

# INTERNATIONAL ACADEMY OF EMERGENCY COMMUNICATION NURSE SYSTEM™

## *Accreditation / Re-Accreditation*



## APPLICATION & SELF-ASSESSMENT

This document guides desiring agencies through a Self-Assessment Study to be recognized by the Academy as an Accredited Center of Excellence (ACE).

A site evaluation is required for all accreditations and may be required for re-accreditations at the option of the Board of Accreditation. Contact the Academy for the current site evaluation fee, award presentation fee, etc.

Agencies must submit two printed summary copies of all material with supporting files stored on a standard CD or thumb drive.

**Accreditation Application**

**Re-Accreditation Application**

For application, processing, and review fee, see insert.

**Enroll in Accreditation Maintenance Plan**

**Currently enrolled in Accreditation Maintenance Plan**

For more information, please contact the **Associate Director, Kim Rigden**, at the address and phone listed below, or see insert.

**The International Academy of Emergency Communication Nurse System™**

110 South Regent Street, 8<sup>th</sup> Floor, Salt Lake City, UT 84111

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North American English • ECN Accreditation Application • 150327

**International Academy of  
Emergency Communication Nurse System™**

# TWENTY POINTS OF ACCREDITATION

The Accreditation Self-Assessment Study must formally document and describe the following:

- 1. Communication center overview and description**
  - a. Document the total number of stations that are active (EMD calltaking, ECN calltaking, dispatching) and the number of supervisory or standby stations. Enter on line 9 of the application form.
  - b. Include a floor plan showing the placement of each workstation.
  - c. List any current accreditations and the accrediting body. (IAED EMD Accreditation is required.)
  
- 2. Emergency Communication Nurse System™ (ECNS™) version and licensing confirmation**
  - a. Provide the following, as applicable:
    - i. ECNS protocol version number
    - ii. LowCode™ version number
    - iii. AQUA® version number
    - iv. Performance Standards edition number
  - b. Include documentation (policy, directive, etc.) stating that the most recent versions of ECNS, LowCode, and the Performance Standards will be implemented within one year of their release.
  
- 3. Current Academy ECN certification of all personnel authorized to process ECNS calls**
  - a. Provide a list of all ECNs including their names, hire dates, last certification dates, next recertification dates, and Academy ECN certification numbers.
  
- 4. All ECN certification courses are conducted by Academy-certified instructors, and all case review is conducted by Academy-certified ECN-Qs**
  - a. If you have an in-house or contracted instructor, include her/his name, next recertification date, and certification number.
  - b. Provide a list of all ECN-Qs, including their names, next recertification dates, and Academy ECN-Q certification numbers.
  
- 5. Full activity of quality improvement (QI) committee processes**
  - a. Include copies of agendas and minutes of all ECN Review Committee and ECN Steering Committee meetings (at least two Review Committee meetings and one Steering Committee meeting in the six months immediately preceding the application).
  - b. List the names and titles of all committee members for the following:
    - i. Quality Improvement Unit
    - ii. ECN Review Committee
    - iii. ECN Steering Committee
  - c. List the objectives and tasks of each of these committees.

## **6. IAED quality assurance and improvement methodology**

- a. Attach a complete description of the methods used to evaluate ECN performance and correct use of the ECNS as outlined in the ECN-Q Course Manual (consistent reviewing practices). The document should outline the following:
  - i. How cases are randomly selected.
  - ii. The minimum number of cases reviewed monthly.
  - iii. Any special case review practices employed. This may include cases the agency has identified that warrant additional reviews.
- b. Attach a detailed description of how ECN performance is checked, tabulated, and tracked.
- c. Include details and dates of when case review began and how scores were shared with each employee.
- d. Include details and dates of when shift and center scores were posted and how they were posted.

## **7. Consistent case evaluation that meets or exceeds the Academy's minimum expectations.**

- a. The minimum case evaluation requirement is based on agency size, as follows:
  - Agencies whose call volume is  $\leq 50$  calls/month will be required to audit 10% of their cases
  - Agencies whose call volume is 51 to 750 calls/month will be required to audit 5% of their cases
  - Agencies whose call volume is 751 to 1,500 calls/month will be required to audit 3.5% of their cases
  - Agencies whose call volume is 1,501 to 7,500 calls/month will be required to audit 2.5% of their cases
  - Agencies whose call volume is 7,501 to 15,000 calls/month will be required to audit 1.5% of their cases
  - Agencies whose call volume is  $> 15,000$  calls/month will be required to audit 1.25% of their cases
  - A minimum of 5 random case reviews per nurse (full-time or part-time), per month must be audited
  - Agencies triaging 7-digit calls must add 2% of the 7-digit call volume to these amounts
  - Agencies triaging 7-digit calls must review the lesser amount of 2% of their annual call volume or 5 calls per nurse (full-time or part-time) per month
- b. List the total number of ECNS calls the center received in six months immediately prior to the accreditation application.
- c. List the total number of cases reviewed in the same time period.

