Arizona Department of Health Services
Premier EMS Agency Program (PEAP)

MARCH 6, 2019

<u>**WHAT IS THE PEAP?**</u>

The PEAP was established in 2009 as an EMS patient care performance improvement (PI) initiative by the Bureau of EMS and Trauma System (Bureau) within the Arizona Department of Health Services (ADHS). PEAP is administered by the Bureau's Services and Development Section. EMS agency participation is voluntary. The Goal of PEAP is

> *"To further improve patient outcomes in Arizona through implementing evidence-based, highly coordinated and standardized prehospital care"*

The PEAP is a voluntary PI initiative that recognizes outstanding Arizona EMS agencies. To receive Premier EMS Agency recognition, EMS agencies **MUST** meet criteria 1-5 below.

1. An electronic patient care report (ePCR) system that submits all incidents/patient contacts to the Arizona Prehospital Information and EMS Registry System (AZ-PIERS) consistent with current data submission guidelines.

2. Attestation of a committed and empowered quality assurance team that reviews 100% of incidents/patient contacts associated with the following time-sensitive emergencies (TSEs):

   i. Suspected Opioid Overdose

   ii. Out-of-Hospital Cardiac Arrest (OHCA)

   iii. ST-segment Elevation Myocardial Infarction (STEMI)

   iv. Stroke

   v. Major Trauma

   vi. Pediatric Resuscitation (criteria are pending development via a new workgroup under TEPI)

3. Attestation of commitment to use data for optimizing patient care, including a process/system using ePCR data to develop training, education, and policies that enhance patient care.

4. Agency annually updates the Bureau Automated Online Services portal with an accurate list of agency affiliated EMCTs, medical directors, EMS coordinators, and other associated personnel (see Exhibit-II).

5. CON holders only: Attestation of having a policy in compliance with the [Safe Transport of Children by EMS Interim Guidance](#).

Why These Six Time-Sensitive Emergencies

An integrated EMS and trauma system can have measurable impacts on patient outcomes, resource deployment/utilization, and costs. Opioid Overdose, OHCA, STEMI, Stroke, Major Trauma, and Pediatric Resuscitation are major causes of death and disability, are time-sensitive, and are responsive to acute treatments and regionalized systems of care.

Benefits of Premier EMS Agency Recognition

- Premier recognition demonstrates and EMS agency's commitment to quality, cost-effective, and responsive patient care and customer service.
- Premier recognition requires EMS agencies to establish evidence-based processes for performance measurement, setting performance improvement targets, staff integration, customer service improvement, inter-agency/provider collaboration, and operational efficiency.
- Premier EMS agencies receive Bureau assistance with examples of QA/PI plans, an overview of the Plan-Do-Check-Act (PDCA) process improvement cycle, determining performance baselines, benchmarks, and gap analyses for the six TSEs, and receipt of performance-based agency and statewide aggregate data reports.

Confidentiality

Data submitted to AZ-PIERS is part of the Bureau's quality improvement/assurance process, and therefore, is protected from civil discoverability and subpoena. Data considered protected health information (PHI) that could identify **the patient**, **the patient's family**, **the health care provider,** or **the Agency** are protected from civil discoverability and subpoena.

APPLICATION PROCESS

EMS agencies interested in receiving Premier EMS Agency recognition must submit to the Bureau a completed PEAP Application (Exhibit-I), including required attachments.

Applications can be submitted directly to Dr. David Harden, JD, NREMT, at david.james.harden@azdhs.gov. Dr. Harden will review each application for completeness and notify the respective applicant of the review results.

