

HEMS

System Protocols – Non-Medical Control Facility and Service Participation

CRITERIA FOR PARTICIPATION OF FREE STANDING SURGICAL OUTPATIENT FACILITY EMERGENCY DEPARTMENT, HOSPITAL PROVIDER-BASED EMERGENCY DEPARTMENT OR HOSPITAL BASED CARE FACILITY NOT MEETING MEDICAL CONTROL HOSPITAL DESIGNATION CRITERIA

Date: February 12, 2015

Section 12-10B

Criteria for Participation of Free-Standing Surgical Outpatient Facility Emergency Department, Hospital Provider-Based Emergency Department or Hospital Based Care Facility Not Meeting Medical Control Hospital Designation Criteria in the HEMS Medical Control Authority

To be considered for participation in the HEMS Medical Control Authority, a facility must meet the following criteria:

Responsibilities

Facilities using the term “emergency”, “emergent”, “emergi”, or terms with similar connotations must have the physical design, equipment, and personnel to evaluate and stabilize patients with life or limb-threatening conditions.

Timely emergency care must be available continuously, 24 hours a day, seven days a week.

Facilities should have an active public education program that details the capabilities of the facility and its appropriate use.

The facility must be willing to receive emergency patients by ambulance outlined in the Transportation of Patients protocol.

The facility agrees to comply with the policies and protocols established by the Wayne County Medical Control Advisory Board and HEMS Medical Control Authority.

The facility must appoint a licensed emergency medical physician who shall participate in activities of the MCAB and its Quality Review/PSRO Committee.

Staffing

Physicians and nurses providing emergency care should, at a minimum, have the knowledge and skills necessary to provide appropriate initial evaluation, management, and treatment to patients who present to the facility with life or limb threatening conditions.

Physicians must, if not Board certified in Emergency Medicine, must be either

1. Board prepared in Emergency Medicine

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OR

2. Current in ACLS and complete at least 50 hours yearly of continuing medical education relative to Emergency Medicine consistent with the American College of Emergency Physicians or the American College of Osteopathic Emergency Physicians. ATLS certification is highly recommended.

Nursing staff should possess adequate previous emergency department experience, critical care experience, or have completed an emergency care education program and current in ACLS.

Eighty-five percent (85%) of the staff physicians should work at least twenty hours (20) per week in an Emergency Medicine environment.

Facility

The facility should be designed to enable the provision of a safe and effective care with adequate and convenient access to treatment areas for ambulatory and non-ambulatory patients.

The facility should have radiological services immediately available 24 hours a day.

The facility should have laboratory services immediately available 24 hours a day.

Receiving EMS Transports

The facility must be able to communicate with pre-hospital emergency care units and medical control hospitals through a direct connection to the HEMS Communications network (HEMS Radio).

The facility will receive written run reports from EMS personnel for all patients transported by ambulance. This information should be included in the patient's permanent record and submitted to HEMS, with outcome data, for Quality Review/PSRO activities.

Facility personnel should be familiar with HEMS MCA protocols.

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The facility must cooperate with replenishing and exchanging medical supplies and equipment expended by pre-hospital care units during treatment of a patient who is transported to the facility.

Transfer of Patient to Hospital Facility

Facilities should have available a plan for transfer of patients by ambulance or other mode of transportation with appropriate life support capabilities.

The facility should have formal transfer agreements with other licensed institutions.

All patient transfers must be conducted in compliance with COBRA and any applicable HEMS inter-facility transfer guidelines.

Equipment /Supplies

Facilities should have suitable equipment and supplies for all patients anticipated by an emergency facility.

Designation Process to Participate as a Non-Medical Control Free-Standing Surgical Outpatient Facility Emergency Department, Hospital Provider-Based Emergency Department or Hospital Based Care Facility in the HEMS Medical Control Authority

A facility wishing to operate as a Non-Medical Control Free-Standing facility Surgical Outpatient Facility Emergency Department, Hospital Provider-Based Emergency Department or Hospital Based Care Facility in the HEMS Medical Control Authority must submit a cover letter expressing this fact with support documentation to substantiate that it meets the criteria outlined in this document.

Acceptance into the system will ultimately be determined by the Medical Control Authority through recommendation of the Medical Control Advisory Board based upon the compliance with these guidelines, system needs, and Bylaw requirements.

Requests for Free-Standing Surgical Outpatient Facility Emergency Department, Hospital Provider-Based Emergency Department or Hospital Based Care Facility participation will be based on the requirements outlined in PA 375 of 2000 and in addition Provider-Based Emergency Department participation must have obtained the conditions found in 42 CFR 482.1 – 482.45.