## **8. Historical baseline QA data from initial implementation of structured Academy QA processes (first QI Summary Report, if available\*)**

- a. A baseline QI Summary Report, Agency ACE Performance Report (or equivalent) that includes the following:
  - i. Call Intake
  - ii. Protocol Selection
  - iii. Protocol Questions
  - iv. Recommended Care Level
  - v. Case Exit
  - vi. Customer Service
  - vii. Total Compliance

\*Indicate on cover letter if this item is not available.

**9. Monthly average case evaluation compliance levels for six months preceding the accreditation application, with compliance levels at or above accreditation levels for at least the three months immediately preceding application**

- a. Include Accreditation report showing compliance at or above the following expected minimum performance levels for at least the three months preceding the application:

	ACE
High Compliance	
Compliant	
Partial Compliance	10%
Low Compliance	10%
Non-Compliant	7%

Percentage of Deviation Accepted	Critical Deviation	Major Deviation	Moderate Deviation	Minor Deviation
	3%	3%	3%	3%

**10. Verification of correct case evaluation and QI techniques, validated through independent Academy review**

- a. Provide copies of 25 case review audio files with completed Incident Performance Reports for Academy assessment.
- Include 25 calls from the one-month period immediately preceding the application. These calls must be selected purely at random; they must not be cases specifically marked for feedback or other review.
  - State the process for random selection of these calls.

**11. Implementation and/or maintenance of ECNS orientation and case feedback methodology for all personnel**

- Describe your ECNS/EMD/EMS field personnel orientation process.
  - Include copies of handouts, presentations, and any other materials used.
- Describe your ECNS case feedback methodology.
- Include a blank copy of the feedback form utilized by your agency.
  - Include documentation of the dates feedback forms were distributed.

**12. Verification of local policies and procedures for implementation and maintenance of the ECNS. Include all policies relating to ECN practices, which must include the following:**

- Implementation and application of ECNS.
- Medical Director approval of all ECNS script configurations and Points of Care dispositions.
- Protocol compliance.
  - Quality improvement
  - CDE requirements
  - Performance management and remediation
  - Customer service skills (how customer service scores are addressed by your agency)
  - Language translation processes
- A policy stating that all ECNS calls are only processed by ECN-certified personnel and that employees are removed from their calltaking duties if their certification is expired, suspended, or revoked.

**13. Copies of all documents pertaining to your continuing education program for ECN recertification**

- a. Submit the CE schedules and topics for the past six months.
- b. Submit ECN attendance records.
- c. Submit a CE schedule draft for the next six months.

**14. ECNS methods used to ensure safe return of calls escalated by the ECN for an emergency dispatch**

**15. Established local configuration of ECNS Points of Care dispositions**

- a. Include a description of the process for developing ECNS Points of Care.
- b. Include a list of all ECNS Recommended Care Levels linked with the ECNS locally determined Points of Care.
- c. Include copies of the specific ECNS Steering Committee minutes with verification that all local configurations of Points of Care have been approved.

**16. Maintenance and modification processes for ECNS Points of Care levels**

- a. Provide documentation describing how ECNS Points of Care levels are regularly reviewed and how recommended changes are approved.

**17. Type and frequency of all MPDS codes eligible for ECNS telephone evaluation and possible non-mobile care for the six months immediately preceding application**

- a. Each Chief Complaint (1–37).
- b. Each individual Determinant Code.
- c. Each Determinant Level ( $\Omega$ , A).

**18. Appointment and appropriate involvement of the Medical Director to provide oversight of the center's ECNS activities**

- a. List the name, address, license number, and country/state/province (or equivalent) in which the Medical Director is licensed to practice.
- b. Include a copy of the documentation appointing the Medical Director.
- c. List the approved roles and responsibilities of the Medical Director within the ECN system.

**19. Agreement to share nonconfidential ECNS data with the Academy and others for the improvement and enhancement of ECNS in general**

- a. Include written verification, signed by the agency's senior executive, agreeing to the above requirement.
- b. Include written verification, signed by the agency's senior executive, agreeing to submit the semiannual compliance summary reports to the Academy (submitted electronically through the Academy's Web site).