Application Description/Instructions

1. The PEAP Application has the following seven sections:

    a. Section I. Agency Information

       This section provides the Bureau with the applicant EMS agency's legal name, business address/phone number, and main Internet homepage URL. This information will enable the Bureau to assign a PEAP ID number by EMS agency, and prepare the PEAP certificate and cover letter.

    b. Section II. Agency Service Information

       This section enables the Bureau to organize Premier EMS Agencies by service level and to perform descriptive data analysis based on service levels.

    c. Section III. Agency Administration

       This section provides the Bureau with the contact information of the Premier EMS agency's senior management and key staff responsible for ensuring the Premier EMS agency meetings PEAP standards.

    d. Section IV. Data Collection/Reporting Information

       This section informs the Bureau whether the applicant EMS agency's ePCR system is consistent with AZ-PIERS' data submission standards.

    e. Section V. Performance Improvement/Quality Assurance Information

       This section informs the Bureau that the applicant EMS agency is requesting assistance with their existing QA/PI process.

    f. Section VI. Senior Management Attestation

       This section has two subsections. Subsection A requires the applicant EMS agency's chief executive officer (CEO) or Fire Chief to place an X or checkmark in the box for each PEAP criterion (the fifth criterion only applies to EMS agencies with a certificate of necessity). Subsection B requires the CEO's or Fire Chief's signature to finalize attestation of the criteria and notification requirements if the Premier EMS agency is unable to meet these criteria. The required medical director's signature serves as the medical director's attestation of criterion 3 of under Section VI of the application.

    g. Section VII. Attachments

       This section provides the Bureau with copies of the applicant EMS agency's current QA/PI process.

EMS AGENCY DATA SUBMISSION GUIDELINES

For questions regarding the PEAP application process please contact Dr. David Harden, JD, NREMT, at 602-364-3188 or david.james.harden@azdhs.gov. For questions regarding AZ-PIERS data submission standards please contact Anne Vossbrink at 602-364-3164 or Anne.Vossbrink@azdhs.gov.

EXHIBIT-I PEAP APPLICATION

ADHS PREPAREDNESS	**BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM PREMIER EMS AGENCY PROGRAM APPLICATION**

SECTION I. AGENCY INFORMATION

1	Agency Name	
2	CON Number (If Applicable)	
3	Business Address	
4	Phone Number	
5	Agency URL	

SECTION II. AGENCY SERVICE INFORMATION

1	Service Level (Select One)	ALS	☐	BLS	☐	ALS & BLS	☐

SECTION III. AGENCY ADMINISTRATION

III.A. Chief Executive Officer (CEO)/Fire Chief

1	CEO/Fire Chief Name	
2	Phone Number	
3	E-Mail Address	

III.B. Administrative Medical Director

1	Admin. Medical Director	
2	Phone Number	
3	E-Mail Address	

III.C. Agency ePCR Data Manager

1	Data Manager	
2	Phone Number	
3	E-Mail Address	

III.D. Base Hospital (BH)/Medical Direction Coordinator

1	BH/Med. Direction Coord.	
2	Phone Number	
3	E-Mail Address	

III.E. Performance Improvement (PI) Manager

1	PI Manager	
2	Phone Number	
3	E-Mail Address	

SECTION IV. DATA COLLECTION/REPORTING INFORMATION

1	Name of ePCR Vendor	
	ePCR Product Name & Version	

SECTION V. PERFORMANCE IMPROVEMENT/QUALITY ASSURANCE INFORMATION

1.	The EMS Agency requests Bureau assistance in improving the agency's QA/PI process: Yes ☐ No ☐

SECTION VI. SENIOR MANAGEMENT ATTESTATION		
A. The senior management's checking the box for each statement signifies attestation		**Checkbox**
1.	• An ePCR system that submits all incidents and/or patient contacts to the AZ-PIERS meeting data submission guidelines updated annually.	☐
2.	• Attestation of a committed and empowered quality assurance team that reviews 100% of incidents and/or patient contacts associated with the following six time-sensitive emergencies (TSEs): – Suspected Opioid Overdose – Out-of-Hospital Cardiac Arrest – ST-segment Elevation Myocardial Infarction – Stroke – Major Trauma – Pediatric Resuscitation(**Starting PEAP Year 2 – Date TBD After 9/27/19**)	☐
3.	• Attestation of commitment to use data for optimizing patient care (including a process or system that uses data from the ePCR system to develop training, education, and policies that enhance patient care (additional detail that coincides to changes implemented by NREMT allowing for local component of CE).	☐
4.	• Annually (starting with initial PEAP application), the agency will update the Bureau Automated Online Services portal with an accurate listing of: – Agency-Affiliated EMCT(s) – Medical Director(s) – EMS Coordinator(s) – Other Associated Personnel	☐
5.	• **CON-Holders Only**: Attestation of policy in compliance with the current Safety Transport of Children by EMS Interim Guidance.	☐
By signing below, I attest that this EMS agency is committed to the requirements of the recognition level requested. I further attest that if the EMS agency is unable to meet those requirements, I will immediately notify the Bureau.		
B. Required Attestation Signatures		
CEO/Fire Chief Signature		**Date:**
Medical Director Signature		**Date:**
SECTION VII. PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION		
QA/PI Process and Approved Policies Encompassing 100% Review of the Six TSEs (Section IX.A.)		☐

