

**R426. Health, Family Health and Preparedness, Emergency Medical Services.**

**R426-10. Air Ambulance Licensure and Operations.**

**R426-10-100. Authority and Purpose.**

(1) ~~[This rule is established for the licensing requirements and operations for air ambulance providers.]~~Authority for this rule is found in Title 26, Chapter 8a, Utah Emergency Medical Services Act.

(2) This rule provides Department requirements for air ambulance provider licensure and operations.

**R426-10-400. Air Ambulance Service Deemed Status.**

(1) The Department may grant deemed status for state license to an air ambulance provider that has received accreditation from a Department recognized accreditation service. An air ambulance provider who has deemed status may receive a license if they meet all of the requirements for application and licensure.

(2) To be recognized by the Department as an approved accreditation organization for the purposes of this section, the accrediting organization shall meet the following minimum standards:

~~[(a) Publish standards that are equivalent to or exceed the standards in this chapter.~~

~~[(b) Publish standards which address every component of a medical transport service that could potentially impact the quality of care and patient safety with respect to communications centers, pilots, drivers, maintenance, patient care providers, and administrative support.~~

~~[(c)](a) Provide evidence of timely reviews of applications from providers seeking accreditation.~~

(b) Publish standards which address the components of medical transport which impact quality of patient care and provider safety.

~~[(d)](c) Outline [P]procedures for random site visits, audits, and other strategies utilized to ensure an accredited provider or a provider seeking accreditation is adhering to the accreditation standards.~~

~~[(e)](d) Publish policies for the [(i)]initial accreditation requirements;~~

~~[(ii)](i) the tenure of accreditation, not to exceed three [(3)] years;~~

~~[(iii)](ii) the requirements for reaccreditation; and~~

~~[(iv)](iii) the accreditation decision making process.~~

~~[(f)](e) [Uses trained accreditation personnel with experience in medical transport at the level of accreditation and license for the level of accreditation being sought.]~~Uses trained site-surveyors with experience in medical transport at the level

of accreditation and license.

(f) A formal training program that educates accreditation auditors in consistent interpretation of standards and policies of the accreditation provider.

(g) Publish the required qualifications for accreditation personnel who conduct site surveys. Such qualifications shall demonstrate an extensive depth of experience with and knowledge of the air ambulance industry.

~~[(g) A formal training program that educates accreditation auditors in consistent interpretation of standards and policies of the accreditation agency.]~~

~~(h) Publish the required qualifications for accreditation personnel who conduct site surveys. Such qualifications must demonstrate an extensive depth of experience with and knowledge of the air ambulance industry.~~

~~(i) Policies and standards that recognize the special circumstances of medical transport services that serve rural areas.~~

~~(j)](h) Demonstrate that accreditation standards are updated on a regular basis to stay current with [changes]national standards in healthcare and air medical transportation.~~

~~[(k) Provide definition of all sentinel events including near misses. The accrediting agency shall outline the processes for notifying the Department of such events and the process for investigating and instituting corrective measures for such events.]~~

~~[(l) Provide information about the Board of Directors. Members of the Board of Directors shall have experience in the air medical transport industry.]~~

(i) Has a multi-disciplinary board of directors representing medical transport organizations. The Board of Directors shall include broad representation by members of relevant national or international organizations that are engaged in the development, training, and oversight of critical care and air medical patient transportation.

~~[(m)](j) Clearly outline the Conflict of Interest Policy that excludes Board members or other accreditation agency representatives from participating in accreditation decisions, site surveys, or other processes when a real or potential conflict of interest exists.~~

~~[(n)](k) Publish fees for providers seeking accreditation.~~

~~[(o) Provide documentation of the process that allows and encourages input, suggestions, and review by outside individuals and agencies related to its standards, policies, and procedures.]~~

(l) Provide documentation of an open process that encourages and accepts comments on changes to its accreditation standards.

