HEMS

Facility and Service Participation

FREE STANDING SURGICAL OUTPATIENT FACILITY EMERGENCY DEPARTMENT, HOSPITAL PROVIDER-BASED EMERGENCY DEPARTMENT AND HOSPITAL BASED CARE FACILITY CRITERIA FOR MCA ENDORSEMENT

Date: June 23, 2017		Sectio	Section 12-9		
	Online Medical Control Free-Standing Surgical Outpatient Facility Emergency Department, Hosp Provider-Based Emergency Department or Hospital-Based Care Facility Annual Letter of Compli				
	Facility: Initial: Renewa		Renewal:	(Check one)	
				YES	<u>NO</u>
1.	The Emergency Department is licensed by the Department (MDHHS).			
2.	The Emergency Department has a full-time Emergency Medicine Physical Science Physical Scien	ysician Dire	ctor.		
3.	The Emergency Department has appointed a Board Certified or Board Physician who shall be an active participant in activities of the HEMS Advisory Board and PSRO Physician Committee, as constructed.	0	0		
4.	The Emergency Department has a Board Certified or Board Eligible Emergency Physician, or a Designee who is current in ACLS, immediately available at all times to provide medical direction, through the HEMS Communications Network, to EMS units.				
5.	If the designee is providing medical direction, the Board Certified or B Emergency Physician must be present in the ED within voice contact.	oard Eligible	2		
6.	The Emergency Department ensures that all designated representative Certified or Board Eligible Emergency Physician, providing online m current in ACLS. (Board Certified or Board Eligible Emergency Physic by virtue of credentialing, are not required to maintain ongoing ACLS as long as they remain actively credentialed to practice Emergency M	edical direc sicians, S certificatio	tion are		
7.	The Emergency Department permits clinical rotations for EMS stude EMS programs within the HEMS medical control authority.	nts from ap	proved		
8.	The Emergency Department cooperates with replenishing and exchan and equipment expended during treatment and transport of patients by Emergency Department.				
9.	The Emergency Department complies with physician and other staffi as outlined in the protocol.	ng requiren	nents		
	ED/EC DIRECTOR (SIGNATURE) DATE				

HEMS BOARD MEMBER (SIGNATURE) DATE