EXHIBIT-II AUTOMATED ONLINE SERVICE PORTAL INSTRUCTIONS

I. EMS Coordinator, Medical Director, and EMCT Assignments Content in Organization Account are Current:

A. The EMS agency's EMS coordinator must login to the Bureau's Online Services Portal to review the EMS agency's organization account. If the EMS Coordinator, Medical Director, and EMCT Assignments content is current on the date the PEAP application was submitted, the EMS agency's senior management checks Attestation Box 4 in Section VI.A of the PEAP application.

II. EMS Coordinator, Medical Director, EMCT Assignments Listed in Organization Account is NOT Current:

A. EMS Coordinator content is NOT current:

1. The EMS agency's senior management must requests on agency letterhead a new user account:

    a. The agency administrator completes a Provider User Account Authorization Form (Exhibit-III) and emails the form to David Harden with a statement giving permission to create the new user account.

        i.   David Harden forwards the email request to the Bureau Inspection Coordinator (BIC) assigned to the requesting EMS agency.

        ii. The EMS agency's assigned BIC pre-registers the new user and emails login credentials to the new user, who completes the online registration process (see Exhibit-IV Creating Coordinator/Fleet Manager Accounts PPT).

        iii. The BIC reviews the new user account registration request and emails the new user when the account has processed, allowing the new EMS Coordinator to access the organization account.

2. The EMS agency's senior management checks Attestation Box 4 in Section VI.A of the PEAP application.

B. The Medical Director content is NOT current:

1. If the Medical Director contained in Section III.B of the PEAP application is different from the name in the EMS agency's organization account, or the Medical Director field in the organization account is blank, the following steps must be completed:

    a. David Harden will confirm if the Medical Director contained in Section III.B of the PEAP application is listed in the Bureau's medical director database. If the name is listed, David Harden will enter the name in the EMS agency's organization account.

    b. If the Medical Director contained in Section III.B of the PEAP application is not listed in the Bureau's medical director database, the EMS agency coordinator completes the following steps:

        i.   Emails David Harden copies of the physician's current licenses, certificates, and other documentation demonstrating he/she meets the requirements in A.A.C. §§ R9-25-201(A)(1).

2. The EMS agency's senior management checks Attestation Box 4 in Section VI.A of the PEAP application.

C. The EMCT Assignments content is NOT current:

1. The EMS agency's administrator (or designee) creates an Excel file of the EMCT Assignments from the organization account by clicking the "Export to Excel" tab of the EMCT Assignments page.

2. The EMS agency administrator updates the Excel file and email it David Harden.

3. David Harden emails the information to Maria Dominguez at the Bureau to process.

4. Ms. Dominguez emails the EMS agency administrator once the EMCT Assignments in the organization account have been updated.

5. The EMS agency's senior management checks Attestation Box 4 in Section VI.A of the PEAP application.

Exhibit – III Provider User Account Authorization

Agency Requesting User Account			
Agency Street Address	Address:		
	City:	State:	ZIP:
Certificate or License Number			
Administrator Approving Request			
Date of Request			

To create a user accounts the Bureau requires the following information:

Type of User Account Requested	Org Coordinator:		Fleet Manager:	
	Organization are limited to one Org Coordinator			
First Name				
Last Name				
Date of Birth*				
The user's actual birthdate is not required. A user may select any memorable date, as long as the date makes the user older than 18 years.				
Work Address	Address:			
	City:		State:	ZIP:
Work Phone Number				
Gender				
Email Address				
Email address cannot be the same as or contain the User's EMCT certificate number				
Veteran Status:		Yes:		No:

Once a Bureau staff member has created the account, the user will receive an email containing an account number and registration instructions.

