Pre-Hospital Emergency Care Council

Governance Validation Framework Standard

Mission Statement

The Pre-Hospital Emergency Care Council protects the public by independently co-ordinating, developing, reviewing, regulating and governing standards of excellence for the safe provision of quality pre-hospital emergency care.

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Version History

(**Please visit the PHECC website to confirm current version.**)

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Version	**Date**	**Details**
1	Nov 2017	New assessment framework
2	July 2022	Standard updated following evaluation
3	April 2025	Reviewed and updated.

Pre-Hospital Emergency Care Council

6 Standards / 46 Criteria

The PHECC Recognised CPG Service Provider will be referred to as the Provider throughout the document.

Standard 1: Person-Centred Care and Support	
Statement – The intent here is to ensure the Provider has a patient-centred focus by providing services that protect the rights of patients, including empowering them to make informed decisions about the services they receive. The views of patients should be sought and analysed. Sources of this information include complaints, compliments, and patient feedback surveys. The feedback system needs to be transparent, and the information should be used to make improvements. Patients should be provided with instructions that are clear and relevant to their special needs and ethnicity.	
Criteria	
1.1	Patients have access to pre-hospital emergency care based on their identified needs and the Provider's scope of services.
1.2	Access to pre-hospital emergency care is not affected by discrimination.
1.3	The Provider ensures information from calls / activation is recorded accurately and dispatched according to priority.
1.4	The Provider develops and implements a process to ensure best practice for patient identification.
1.5	The Provider has a policy for informed consent.
1.6	The Provider has a policy in place in relation to the patient's refusal of treatment and/or transport.
1.7	The Provider ensures all patients are treated with compassion, respect, and dignity.
1.8	The Provider seeks feedback from patients and carers to improve services.
1.9	Patients' complaints and concerns are responded to within an agreed timeframe and openly with clear support provided throughout this process.

Standard 2: Effective Integrated Care and Safe Environment	
Statement – The intent here is to evaluate if the Provider's environment supports safe services. Fire safety, security, and planned preventative maintenance programmes are some of the topics covered. Safe clinical care is evaluated including identifying high risk patients. Pre-hospital emergency care Providers have a crucial part to play in major incident planning and testing.	
Criteria	
2.1	The Provider has systems in place to ensure Practitioners utilise the PHECC CPG (Clinical Practice Guidelines) appropriate to their scope of practice.
2.2	The Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.
2.3	The Provider has a system in place to ensure the safety of their vehicles in line with legislation.
2.4	Training is provided for staff to transport patients safely, including during emergency situations.
2.5	The Provider has a policy on the use of emergency lights and sirens.
2.6	The Provider has a fire safety plan for any physical environments owned or used by their organisation.
2.7	The Provider ensures there is a business continuity plan for their organisation.
2.8	The Provider ensures plans are in place to deal with major incidents.
2.9	The Provider has a 3-year programme of clinical and environmental audits in line with the services provided.
2.10	The Provider submits a CPG Service Provider Annual Report,* which informs PHECC of clinical and other activities in their organisation. (*Calendar year).

Standard 3: Safe Care and Support	
Statement – The intent here is to evaluate risk management and reporting systems. Other safety issues are measured: Infection prevention and control (IPC), waste management, safeguarding, and medication management are patient safety issues that require specific attention in this standard. The sudden outbreak of transmissible diseases means practices have to rapidly adapt existing emergency plans to manage services and reduce the transmission of infection. Utilising PHECC CPGs provide important sources of best practice.	
Criteria	
3.1	The Provider describes in a plan or policy the content of the infection prevention and control programme.
3.2	The Provider segregates and manages waste according to hazard level and disposes of same, according to best practice.
3.3	The Provider ensures that medications are administered in accordance with the relevant laws and regulation.
3.4	The Provider has systems and processes to ensure safe medication practices including, but not limited to, availability, storage, administration, expiration, disposal and recall alert.
3.5	The Provider must have current HPRA Licence and or Registration as appropriate for its PHECC approved clinical level – Paramedic and or Advanced Paramedic.
3.6	The Provider ensures that there are systems in place to ensure the availability of medical devices and consumables.
3.7	Employees, volunteers and/or contractors with the relevant competencies receive training on the safe use of the Provider's diagnostic and therapeutic equipment.
3.8	The Provider has a safeguarding policy to deal with children and vulnerable adults.
3.9	The Provider can demonstrate follow-up and actions taken as a result of audit and monitoring findings.

Standard 4: Leadership and Governance	
Statement – The Provider is responsibly governed to its defined purpose. A clear understanding of responsibilities and accountabilities lead to role clarity and will support the implementation of appropriate policies. Clinical and corporate governance are distinguished and the leaderships commitment to patient safety is evaluated. Risk management is included as it is a significant part of any governance framework and should include a reporting system. A robust communication policy can mitigate a number of adverse events and both internal and external systems should be in place.	
Criteria	
4.1	The Provider has a documented structure and accountability for corporate governance.
4.2	The Provider has a documented structure and accountability for clinical governance.
4.3	The Medical Director shall be registered by the Medical Council on the Specialist or General Register and have the competencies and experience to fulfil the role.
4.4	Written documents, including policies and procedures are managed in a consistent and uniform way.
4.5	The Provider has a system for monitoring and circulating new recommendations issued by PHECC, other regulatory bodies, and public health alerts.
4.6	The Provider develops a risk management plan that includes a reporting system and a process for identifying potential risks.

Standard 5: Workforce Planning	
Statement – The intent here is to ensure staff are registered and trained to provide care appropriate to their role. Staff need to be trained on safety issues at the onset of employment and at regular intervals during their employment. Orientation, both organisational and role specific, should be provided to all new staff. Staff learning and professional development needs, specific to pre-hospital emergency care should be identified, documented, and addressed. A health and safety programme is concerned with protecting the wellbeing, health, and safety of people employed by the Provider.	
Criteria	
5.1	There is a staffing structure developed for the Provider that identifies the number, types, and required qualifications of staff required to provide the service.
5.2	The Provider ensures that Practitioners are Licensed by PHECC, Credentialed, and Privileged prior to delivering pre-hospital care.
5.3	The Provider has a process in place to satisfy itself of the Practitioner's English language competency where English is not the Practitioner's first language.
5.4	The Provider ensures employees volunteers, and/or contractors understand their responsibilities in relation to the safety and quality of services.
5.5	The Provider has an ongoing training and development programme in place to ensure employees, volunteers, and/or contractors have the required competencies to undertake their duties in line with their scope of practice.
5.6	The Provider has appropriate arrangements for the management and supervision of students (if applicable).
5.7	The Provider has systems in place to promote and protect the wellbeing, health, and safety of employees, volunteers and/or contractors.
5.8	The Provider has processes for the performance management of employees, volunteers, and/or contractors.
5.9	The Provider creates opportunities for employees, volunteers and/or contractors to feedback on all aspects of the service.

Standard 6: Use of Information	
Statement – The intent here is to ensure that there are information management policies in place to support the Provider providing best practice patient care. All episodes of patient care should be documented, and these records audited to measure compliance.	
Criteria	
6.1	The Provider ensures appropriate documentation is maintained for all patient care in accordance with the current PHECC Clinical Information Standards.
6.2	The Provider ensures confidentiality and security of data is protected.
6.3	The Provider has systems in place to measure the quality of healthcare records.

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