**20. Agreement to abide by the Academy's Code of Ethics, Code of Conduct, and the standards set forth for an Accredited Center of Excellence**

- a. Include written verification, signed by the agency's senior executive, agreeing to the above requirement.
- b. Provide the date, location, and verification of the prominent posting of the Code of Ethics and Code of Conduct.

# ACCREDITATION/RE-ACCREDITATION APPLICATION



FOR OFFICE USE ONLY:

Date Application Received: \_\_\_\_\_ Board-Assigned Reviewer: \_\_\_\_\_  
Date Payment Received: \_\_\_\_\_ Date Review Paperwork Received: \_\_\_\_\_  
Date Call Samples Received: \_\_\_\_\_ Date Re-Accreditation Approved/Denied: \_\_\_\_\_

Accreditation  Re-Accreditation

**GENERAL CONTACT INFORMATION:** *(Please type or print. Attach additional paper as necessary.)*

1) Name of Agency or Organization: \_\_\_\_\_

2) Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

3) Chief or Executive Officer (or management equivalent): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

4) Medical Director/Advisor (or equivalent): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Specialty: \_\_\_\_\_ License #: \_\_\_\_\_ ST/Prov(s) in which licensed: \_\_\_\_\_

**DISPATCH SERVICE INFORMATION:**

5) Type of PSAP:  Primary  Secondary      6) Scope:  EMS Only  Consolidated with Police/Fire

7) Total Population Served (approx.): \_\_\_\_\_      8) Total Annual EMS Call Volume (approx.): \_\_\_\_\_

9) Number of Licensed EMD Stations: \_\_\_\_\_ (of which \_\_\_\_\_ are Active & \_\_\_\_\_ are Supervisory/Standby)

Number of ECN Stations: \_\_\_\_\_

10) ECNS License Number: \_\_\_\_\_ and LowCode Software License Number: \_\_\_\_\_

11) Please attach a brief statement describing the service and scope of your agency or organization. Be sure to mention any corporate mission statements, goals, objectives, and/or reasons for wanting to maintain the status of Accredited Center of Excellence.

12) Please attach a completed **Self-Assessment Summary**, with supporting documentation clearly referenced, to demonstrate any changes to compliance with each of the Academy's Twenty Points of Accreditation.

On behalf of the above-named agency or organization, I hereby affirm that all the above information is true and correct, and I acknowledge that if it is not correct, this application may be rejected or Accreditation rescinded. Furthermore, I hereby agree that we will abide by the Academy's Code of Ethics, Code of Conduct, and practice standards set forth for an Accredited Center of Excellence and respect all copyrights, trademarks, and patents, and intellectual property regarding course materials and/or protocols.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ACADEMY ETHICS POLICY

The Academy encourages, advocates, and supports the proposition that *“The community relies on the sound application of Priority Dispatch® and imposes on the certified Emergency Dispatcher an obligation to maintain professional standards of technical competence, morality, and integrity.”* To accomplish this, the Academy’s College of Fellows has unanimously adopted the following Code of Ethics, which serves as a guideline for the Academy in determining whether initial certification or recertification should be granted and in assessing grounds for possible suspension or termination.

### THE CODE OF ETHICS

1. Academy-certified personnel should endeavor to put the **needs of the public** above their own.
2. Academy-certified personnel should continually seek to maintain and improve their professional **knowledge, skill, and competence** and should seek continuing education whenever available.
3. Academy-certified personnel should obey all **laws** and **regulations** and should avoid any conduct or activity that would cause unjust harm to the citizens they serve.
4. Academy-certified personnel should be **diligent and caring** in the performance of their **occupational duties**.
5. Academy-certified personnel should establish and maintain **honorable relationships** with their service peers and with all those who rely on their professional skill and judgment.
6. Academy-certified personnel should assist in improving the **public understanding** of emergency dispatching.
7. Academy-certified personnel should assist in the **operation** of and enhance the **performance** of their dispatch systems.
8. Academy-certified personnel should seek to maintain the highest standard of **personal practice** and also maintain the **integrity** of the International Academies of Emergency Dispatch by **exemplifying** this professional Code of Ethics.

### CODE OF CONDUCT

1. Academy-certified personnel **shall not participate in, or publicly endorse**, any group or organization that demeans the goals, objectives, credibility, reputation, goodwill, or dignity of the Academy or the public safety profession.
2. Academy-certified personnel shall be **truthful and timely** in all forms of communication with the Academy and **shall not provide information that is false**, misleading, deceptive, or that creates unreasonable expectations. Academy-certified personnel shall **not sign any document** that the individual knows or should know contains false or misleading information.