~~[(p) Explain the procedure for a corrective action plan when~~

~~an audit uncovers areas that are out of compliance.]~~

(m) Explain the procedure for a corrective action plan which assures that air ambulance providers will implement corrective actions for any identified deficiencies.

~~[(q)](n) Demonstrate a continuous quality improvement process that reviews the application process, site surveys, accreditation decisions, and accreditation standards. [The process must include measures to achieve improvement, fairness, and transparency.]~~

~~[(r)](o) Maintain insurance (General liability, Medical Professional Liability, Directors and Officers and Travel) and be able to present their current certificates of insurance to the state licensing agency.~~

~~[(s)] Comply with all applicable Health Insurance Portability and Accountability Act (HIPAA) regulations, including any necessary requirements of a Business Associate entity.]~~

~~[(t)](p) Allow a Department representative to be present during site surveys, investigations, and any other on-site visit. [, and any other on-site visit performed in the Utah.]~~

~~[(u)] Provide simultaneous notification to the Department of an air ambulance provider's accreditation decisions, corrective action, any changes in accreditation status, and sentinel event reports; and~~

~~[(v)] List the accrediting agency's involvement in research to improve the air medical transportation industry.]~~

(3) A current list of recognized accreditation organizations is available on the Department's website.

#### **R426-10-500. Air Ambulance [Service]Provider Compliance with State Licensure Requirements.**

(1) Deemed status by a Department approved accreditation provider ~~[recognition is intended to]~~ streamlines the licensure process for a licensed air ambulance [services]provider by preventing duplicative documentation.

(2) The Department ~~[reserves the right to]~~ may verify and inspect ~~[all]~~ equipment and documentation ~~[at any time]~~ to ensure ~~[that the air ambulance service maintains full]~~ compliance. ~~[with requirements related to the air ambulance service licensure.]~~

(3) A licensed air ambulance provider seeking deemed status by accreditation shall allow a Department representative to be present during a site visit conducted by an accreditation organization.

#### **R426-10-2100. Continuous Quality Improvement (QI) Program.**

(1) A [L] licensed air ambulance provider[s] shall establish a quality management team and a program. The program [implemented]

~~by this team to~~ shall assess and improve the quality and appropriateness of patient care provided by the licensed air ambulance [services] provider.

(2) The program shall include:

(a) development of protocols, standing orders, training, policies and procedures;

(b) approval of medications and techniques [~~permitted~~] for field use by service personnel [~~in accordance with regulations of the Department~~];

(c) direct observation, field instruction, in-service training, or other means available to assess the quality of field performance; and

(d) Participation in local and regional performance improvement activities.

(3) [~~All~~] A licensed air ambulance provider[s] shall have a written policy that outlines a process to identify, document, and analyze sentinel events, adverse medical events, or potentially adverse events with specific goals to improve patient medical safety and [~~for~~] the quality of patient care.

(4) Policies shall include the following:

(a) review of events [~~should address~~] for the effectiveness and efficiency of the organization, its support systems, [~~as well as that of~~] and individuals within the organization;

(b) [~~when a sentinel event is identified,~~] a method of information gathering shall be developed when a sentinel event is identified, and shall include outcome studies, chart review, case discussion, or other methodology;

(c) findings, conclusions, recommendations, [~~and~~] actions, and follow-up shall be made and recorded [~~including follow-up which also shall be determined, recorded, and performed~~]; and

(d) training and education needs, individual performance evaluations, equipment or resource acquisition, patient medical safety and risk management issues. [~~shall be integrated with the continuous quality improvement process.~~]

(e) A licensed air ambulance provider shall notify the Department within 72 hours of the identification of any sentinel event, a change in accreditation status, an incident, an accident, or an outside investigation for patient care, patient safety, or provider safety.

(5) [~~All~~] A licensed air ambulance provider[s] shall have a written policy outlining a utilization review process.

**KEY: emergency medical services, air**

**Date of Enactment or Last Substantive Amendment: December 12, 2018**

**Authorizing, and Implemented or Interpreted Law: 26-8a**

