



# Yolo County Emergency Medical Services Agency Service Provider

Revised Date: September 1, 2018

## CRITICAL CARE TRANSPORT (CCT) SUPPLEMENT APPLICATION FORM

A CCT Provider Permit is valid for 2 years.

Please complete this supplement application if you provide Critical Care Transport.

**Please write clearly and answer all questions or this application might be rejected.**

Does your organization have a current Agreement with the Yolo County Emergency Medical Services Agency (YEMSA) to provide Non-Emergency Services?

- YES
- NO\* *\*If no, contact YEMSA immediately.*

Company Name:

Website:

Contact for Application:

Email:

Phone #:

Fax #:

Mailing Address:

City:

State:

Zip:

Please complete the following:

- Attach written portfolio of company's experience in CCT and care of patients that details operational and logistical resources to meet YEMSA CCT staffing and response time standards.
- Describe the qualifications of your organization's Medical Director as it relative to oversight of CCT care. (Attach a resume or curriculum vitae [CV].)
- Describe in detail the required qualifications and experience of CCT – Registered Nurse (RN) personnel employed by your organization.
- Explain in detail your organization's current plan for provision of **education, training, and competency assessment** for CCT - RN personnel ensuring their competence to provide: cardiovascular, respiratory, neurological, and neonatal/pediatric care to the critically injured or ill patient during a CCT call.
- Describe in detail the quality assurance and improvement processes that are in place related to CCT. Provide the name and qualifications of the Quality Improvement Coordinator.
- Describe in detail your organization's Performance Improvement Plan (PIP) and how the requirements established in Yolo County Ordinance 1431, Section 4-6.234 will be complied with.
- Describe in detail your organization's ability to electronically document and track patient care details for all CCTs.
- What steps will your organization take to ensure that YEMSA has the ability to retrieve patient care reports on a daily basis?
- Explain in detail the organizational structure and job functions of management and supervisory roles necessary to manage all aspects of CCTs.
- Attach copies of valid California Highway Patrol (CHP) Inspection Reports for each vehicle.
- Attach your most recent:
  - Patient Care Report (PCR) CCT template;
  - Copies of materials used to educate, train, and assess competence of CCT - RN personnel;
  - CCT clinical treatment and transportation order sets/protocols;
  - Quality assurance and improvement policies and procedures.

**I certify that all information on this application, to the best of my knowledge, is true and correct.**

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_



### YEMSA USE ONLY!

- Requirements met & Permit Approved
- Requirements not met & Permit Denied
- Application fee/renewal fee paid \$ \_\_\_\_\_
- Temporary Non-emergency Permit approved

Permit Numbers #:

Expiration Date:

Reviewed By: Name and Title

Date