential information, or intellectual property as part of the accreditation process, and shall bear no responsibility for any inadvertent disclosure of such information. It shall be the sole responsibility of Applicant's on-site personnel to advise CAMTS of any areas, equipment, or materials that are not to be photographed.

The CAMTS site surveyor or consultant will take photos as part of the audit process to be submitted with their report to the CAMTS Board of Directors as part of the accreditation process or to be included in the consult report that is not shared with the CAMTS Board of Directors. Applicant's signed approval indicates that any photos taken openly and in the presence of Applicant personnel have been approved. Photos are always de-identified (program names or logos are blacked out) if used as part of an accreditation review process or presentation to maintain the integrity and confidentiality of the process. Programs reviewed by the Board are only identified by a number.

If specific photos that identify the program are selected for use in CAMTS marketing and promotional materials, additional signed permission will be required.

The individual signing this authorization on behalf of Applicant acknowledges that he or she has carefully read and fully understood this authorization, represents that he or she has the authority to: (i) grant the use of any photos taken; and (ii) bind Applicant to the terms of this authorization, and agrees Applicant will be bound by this authorization.

**APPLICANT NAME:**

**COMMISSION ON ACCREDITATION OF  
MEDICAL TRANSPORT SYSTEMS**

\_\_\_\_\_  
Officer Signature:

\_\_\_\_\_  
Officer Name/Title:

Jan Eichel  
Executive Director

\_\_\_\_\_  
*(Please print)*

Date: \_\_\_\_\_