

PURPOSE: To outline the guidelines to be approved as a 9-1-1 receiving hospital.

AUTHORITY: Health & Safety Code 1797.88, 1798.175(a)(1)(2)

DEFINITIONS:

9-1-1 Receiving Hospital: A licensed, general acute care hospital with a permit for basic or comprehensive emergency medicine service and approved by the Los Angeles County EMS Agency to receive patients with emergency medical conditions from the 9-1-1 system.

PRINCIPLES:

1. Patients who call 9-1-1 receive optimal care when transported to a facility that is staffed, equipped and prepared to administer emergency medical care appropriate to their needs.
2. Emergency departments equipped with the communications required of 9-1-1 receiving facilities drill regularly with other system participants and can communicate effectively during multi-casualty incidents and disasters.
3. Data collection and evaluation is critical to assess system performance and evaluate for educational and improvement needs.

POLICY:

- I. Procedure for Approval to be a 9-1-1 Receiving Hospital
 - A. Submit a written request to the Director of the Emergency Medical Services (EMS) Agency to include:
 1. The rationale for the request to be a 9-1-1 receiving hospital.
 2. A document verifying the hospital has a permit for basic or comprehensive emergency medical service.
 3. The proposed date the emergency department (ED) would open to 9-1-1 traffic.
 - B. Communications
 1. All 9-1-1 Receiving Hospitals in Los Angeles County are required to:
 - a. Have an operational ReddiNet terminal with redundant connectivity via satellite and internet.

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SUPERSEDES: 12-01-13

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APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

- b. Collaboration with provider agencies, to provide and maintain a printer capable of printing electronic records received from prehospital care providers, when applicable.
 - 2. Install VMED28 for communication with paramedic providers and the Medical Alert Center during multiple casualty incidents.
 - 3. Install a dedicated telephone line to facilitate direct communication with the paramedic base hospitals, 9-1-1 personnel, and the Medical Alert Center.
- C. Site Visit
 - 1. Once all required communication systems are installed and hospital staff training on the equipment is complete, the EMS Agency will coordinate a site visit.
 - 2. Administrative and field personnel from local EMS provider agencies will be invited to exchange contact information, participate in the VMED28 and the ReddiNet system tests, and become familiar with the physical layout of the facility.
 - 3. Representatives from the nearest base hospital (Administrative, Medical Director and/or Prehospital Care Coordinator) will provide contact information, explain the role and function of the paramedic base, and discuss how patient information is communicated to the surrounding 9-1-1 receiving hospitals.
- D. Transfer Policies
 - 1. All 9-1-1 Receiving Hospitals in Los Angeles County are required to develop and submit to the EMS Agency for approval an interfacility transfer policy that addresses the following:
 - a. Compliance with Title XXII transfer requirements and EMTALA
 - b. Utilization of appropriate transport modality, specifically when to contact private ambulance companies and what situations warrant appropriate use of the 9-1-1 system [e.g., 9- 1-1 Trauma Re-Triage (Ref. No. 506) and confirmed STEMI patient (Ref. No. 513.1)]. The jurisdictional 9-1-1 provider may only be contacted if the estimated time of arrival of a private ambulance is delayed and the condition of the patient suggests that there is an acute threat to life or limb that warrants an immediate response and transport. Patient destination will then be determined as outlined in the applicable patient destination policy.
 - c. A mechanism shall be implemented to ensure that each transfer on which 9-1-1 was used is reviewed for appropriateness, and correction measures are taken when problems and issues arise to prevent future similar problems from occurring.

- d. A tracking mechanism to capture all transfers utilizing the 9-1-1 system and document the results of the review
 - 5. EMS Agency role at the site visit:
 - a. Conduct ReddiNet drills and VMED28 tests
 - b. Explain the role of the Medical Alert Center and provide contact information
 - c. Discuss disaster preparedness activities
 - d. Review the Prehospital Care Policy Manual, Medical Control Guidelines, Treatment Protocols and other relevant materials:
 - i. Ref. No. 502, Patient Destination
 - ii. Ref. No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients
 - iii. Ref. No. 620.1, Notification of Personnel Change
 - iv. EMS Agency staff contacts
 - v. Base hospital/receiving hospital contacts
 - vi. EMS Agency meeting calendar
 - vii. Situation Report/Problem resolution
 - viii. EmergiPress
- II. Responsibilities: the 9-1-1 Receiving Hospital shall:
- A. Maintain communication requirements listed in Section I.B. of this policy
 - B. Attend EMS Agency sponsored meetings for 9-1-1 Receiving Hospitals to stay current with EMS practice, policy and equipment.
 - C. Provide updated contact information to the base hospital and the EMS Agency whenever there is a change in key personnel.
 - D. Maintain an accurate list of hospital services and contact information in the ReddiNet for disaster and MCI purposes
 - E. Collect and submit data to the EMS Agency on patients transported via the 9-1-1 system by 2018. Data submission requirements will be defined in Ref. No. 610, 9-1-1 Receiving Hospital Data Dictionary.
 - F. Implement measures to ensure compliance with Section I.D of this policy.

CROSS REFERENCES:

Prehospital Care Manual:

Reference No. 304, **Role of the Base Hospital**

Reference No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Patients**

Reference No. 503.1, **Hospital Diversion Request Requirements for Emergency
Department Saturation**

Reference No. 506, **Trauma Triage**

Reference No. 610, **9-1-1 Receiving Hospital Data Dictionary**

Reference No. 621, **Notification of Personnel Change**

Reference No. 621.1, **Notification of Personnel Change Form**

Reference No. 513.1, **Emergency Department Interfacility Transport of Patients with ST-
Elevation Myocardial Infarction**