Official Use Only:

Bureau Of Emergency Medical Services & Trauma System
150 N. 18th Avenue, Suite 540,
Phoenix, Arizona 85007-3248
602-364-3150

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Use this Page for Entering Additional information

Type of User Account Requested	Org Coordinator:		Fleet Manager:	
	Organization are limited to one Org Coordinator			
First Name				
Last Name				
Date of Birth*				
The user's actual birthdate is not required. A user may select any memorable date, as long as the date makes the user older than 18 years.				
Work Address	Address:			
	City:		State:	ZIP:
Work Phone Number				
Gender				
Email Address				
Email address cannot be the same as or contain the User's EMCT certificate number				
Veteran Status:		Yes:		No:

Type of User Account Requested	Org Coordinator:		Fleet Manager:	
	Organization are limited to one Org Coordinator			
First Name				
Last Name				
Date of Birth*				
The user's actual birthdate is not required. A user may select any memorable date, as long as the date makes the user older than 18 years.				
Work Address	Address:			
	City:		State:	ZIP:
Work Phone Number				
Gender				
Email Address				
Email address cannot be the same as or contain the User's EMCT certificate number				
Veteran Status:		Yes:		No:

EXHIBIT-IV Creating Coordinator/Fleet Manager Accounts
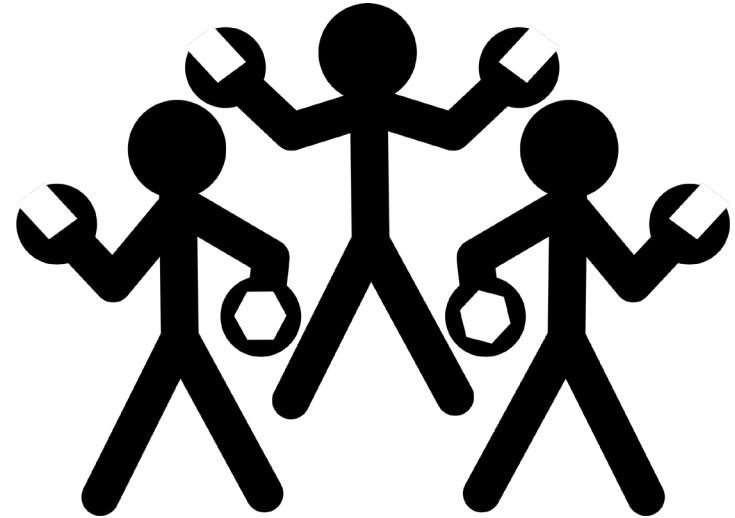
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Alert!

Only Authorized "Organization Coordinator" and/or "Fleet Managers" with an approved account may receive ambulance registration notifications and submit on-Line registration applications.

A separate AZDHS Bureau account other than an EMCT user account is required to access the ambulance registration module.

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Bureau Staff Activation Process

Registering an individual for either a **Org Coordinator or Fleet Manager** requires Bureau staff to obtain authorization from the organization.

Bureau staff will need the First & Last Name; Date of Birth; Gender; and phone number prior to pre-registration.

Authorization must be obtained in writing by email before adding or changing Org Coordinators or Fleet Managers.

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After Bureau staff has pre-registered an individual, the individual will need to register a new account selecting the appropriate role.

Helpful Hints

★ Use personal email addresses for EMCT user accounts

★ Use business email addresses for Coordinator or Fleet Manager user accounts.

Access the Bureau web page by clicking [ADHS - Emergency Medical Services & Trauma System - Home](#)

Access the database by clicking "On-Line Services".

Using the public page shown here, click "Login".

