



Department of Public Health  
Emergency Medical Services Agency

John Volanti, M.P.H.  
Director of Public Health

James Andrews, M.D.

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260 E. 15th Street  
Merced, CA 95340  
(209) 381-1250  
(209) 381-1259 Fax  
[www.co.merced.ca.us/health/ems](http://www.co.merced.ca.us/health/ems)

This policy supersedes any other existing policy on this subject.

Equal Opportunity Employer

Subject: **RECEIVING FACILITY DESIGNATION**

Authority: California Health and Safety Code, Division 2.5, Sections 1797.220, 1798., 1798.101, 1798.170 and California Code of Regulations, Title 22, Division 9, Sections 100105, 100107, 100146.

Definitions: **Receiving Facility** - means an acute care facility authorized pursuant to Agency policy to receive emergency patients treated and/or transported by an ambulance service provider.

**Emergency Patient** - means a person requiring, emergency medical care who is treated and/or transported by an authorized ambulance service provider.

**Ambulance Service Provider** - means a company or organization authorized to provide emergency ambulance service by the Merced County EMS Agency.

**Agency** - means the Merced County Health Department, as the designated Emergency Medical Services Agency for Merced County.

**Authority** - means the State Emergency Medical Services Authority.

**Investigative Review Panel (IRP)** - means an impartial advisory body, the members of which are knowledgeable in health care systems, which may be convened to review the facts in a case of negative action against a receiving facility designation and provide its findings to the Agency.

Purpose: To establish standards for the designation, implementation and evaluation of facilities receiving ambulance patients; To develop a mechanism for collecting and evaluating patient care information for patients transported to a receiving facility; And to ensure receiving facilities are included in emergency medical services planning activities.

- Policy:
1. The Agency shall approve and designate receiving facilities.
  2. Receiving facilities shall have a written agreement with the Agency which indicates that hospital administration, medical staff and emergency department staff will meet the requirements for participation in the EMS system as specified in the Agency's policies and procedures.

APPROVED:

ON-FILE

John Volanti, MPH  
Director of Public Health

James Andrews, MD  
EMS Medical Director

3. The Agency shall have the authority to deny, suspend or revoke Receiving Facility Designation for a facility's failure to comply with any applicable policy, procedure, regulation or agreement covenant.
4. Hospitals that have up-to-date agreements with the Agency, which designates them as a Base Hospital or Specialty Care Receiving Facility shall be considered as meeting the requirements of this policy.
5. The Agency Medical Director may waive all or some of the requirements of this policy for acute care facilities operated by or for the United States National Park Service, the United States Armed Forces or the United States Department of Veterans Affairs.
6. Emergency patients shall only be transported to designated receiving facilities, except in cases of actual or declared disasters when adopted contingency plans call for the utilization of non-designated facilities.
7. A facility shall meet or exceed the following criteria to be eligible for designation as a Receiving Facility:

A. General Requirements

- 1) Be licensed by the State Department of Health Services as a general acute care hospital with a permit for basic or comprehensive emergency service.
- 2) Be accredited by the Joint Commission on Accreditation of Health Care Organizations.
- 3) Agree to adhere to all applicable Agency policies and procedures and to participate in EMS system planning activities.
- 4) Agree to accept for treatment and not transfer to another facility any patient who has been treated by prehospital personnel unless or until in the judgment of a physician such a patient is medically able to be transferred and/or such a transfer is in the best medical interest of the patient.
- 5) Agree to be formally evaluated at least every two years by the Agency for the purpose of ensuring compliance with these criteria.
- 6) Agree to participate in on-going facility assessment activities related to the emergency medical services responsibilities of the facility.

B. Communications

- 1) Have and agree to utilize and maintain two-way radio communications equipment, as specified by the Agency, capable of direct two-way voice communication with EMS field units, specified base hospitals, the county disaster control facility and other specified receiving facilities for their service area.

- 2) Have a dedicated, non-operator, telephone line into the emergency department for communication between the County Disaster Control Facility, The Base Hospital and other receiving hospitals within this service area.

C. Staffing

- 1) Designate a person who shall be responsible for the overall supervision of the EMS program within the hospital and for assuring that the facility's responsibilities specified by agreement and Agency policy are met.
- 2) Identify an RN with experience in and knowledge of hospital radio operations and Agency policies and procedures as a Receiving Facility Nurse Liaison to be responsible for ensuring the completion of all required Receiving Facility documentation and submitting such documentation to the Agency and appropriate Base Hospitals.
- 3) Agree to staff the emergency department at all times with a physician trained and experienced in emergency medical services and whose practice includes emergency medical care in the hospital, and who shall assume responsibility for physician coverage of the service as follows:
  - a. 24-hour coverage with primary assignment to the emergency department and immediate availability. Physicians assigned to the emergency department may not be called from the area to treat patients of other physicians except in the case of an emergency.
  - b. All emergency department physicians shall have, at a minimum, current American Heart Association Advanced Cardiac Life Support provider certification.
- 4) The nursing service operating within the emergency department shall operate under the following guidelines:
  - a. A registered nurse qualified by education and/or training in emergency medical services shall be responsible for nursing care within the emergency department.
  - b. A registered nurse trained and/or experienced in emergency nursing shall be on duty at all times with primary assignment to the emergency department.
  - c. At least one registered nurse scheduled in the emergency department on each shift shall maintain, at a minimum, current American Heart Association ACLS provider certification. All remaining patient care providers shall maintain current Basic Life Support certification.
  - d. Sufficient Licensed nurses and skilled support personnel shall be utilized, as required, to support the services routinely offered.
  - e. Assure that all Emergency Department personnel are oriented to the receiving hospital role and pertinent Agency policies and procedures.

