

# **SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY**

**Policy Reference No.: 5010**  
**Effective Date: September 1, 2009**  
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**Supersedes: August 1, 2007**

## **RECEIVING HOSPITAL STANDARDS**

### **I. PURPOSE**

- A. Establish minimum standards for all San Francisco EMS approved receiving hospitals.
- B. Integrate receiving hospitals into the EMS system as stakeholders in the planning, design, and delivery of Emergency Medical Services.
- C. Provide a mechanism for receiving hospitals to communicate with the EMS Agency and other system participants.

### **II. AUTHORITY**

- A. Code of Federal Regulations, Title 45, Section 164.512 (b) (l) (i)
- B. California Health and Safety Code, Division 2.5, Sections 1797.67, 1797.204, 1797.222, 1797.250, 1797.252, 1798, 1798.150, and 1799.205.
- C. California Code of Regulations, Title 22, Sections 100172, 100175, 70411-70419, and 70451 – 70459.
- D. Joint Commission on Accreditation of Health Care Organizations, Emergency Department Standards

### **III. POLICY**

- A. General Requirements
  - 1. All receiving hospitals must have a written agreement with the San Francisco EMS Agency to be recognized as an approved destination for ambulances transporting prehospital patients.
  - 2. All receiving hospitals shall meet all Federal, State, and local requirements to be recognized as a Comprehensive Emergency Department, Basic Emergency Department, or Standby Emergency Department.
  - 3. Receiving Hospitals shall be accredited by the Joint Commission on Accreditation of Health Care Organizations.
  - 4. Medical Control of Advanced Life Support personnel shall be the sole responsibility of the Base Hospital.
  - 5. Receiving hospitals shall comply with all EMS Agency Policies and develop internal policies compelling hospital personnel to comply with EMS Agency policies when their work relates to the EMS system.
  - 6. Receiving Hospitals that are not designated Specialty Receiving Centers, e.g. STEMI Receiving Centers, Stroke Centers, Trauma Centers or Pediatric Critical Care Centers, shall have in place rapid transfer

protocols, policies or procedures so that patients who need these specialty receiving centers can access them rapidly.

**B. Personnel**

1. Medical Director
  - a) The ED Medical Director shall be a physician certified or qualified by training and experience for examination by the American Board of Emergency Medicine.
2. ED Physicians with direct patient care responsibilities
  - a) Must be Board Eligible, Board Prepared, or Board Certified in Emergency Medicine, Internal Medicine, Surgery, or Family Practice and maintain current recognition in the following curricula:
    - (1) Advanced Cardiac Life Support (or equivalent)
    - (2) Pediatric Advanced Life Support (or equivalent)
    - (3) Current certification in Emergency Medicine may be held in lieu of III, B, 2, a, 1 – 2.
3. Direct Supervision of Nursing and Medical Support Personnel
  - a) A Registered Nurse qualified by training and experience in emergency room nursing care shall be responsible for nursing care within the ED at all times.
4. Nursing
  - a) All regularly scheduled nurses in the ED shall maintain recognition in the following curricula:
    - (1) Basic Life Support, Health Care Provider
    - (2) Advanced Cardiac Life Support (or equivalent)
    - (3) Pediatric Advanced Life Support (or equivalent)
  - b) Nurses newly hired or assigned to the ED shall have current recognition in the above curricula within 6 months of hire or assignment.
5. At least one person trained to operate all EMS communications equipment shall be on duty at all times.
6. Each facility shall designate a person or person(s) to represent the hospital at EMS System Advisory Committee meetings, Trauma System Audit Committee meetings, act as a liaison to the EMS System, and disseminate information regarding EMS within the facility.

**C. EMS Specific Training**

1. All regularly scheduled full time employees, to include physicians, nurses, and support staff with patient care or ambulance interface duties, shall complete training in the following areas:
  - a) EMS Agency Policies
  - b) EMS Agency Exception Reporting
  - c) Diversion, EMS Agency and internal hospital policy
  - d) Operation of all communication and diversion monitoring equipment
  - e) San Francisco Department of Public Health Emergency Operations Plan

- f) Internal disaster plans
- 2. All receiving hospitals will work cooperatively with the EMS Agency and the Base Hospital to provide Continuing Education for prehospital and ED personnel.