If you **DO NOT** have a Bureau activated ORG COORDINATOR or FLEET MANAGER account, contact the Bureau EMS Coordinator assigned to your organization.
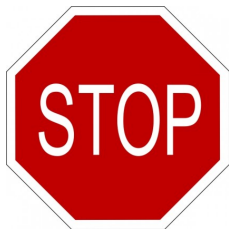
The Bureau must obtain approval from your organizations administrator of record before you can be authorized as a Coordinator or Fleet Manager

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Click on **Register** shown here to begin registration process for **Coordinator or Fleet Manager Accounts**.

Note: You must have your pre-registered Bureau provided **Fleet Manager ID Number** available when prompted.

After clicking **"Register"** a frequently asked questions screen will appear.

When ready, click "**Continue Registration**" at the bottom right of the screen, shown here...
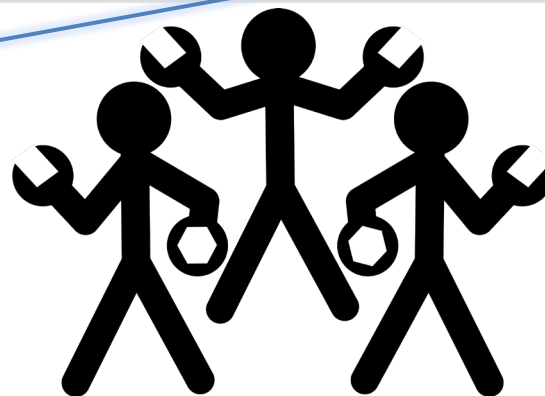
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In the Role Assignment screen, select the **Assigned Role** for which you have been registered. For this purpose Fleet Manager or Org Coordinator .
Click "Next".

Role Assignment

Assigned Role *

Select Role
EMCT
Org Coordinator
Fleet Manager
Proxy
Trainee
Program Director

Next

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You will be asked to select which Organization(s) you are associated with.

Begin typing the organization name in this field. The system will search for that organization.

When correct organization is displayed, click next to **Organization** name in the blank space. (do not click on the name itself)
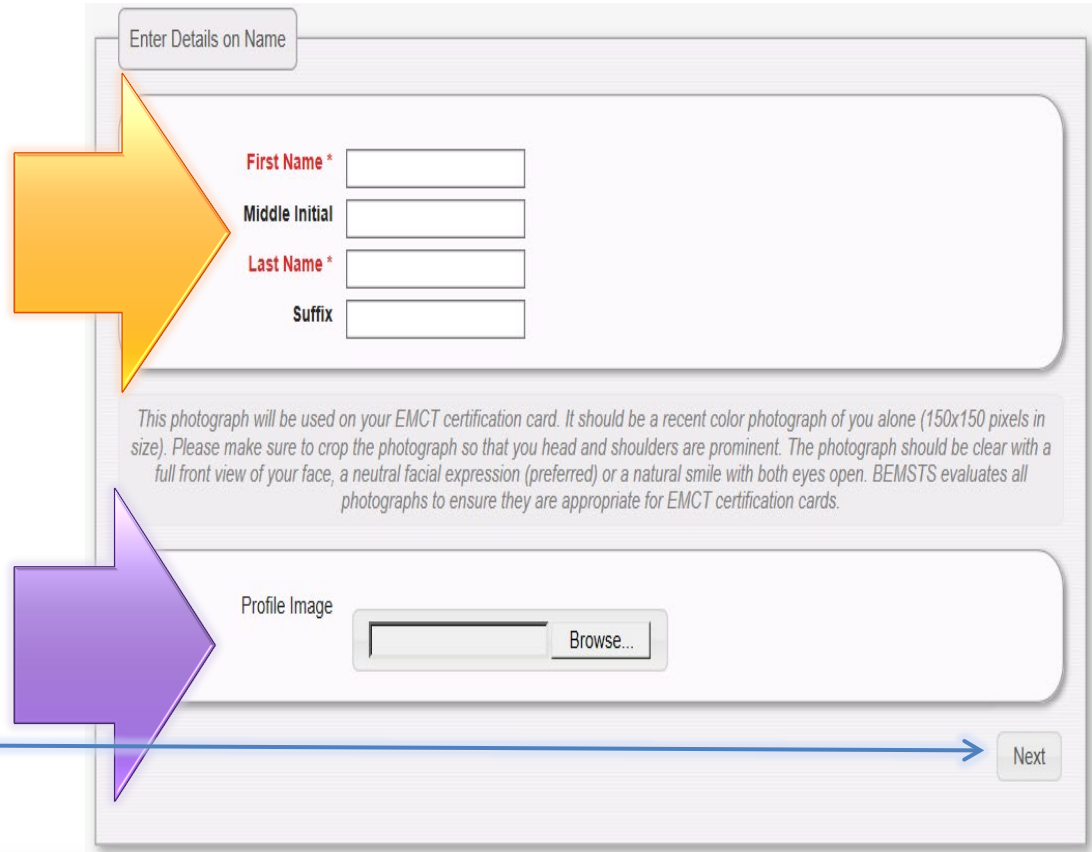
Once you've been attached as the ***Primary Organization Assignment*** click Next.

