

Why Do We Need Program Accreditation?

- EMS currently is the ***ONLY*** allied-health profession that does not mandate graduation from accredited schools.
- Accreditation is uniquely AMERICAN, particularly in medical education.
- Designed to support continuous improvements in education and protect the student.

Does CAAHEP Accreditation Supercede our State EMS Office?

- NO. State laws, rules, & regulations remain the central authority
- Does NOT seek to replace States rights
- Separate & distinct
- Process is designed to supplement & support; truly a facilitative process
- CAAHEP process not designed to be punitive but is collaborative and supportive
- Standards and Guidelines are broad for application throughout the nation
- State EMS Offices ARE kept informed of all CAAHEP actions

What Does It Cost?

- Annual Fee
- CAAHEP Institutional Fee
- Site Visit Actual Costs
- Executive Review
- Technology Fee (initial app. only)
- \$1200.00/yr.
- \$450 Institution*
- \$2000.00 - \$2500.00
- \$500.00
- \$250.00

***Average Cost for 5 Years =
\$2300.00/yr***

How Long will the Process Take?

- One size does not fit all; every situation is unique.
- Some faster than others.
- Dependent on numerous factors (Self Study, ED,SV, Reviewer, BOD, CAAHEP)
- Average process is 6-12 months.

Program Director Requirements

- MUST possess a Bachelor's degree.
- The degree does NOT have to be EMS or education specific.
- Many options available to attain this degree.
- ANY new PD who applies before 1-1-2011 must show continual enrollment & progress of 15 SCH annually (Letter/Transcript required).

Can “Non-Traditional” Programs Achieve Accreditation?

- ***Yes!!***
- Numerous examples of hospitals, FD's, & private schools who have been accredited
- Each program is evaluated to ensure compliance with the S&G's

Institutional vs. Programmatic

- There is a distinct difference
- ***Institutional*** is accreditation of the college, university, medical school or hospital
 - SACS, WACS, & others
- ***Programmatic*** is related to the specific profession
 - Paramedics in this case
 - RT's, Surgical Techs, Medical Illustrators, etc.
 - OUR focus in EMS is ONLY on the Paramedic

What are Common Limitations?

- Lack of PD with Bachelor's degree
- Lack of sufficient MD involvement/oversight
- Lack of sufficient varieties of clinical & field experiences (various ages/conditions)
- Lack of preceptor training & supervision
- Lack of student tracking to assure progress
- Use of “canned” materials

Achieving Success

- Regardless of S&G issues, programs will be assisted to facilitate compliance
- Strategies are identified to improve student outcomes
- Ample opportunity for programs to make corrections
- Process is inclusive, collegial, thoughtful, & supportive

How Will Accreditation Help Me & My Community?

- Promotes continual self-analysis & improvement (student protection)
- Evaluates the program from an outside perspective & assists them in compliance
- Assists you in having external peers promote necessary improvements
- Similar review & accreditation process for trauma centers, ambulance services, etc.

State Visits

- ED authorized by the BOD to travel to States inquiring about accreditation
 - Goal is to educate & inform:
 - State EMS Officials
 - PD's
 - Educational Leaders
 - Communities of Interest
- Workshops to teach Self-Study preparation

Final Thoughts

- A journey not a destination
- Practitioners will gain greater credibility and professionalism
- Necessary step in the evolution of a profession
- Accreditation is achievable if you are dedicated, tenacious, & willing to work hard
- CoAEMSP is ready & willing to assist