

**STANISLAUS COUNTY EMS AGENCY  
POLICIES AND PROCEDURES**

**POLICY: 511.00  
TITLE: RECEIVING FACILITY CRITERIA**

APPROVED: Signature On File In EMS Office  
Executive Director

Signature On File In EMS Office  
Medical Director

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**RECEIVING FACILITY CRITERIA**

I. AUTHORITY

California Health and Safety Code, Division 2.5, sections 1797.220, 1798. 1798.101, 1798.170

II. DEFINITIONS

- A. "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.
- B. "Emergency Patient" means a person requiring emergency medical care who is treated and/or transported by an authorized ambulance service provider.
- C. "Ambulance service provider" means a company or organization authorized to provide emergency ambulance service by the Stanislaus County EMS Agency.

III. PURPOSE

To establish standards for the designation, utilization, and evaluation of facilities receiving emergency 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.

IV. POLICY

- A. The EMS Agency shall approve and designate receiving facilities.
- B. Receiving facilities shall have a written agreement with the EMS 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 EMS Agency's policies and procedures.
- C. The EMS 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.

- D. Hospitals that have current agreements with the EMS Agency, which designates them as a Base Hospital or Specialty Care Receiving Facility shall be considered as meeting the requirements of this policy.
- E. The EMS 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.
- F. 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.
- G. A facility shall meet or exceed the following criteria to be eligible for designation as a Receiving Facility:
  - 1. General
    - a. Be licensed by the State Department of Health Services as a general acute care hospital with a permit for basic or comprehensive emergency service or an out-of-state acute care hospital which substantially meets the requirements of licensing as determined by the EMS Agency and is licensed in the state in which it is located.
    - b. Agree to adhere to all applicable EMS Agency policies and procedures and to participate in EMS system planning activities.
    - c. Agree to accept for treatment any patient who has been treated or transported by pre hospital personnel.
    - d. Have interfacility transfer agreements in place with hospitals and specialty care facilities for the provision of higher levels of care.
    - e. Agree to be formally evaluated periodically by the EMS Agency for the purpose of ensuring compliance with this policy.
    - f. Agree to participate in facility assessment activities.
    - g. Agree to participate in EMS education programs, including clinical internships.
  - 2. Communications
    - a. Have and agree to utilize and maintain communications equipment, as specified by the EMS Agency, capable of direct two-way communication with EMS field units, specified base hospitals, the county disaster control facility and other specified receiving facilities for their service area.

- b. Utilization of EMS Systems
- c. Have a dedicated, non-operator, telephone line into the emergency department for communication between the county disaster control facility, EMS field units, specified base hospitals, and other specified receiving hospitals for their service area.

3. Staffing

- a. Identify an RN with experience in and knowledge of hospital radio operations and EMS Agency policies and procedures as a Receiving Facility Nurse Liaison to be responsible for the completion of all required Receiving Facility documentation and submitting such documentation to the EMS Agency and appropriate Base Hospitals.
- b. 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:
  - (1) In-house 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 case of an emergency.
  - (2) All emergency department physicians shall have, at a minimum, current American Heart Association Advanced Cardiac Life Support provider certification or Emergency Medicine Board certification.
  - (3) All emergency department physicians shall be credentialed by the medical staff, according to current medical staff bylaws, and meet current community standards.
- c. The nursing service operating within the emergency department shall operate under the following guidelines:
  - (1) A registered nurse qualified by education and/or training in emergency medical services shall be responsible for nursing care within the emergency department.
  - (2) A registered nurse trained and/or experienced in emergency medical care shall be on duty at all times with primary assignment to the emergency department.

- (3) 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.
  - (4) Sufficient licensed nurses and skilled support personnel shall be utilized as required to support the services offered.
  - (5) Assure that all Emergency Department personnel are oriented to the receiving hospital role and pertinent EMS Agency policies and procedures.
- d. To have physician consultation available in accordance with hospital bylaws or pre-established patient transfer arrangements.

4. Record Keeping

Agree to maintain and make available to the EMS Agency all relevant records for program monitoring and evaluation of the EMS system in an electronic format approved by the EMS Agency.

5. Facility

- a. Maintain 24 hour in-house physician and emergency department registered nurse coverage.
- b. Maintain 24 hour laboratory coverage by a licensed medical technologist.
- c. Maintain 24 hour radiology coverage by a licensed radiologic technologist capable of performing basic x-ray service.

6. Quality Improvement

Ensure participation of Receiving Facility staff in EMS Agency quality improvement processes, according to the EMS Agency Quality Improvement policy # 620.10.

- H. In remote areas when the transport of a patient to a designated receiving hospital is precluded because of geographic or other extenuating circumstances, the EMS Agency Medical Director, with the approval of the State Emergency Medical Services 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 EMS Agency Medical Director.

1. If the EMS Agency utilizes any facility which does not meet the requirements of a receiving facility, the EMS Agency shall submit to the State Emergency Medical Services Authority, as part of its EMS plan, protocols approved by the EMS Agency Medical Director to ensure that the use of that facility is in the best interest of patient care. The protocols which govern the use of the facility shall take into account, but not be limited to the following:
  - a. Availability of medical staff to care for patients that require 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.
- I. 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 EMS Agency.

V. PROCEDURE

- A. Applications for designation as a Receiving Facility shall be accepted from the Administration of all interested facilities.
- B. The EMS Agency will review all applications to determine if a facility meets the minimum requirements for designation as a Receiving Facility.
  1. Facilities will be notified by the EMS Agency if any requirement is not met according to their application.
  2. Facilities that do not meet the requirements for designation as a Receiving Facility may request in writing, from the EMS Agency Medical Director, an exemption from requirements as described in paragraph IV, H.
- C. If the facility meets the requirements for Receiving Facility designation, SCEMSA will develop a contract with them. The EMS Agency may conduct a site survey of the facility prior to signing an agreement.

- D. The agreement shall include but not be limited to all of the requirements contained in this policy.