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Fill in your name, you may upload a photograph or company logo to appear on your screen when signed into the Fleet Manager System.

Click "Next" to procced.

Enter Details on Name

First Name *

Middle Initial

Last Name *

Suffix

This photograph will be used on your EMCT certification card. It should be a recent color photograph of you alone (150x150 pixels in size). Please make sure to crop the photograph so that you head and shoulders are prominent. The photograph should be clear with a full front view of your face, a neutral facial expression (preferred) or a natural smile with both eyes open. BEMSTS evaluates all photographs to ensure they are appropriate for EMCT certification cards.

Profile Image

Browse...

Next

Notice the pre-registered field has been checked.

This indicates Bureau staff has completed the pre-registration and allows the individual to proceed.

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Enter Username and Password

Please pick out a unique logon username and a secure password. You will use these whenever you need to log into this site.

(do not share your password with anyone, including the Proxy who manages your Organization; they can manage your account without needing to login with your credentials).

Login Id *
Login Password *
Confirm Password *

Please make sure to provide us with an email address that you actively use. We will use it to inform you of time-sensitive information (such as an expiring Certificate or to alert you of corrections needed on any of your Applications). This is also the means by which you can reset your account password in case you forget it and forget the answer to your challenge question above.

Email Address *
Confirm Email *

Next

This screen requires the new Coordinator or Fleet Manager to create a user name and password for this account.

Keep your user information separate from any other Bureau accounts already used in the database.

It's best to use your office email address for this account.

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If you get,
 "That email address is already in use", error use a different email address.

Note: This address will receive ambulance registration renewal notifications, application, and payment receipts. Enter an email address you trust.

⚠ That email address is already in use by another registered user

Enter Username and Password

Please pick out a unique logon username and a secure password. You will use these whenever you need to log into this site.

(do not share your password with anyone, including the Proxy who manages your Organization; they can manage your account without needing to login with your credentials).

Login Id *	Test999
Login Password *	
Confirm Password *	

Please make sure to provide us with an email address that you actively use. We will use it to inform you of time-sensitive information (such as an expiring Certificate or to alert you of corrections needed on any of your Applications). This is also the means by which you can reset your account password in case you forget it and forget the answer to your challenge question above.

| Email Address * | ron.andersona@azdhs.g |
| Confirm Email * | ron.andersona@azdhs × |

Next

The final screen allows information submitted to be reviewed. Click on each tab, to display the content , edit if necessary.

If the information is correct, click **Submit**. You will receive a notice as shown on the next screen.

The system has accepted the submission and is displaying that the new account is being processed. Your account will be approved as soon as Bureau staff activates the account.

Bureau staff may be in the field and not available to see your submission right away.

Click "OK" to exit the system

AZDHS Staff Contact Information

Dewey Anderson 602-364-3178   Dewey.Anderson@azdhs.gov

Margo Vinson   602-542-8028   Margo.vinson@azdhs.gov

Steve Foster   602-364-3183   Steven.foster@azdhs.gov

Noreen Adlin, Manager 602-364-3275   noreen.adlin@azdhs.gov

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