**ACC Dispatcher Audit Manual Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Today’s Date -** | | **Call Date -** | | |
| **Employee Name + # -** | | | | **CAD # -** |
| **Caller Language -** | **Case Classification -** | | | |
| **Auditor Name + # -** | | | **Call Source -** | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Question** | **Time (seconds)** | | | | | | **Score (%)** | | | | | | **Score** |
| **<60** | **60-70** | **70-80** | **80-90** | **>90** | **N/A** |
| Time in the queue. | <60 | 60-70 | 70-80 | 80-90 | >90 | N/A | 25 | 20 | 15 | 10 | 0 | 25 |  |
| **Total Score** | | | | | |  |

**Time in the Queue**

**Managing Resources**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Question** | **Compliance** | | | | **Score (%)** | | | | **Score** |
| **Yes** | **No** | **N/A** | **Partial** |
| Manages dispatch of resources well. | YES | NO | N/A | Partial | 25 | 0 | 25 | 12.5 |  |
| **Total Score** | | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Question** | **Compliance** | | | **Score (%)** | | | **Score** |
| Yes | No | N/A |  |
| Number of patients. | YES | NO | N/A | 5 | 0 | 5 |  |
| Chief complaint. | YES | NO | N/A | 5 | 0 | 5 |  |
| Priority of the patient. | YES | NO | N/A | 5 | 0 | 5 |  |
| Other resources needed. | YES | NO | N/A | 5 | 0 | 5 |  |
| Exact location. | YES | NO | N/A | 5 | 0 | 5 |  |
| **Total Score** | | |  |

**On Scene Report**

**Transporting Patients**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Question** | **Compliance** | | | **Score (%)** | | | **Score** |
| Yes | NO | N/A |  |
| Age and gender. | YES | NO | N/A | 5 | 0 | 5 |  |
| Priority. | YES | NO | N/A | 5 | 0 | 5 |  |
| Destination. | YES | NO | N/A | 5 | 0 | 5 |  |
| ETA. | YES | NO | N/A | 10 | 0 | 10 |  |
| **Total Score** | | |  |

|  |  |
| --- | --- |
| **Total Score -** | **Compliant – YES / NO** |

|  |
| --- |
| **Comments –** |