DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITAL)

SUBJECT: **9-1-1 RECEIVING HOSPITAL STANDARDS**

REFERENCE NO. 302

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 medical service and approved by the Los Angeles County Emergency Medical Services (EMS) Agency to receive patients with emergency medical conditions from the 9-1-1 system.

Advanced Cardiovascular Life Support (ACLS): Resuscitation course that is recognized by the EMS Agency (e.g., American Heart Association, American Red Cross).

Ambulance Arrival at the Emergency Department: The time the ambulance stops (actual wheel stop) at the location outside the hospital emergency department where the patient is unloaded from the ambulance.

Ambulance Patient Offload Time (APOT): The time the patient is physically transferred from the ambulance equipment on to the hospital equipment and hospital staff assume care of the patient. The Standard for Los Angeles County is 90% of all ambulance transports have an APOT of 30 minutes or less.

Board Certified (BC): Successful completion of the evaluation process through one of the Member Boards of the American Board of Medical Specialties (ABMS) including an examination designed to assess knowledge, skills and experience necessary to provide quality patient care in a particular specialty.

Board Eligible (BE): Successful completion of a residency training program with anticipated progression to board certification based on the timeframe specified by the ABMS.

Emergency Department (ED) Nurse Leader: A Registered Nurse currently licensed to practice in the State of California.

Emergency Department (ED) Medical Director: A physician licensed in the State of California, Board Certified in Emergency Medicine (EM) or Pediatric Emergency Medicine (PEM) and privileged by the hospital in EM.

Pediatric Advanced Life Support (PALS): Pediatric Resuscitation course that is recognized by the EMS Agency (e.g., American Heart Association, American Red Cross).

VMED28: Formerly known as HEAR (Hospital Emergency Administrative Radio). This is an interoperable radio voice communication system (155.340.156.7) utilized by hospital administrative staff during emergencies. This provides communication redundancy in the event

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of multiple casualty incidents and disaster situations when normal channels of communication are not available.

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 (ED) 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 (MCI) and disasters.

3. Data collection and evaluation is critical to assess system performance and evaluate for educational and improvement needs.

POLICY:

I. General Requirements

9-1-1 Receiving Hospital shall:

A. Be accredited by a Centers for Medicare and Medicaid Services (CMS) recognized Hospital Accreditation Organization within six (6) months of designation

B. Have an Emergency Department open and caring for walk-in patients for a minimum of one (1) month prior to requested date for receiving 9-1-1 patients.

C. Appoint a physician on staff to function as the ED Medical Director.

D. Appoint an administrative manager to function as the ED Nurse Leader.

E. Ensure that at least 60% of the ED attending physicians are BC or BE in Emergency Medicine (EM) or Pediatric Emergency Medicine (PEM). For ED physicians who are not EM or PEM BC or BE, they shall have current ACLS and PALS provider or instructor certification and an affidavit signed by the ED Medical Director and Chief Medical Officer verifying competency in caring for adult and pediatric patients needing all levels of emergency care.

F. Have an operational ReddiNet® terminal with redundant connectivity via satellite and internet.

G. Collaborate with EMS provider agencies to provide and maintain a means of obtaining prehospital electronic patient care records through designated web portal(s) with ability to print records. Paramedic providers are required to document patient care on electronic medical record system. Although, BLS providers are not required by regulations to utilize electronic records, most BLS providers have transitioned from paper-based EMS records to electronic medical record systems.

H. Have VMED28 radio for communication with paramedic providers and the Medical Alert Center during multiple casualty incidents.

I. Maintain a dedicated telephone line to facilitate direct communication with the paramedic base hospitals, 9-1-1 personnel, and the Medical Alert Center.

J. Have an interfacility transfer policy, approved by the EMS Agency, that addresses the following:

1. For hospitals that are not designated Trauma, STEMI, Stroke, EDAP, PMC or SART centers, transfer policies shall address higher level of care transfers to Specialty Care Centers.

2. For designated Specialty Care Centers, transfer policies shall be established with surrounding referral facilities.

3. Compliance with Title XXII transfer requirements and Emergency Medical Treatment and Active Labor Act (EMTALA) to include: accepting physician and confirmation that the receiving facility has capacity, capability and qualified personnel to treat the condition.