#### **IV. SPECIFIC SERVICES AND EQUIPMENT REQUIREMENTS**

##### **A. Data Collection and Sharing**

###### **1. Record keeping**

- a) The Emergency Department shall maintain a medical record for each patient in accordance with JCAHO standards.
  - (1) The record will include the Prehospital Care Report, if applicable;
  - (2) The records shall be immediately available to ED staff.
- b) The Emergency Department shall maintain a register that includes all data elements defined by JCAHO, Title 22, and will also include the name and unit number of the transporting ambulance, when applicable.

2. Hospitals will collect and report such information as determined necessary by the EMS Medical Director for the purposes of public health surveillance and injury prevention activities.

3. Hospitals shall comply with the data reporting components of the EMS Agency Quality Improvement plan.

##### **B. Referrals and Resources**

1. In addition to the required referrals listed in State law, receiving hospitals shall maintain names, addresses, and telephone numbers for the following:

- a) Sexual assault victim referral
- b) Elder, dependent adult, or child abuse
- c) Battered intimate partner or spouse referral
- d) Detoxification unit
- e) Drug and Alcohol abuse counseling and support services
- f) Psychiatric services
- g) Hyperbaric chamber
- h) Physician referral
- i) Outpatient medical services
- j) Resources for the homeless
- k) Other city and county designated specialty care centers
- l) Regional poison control center

2. All receiving hospitals shall maintain a current copy of the EMS Agency Policy Manual in the Emergency Department.

3. Contact information for the following shall be available in the ED:

- a) EMS Agency Duty Officer
- b) Department of Emergency Management Division of Emergency Communications (DEC) supervisor
- c) Ambulance providers supervisor and/or communications center

4. All hospitals shall have transfer agreements with EMSA designated specialty receiving centers (if such services are not available internally) including, but not limited to the following facilities:

- a) Trauma Center
- b) Pediatric Critical Care Center
- c) Burn Center
- d) Stroke Center

**C. Pediatric Services**

1. All receiving hospitals shall have the capability to resuscitate and provide immediate, short-term post resuscitation care for pediatric patients (< 14 years of age) in the Emergency Department.
2. Appropriately sized and specialized equipment and pharmacological agents necessary to resuscitate and care for pediatric patients in accordance with current recommendations by the National Emergency Medical Services for Children Resource Alliance shall be immediately available in the Emergency Department.

**V. STANDARDS COMPLIANCE**

A. Each receiving hospital will complete a self-assessment at least once every 3 years to ensure compliance with EMS Agency requirements.

1. The self assessment may be performed concurrent with JCAHO review.
2. Results of the self-assessment must be sent to the EMS Agency.

B. Receiving hospitals shall permit announced and unannounced visits by EMS Agency staff for the purposes of monitoring compliance.

**C. Suspension/Revocation**

1. The EMS Medical Director may suspend or revoke approval of any given receiving hospital for cause.
2. The EMS Agency shall notify the hospital administration in writing of its intent to deny, revoke, or suspend approval and give the hospital sixty (60) days to submit a corrective action plan.
3. The EMS Agency shall respond to the corrective action plan within thirty (30) days.
  - a) If the EMS Agency requests any modifications to the Corrective Action Plan, the hospital shall have thirty (30) days to respond to those requests.
4. The EMS Agency will monitor the hospital's compliance with the Corrective Action Plan and take action as indicated.
5. If, in the opinion of the EMS Medical Director, non-compliance or failures on the part of a hospital constitute an immediate and substantial hazard to the health, safety, or welfare of the public, the EMS Agency may immediately suspend approval of that hospital.
  - a) The hospital may appeal such a decision to the Director of Public Health.
  - b) The EMS Agency may continue a suspension pursuant to this section until the noted deficiencies are corrected.