- 5) To have physician consultation available in accordance with hospital bylaws or pre-established patient transfer arrangements.

D. Record Keeping

- 1) Agree to maintain and make available to the Agency all relevant records for program monitoring and evaluation of the EMS system.
- 2) Maintain and make available receiving hospital records as required for incident investigation and quality improvement purposes.
- 3) Maintain the receiving facility ambulance log and transmit the same to the base hospital on a weekly basis, at a minimum.

E. Medical Supplies and Equipment

- 1) Ensure that a mechanism exists for replacing medical supplies and equipment used by prehospital personnel during treatment of patients, according to policies and procedures established by the Agency.
- 2) Ensure that a mechanism exists for the replacement of narcotics and other controlled substances used by advanced life support personnel during treatment of patients according to the policies and procedures of the Agency.

F. Facility

- 1) Maintain physician and emergency department registered nurse coverage as specified in this policy.
- 2) Maintain 24 hour laboratory coverage by a licensed medical technologist.
- 3) Maintain 24 hour radiology coverage by a licensed radiologic technologist capable of performing basic x-ray service.

G. Quality Improvement

Ensure participation of Receiving Facility staff in Agency quality improvement processes which may include, but not limited to, surveys and reviews of specially care areas such as: trauma, pediatrics, burns, neonatal, reconstruction/re-implantation, neurologic and cardiac.

8. In remote areas when the transport of a patient to a designated receiving hospital is precluded because of geographic or other extenuating circumstances, the Agency Medical Director, with the approval of the Authority, may authorize patients to be transported to a facility which does not meet the requirements of a receiving facility, if the facility has adequate staff and equipment to provide emergency medical services, as determined by the Agency Medical Director.

If the Agency utilizes any facility which does not meet the requirements of a receiving facility, the Agency shall submit to the Authority, as part of its EMS plan, protocols approved by the Agency Medical Director to ensure that the use of that

facility is in the best interests of patient care. The protocols which govern the use of the facility shall take into account, but not be limited to the following:

- a. The medical staff, and availability of the staff at various times to care for patients requiring emergency medical services.
  - b. The ability of the staff to care for the degree and severity of patient injuries.
  - c. The equipment and services available at the facility necessary to care for patients requiring emergency medical services and the severity of their injuries.
  - d. The availability of more comprehensive emergency medical services and the distance and travel time necessary to make the alternative emergency medical services available.
  - e. The time of day and any limitations which may apply for the facility to treat patients requiring emergency medical services.
9. Any change in the status of a receiving facility authorized to care for patients requiring emergency medical services, with respect to protocols and the facility's ability to care for patients, shall be reported by the facility to the Agency.
10. Appeals Process for the denial, suspension or revocation of a facilities designation.

Should a facility's designation as a Receiving Facility be denied, suspended or revoked, the facility may, within fifteen (15) calendar days from the date that written notification of that action is received, request in writing to the Agency, that an investigative review panel (IRP) be convened.

The Agency shall within twenty-one (21) calendar days from the receipt of the request, convene an IRP. The IRP shall consist of at least three (3) persons, at least one of whom shall be a licensed physician, knowledgeable in the health care system. The appealing facility may request that one (1) member of the IRP be mutually agreed upon by the Agency and the appealing facility. The IRP shall not include as panel members any staff member from either the Agency or appealing facility nor include anyone who was directly involved in any incident which was included in the investigation that brought about the action.

The IRP shall hear all of the facts in the case and, within ten (10) calendar days following the completion of the IRP, provide, in writing, their findings and recommendation to the Agency. Upon receipt of the written findings and recommendation of the IRP, the Agency shall make a decision regarding the action taken. The Agency shall notify the appealing facility of the IRP's findings and recommendation and the Agency's decision within fifteen (15) calendar days following the receipt of the IRP's report.

Procedure:

1. Applications for designation as a Receiving Facility shall be accepted from the administration of all interested facilities.
2. The Agency will review all applications to determine if a facility meets the minimum requirements for designation as a Receiving Facility.
  - A. Facilities will be notified by the Agency if any requirement is not met according to their application.
  - B. Facilities that do not meet the requirements for designation as a Receiving Facility may request in writing, from the Agency Medical Director, an exemption from requirements as described in Section Eight (8) of this policy.
3. Facilities which meet the requirements for Receiving Facility designation, according to their application, shall be contacted by the Agency for the purpose of formalizing and signing a Receiving Facility agreement. The Agency may conduct a site survey of the facility prior to signing an agreement.
4. The agreement shall include, but not necessarily be limited to, all of the requirements contained in this policy.