4. Mechanisms to obtain appropriate transportation for the effective interfacility transfer of patients which should include written agreements with private ambulance companies.

5. Utilization of 9-1-1 for interfacility transfer is only for patients who meet specific Trauma Re-Triage criteria (Ref. No. 506 and 506.2) or confirmed STEMI patients (Ref. No. 513.1)

a. A mechanism shall be implemented to ensure that each transfer for which 9-1-1 was used is tracked reviewed for appropriateness, with corrective measures taken when indicated to ensure proper use of resources.

b. All transfers utilizing the 9-1-1 system should be logged, with documentation of the results of the review

K. Execute and maintain a Specialty Care Center Designation Master Agreement – Exhibit A-5, 9-1-1 Receiving Facility, with the EMS Agency.

L. Provide updated contact information to the base hospital(s) and the EMS Agency whenever there is a change in key personnel as per Ref. No. 621.

M. Maintain an accurate list of hospital services and contact information in the ReddiNet® for disaster and MCI purposes.

N. When implemented, collect and submit data to the EMS Agency on all patients transported via the 9-1-1 system.

O. Have a process to ensure that all patients transported via ambulance are offloaded in a timely manner and transfer of care to hospital staff meets the current Ambulance Patient Offload Time (APOT).

P. Have a mechanism in place to ensure physician consultation is available for medical services provided.

Q. Respond timely and participate in all EMS requested drills/surveys including, but not limited to: MCI drills, annual Hospital Impact Survey, National Pediatric Readiness Project.

II. ED Leadership Requirements

A. ED Medical Director responsibilities:
1. Acts as a liaison to the EMS Agency as it relates to EMS practices and policies
2. Collaborates with the ED Nurse Leader to ensure on-going compliance with these Standards
3. Stays current on LA County EMS policies
4. Ensures on-going education of ED physician staff in the care of adult and pediatric patients as well as current EMS policy

B. ED Nurse Leader responsibilities:
1. Collaborates with the ED Medical Director to ensure on-going compliance with these Standards.
2. Act as a liaison to the EMS Agency.
3. Stays current on LA County EMS policies
4. Ensures on-going education of ED staff in current EMS policy

III. Procedure for Approval to be a 9-1-1 Receiving Hospital

A. Submit a written request to the Director of the 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. Proof of accreditation by a CMS-approved accrediting organization within six (6) months of designation.

4. Most recent two (2) months, (current and previous months) of ED physician schedules, along with proof of BC or BE in EM or PEM. For those ED physicians who are not BC or BE, provide copies of current ACLS certification and signed affidavit.

5. Number of patients treated during the previous month in the following categories:
a. Total ED visits
b. Total admitted to the ICU (not just from the ED)
c. Cardiac arrests (hospital-wide)

d. Total surgical cases requiring general anesthesia
e. Total interfacility transfers for higher level of care

6. Interfacility transfer policy and all transfer and transport agreements.

7. The proposed date the emergency department (ED) would open to 9-1-1 traffic.

B. 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 paramedic 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.

4. EMS Agency role at the site visit:

a. Conduct ReddiNet® drill and VMED28 test

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, 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. 503.1, Hospital Diversion Request Requirements for Emergency Department Saturation
iv. Ref. No. 506.2, 9-1-1 Trauma Re-Triage
v. Ref. No. 513.1, Interfacility Transport of Patients with ST-Elevation Myocardial Infarction
vi. Ref. No. 620.2, Notification of Personnel Change
vii. EMS Agency staff contacts
viii. Paramedic Base hospital/receiving hospital contacts
ix. EMS Agency meeting calendar
x. Situation Report/Problem resolution
xi. EmergiPress

e. Conduct an exit interview to include outstanding items needed and timeline as to when hospital can expect to be designated as 9-1-1 receiving.

IV. Receipt of Ambulance Transports

A. All 9-1-1 Receiving Hospitals shall have a process to ensure that all patients transported via ambulance are offloaded in a timely manner and transfer of care to hospital staff meets the current Ambulance Patient Offload Time (APOT).

1. An ambulance crew that has been waiting in excess of 60 mins shall notify their immediate supervisor and the department charge nurse.

2. The ambulance provider shall notify their dispatch center of the extended wall time and to begin tracking.

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. 506.2, **9-1-1 Trauma Re-Triage**
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**