3. Academy-certified personnel **shall notify** the Academy of **any and all occurrences** that could **call into question one's ability to perform** his or her duty as a dispatcher. Academy-certified personnel **must notify** the Academy immediately **if convicted of a felony or crime** involving moral turpitude. Crimes of moral turpitude include but are not limited to illegal pornography, fraud, embezzlement, illicit drug abuse or distribution, theft, bribery, kidnapping, or assault.
4. Academy-certified personnel **are prohibited from** using Academy **certification(s) for private or commercial gain**. Academy-certified personnel shall not compete in any way with the Academy or its contracted partners, including Priority Dispatch®, in regards to active or planned business activities without prior written authorization.
5. Academy-certified personnel shall **not violate patient privacy laws** and rights and shall always respect those rights.
6. Academy-certified personnel shall **not take calls or dispatch** while **under the influence** of alcohol, illicit drugs, or any other agent that would impair the ability to properly function in the dispatch setting.
7. Academy-certified personnel **shall not engage in conduct or perform an act** that would reasonably be regarded as disgraceful, dishonorable, or unprofessional.
8. Academy-certified personnel should **avoid practicing or facilitating discrimination** and strive to prevent discriminatory practices including but not limited to those relating to race, religion, color, gender, sexual orientation, national origin, age, or disability.
9. Academy-certified personnel understand **it is their personal responsibility to ensure they remain certified** by the Academy through CDE and similar Academy-approved programs and processes. Academy-certified personnel shall **follow their respective employer's policies and procedures**. In addition, they shall strive to always **follow the Academy's protocol**, including Key Questioning, Determinant Coding, Post-Dispatch Instructions, Critical ED Information, and Pre-Arrival Instructions.
10. Academy-certified personnel understand **it is their responsibility to remain current** to any and all protocol changes that can have an impact on the outcome, negative or positive, of the emergency for which the dispatcher is responsible.



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# INTERNATIONAL ACADEMY OF EMERGENCY COMMUNICATION NURSE SYSTEM™

## *Accreditation / Re-Accreditation*



## APPLICATION FEE & ACCREDITATION MAINTENANCE PLAN

### **Accreditation/Re-Accreditation Application:**

\$2,250 application, processing, and review fee.

\$500 of this fee will be refunded if the application is not approved.

\$100 additional fee if the application is "rejected with advice" and requires the submission of 25 more cases for review.

Contact the Academy for current site evaluation fee.

### **Accreditation Maintenance Plan:**

If at the time of your accreditation you wish to enroll in the Accreditation Maintenance Plan, your agency will be billed \$650/year over your 3-year accreditation period, reducing the total re-accreditation fee to \$1950 nonrefundable (a \$300 savings).

To enroll or to get more information, please contact:

### **Accreditation Planning & Assistance Division**

Attn: **Kim Rigden**, Associate Director

110 South Regent Street, 8<sup>th</sup> Floor, Salt Lake City, Utah 84111

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# *Accreditation Assignments and Progress Tracking*

<b>ACE Point</b>	<i>Assigned to</i>	<i>Expected Completion Date</i>	<i>Actual Completion Date</i>
Communication center overview and description			
ECNS version and licensing confirmation			
Current Academy ECN certification of all personnel authorized to process ECNS calls			
All ECN certification courses are conducted by Academy-certified instructors, and all case review is conducted by Academy-certified ECN-Qs			
Full activity of QI committee processes			
IAED quality assurance and improvement methodology			
Consistent case evaluation that meets or exceeds the Academy's minimum expectations			
Historical baseline QA data from initial implementation of structured Academy QA processes			
Monthly average case evaluation compliance levels for six months preceding the accreditation application, with compliance levels at or above accreditation levels for at least the three months immediately preceding application			
Verification of correct case evaluation and QI techniques, validated through independent Academy review			
Implementation and/or maintenance of ECNS orientation and case feedback methodology for all personnel			
Verification of local policies and procedures for implementation and maintenance of the ECNS			
Copies of all documents pertaining to your CDE program for ECN recertification			
ECNS methods used to ensure safe return of calls escalated by the ECN for an emergency dispatch			
Established local configuration of ECNS Points of Care dispositions			
Maintenance and modification processes for ECNS Points of Care levels			
Type and frequency of all MPDS codes eligible for ECNS telephone evaluation and possible non-mobile care for the six months immediately preceding application			
Appointment and appropriate involvement of the Medical Director to provide oversight of the center's ECNS activities			
Agreement to share non-confidential ECNS data with the Academy and others for the improvement and enhancement of ECNS in general			
Agreement to abide by the Academy's Code of Ethics, Code of Conduct, and the standards set forth for an Accredited Center of Excellence			

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