



## EMERGENCY RECEIVING CENTER CRITERIA

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### I. AUTHORITY:

*California Health and Safety Code, Division 2, Chapter 2, Article 1, Section 1255.1; Division 2.5, Chapter 2, Sections 1797.67 and 1797.88, and Chapter 6, Article 3, Section 1798.170. California Code of Regulations, Title 22, Division 9, Chapter 7, Section 100243.*

### II. APPLICATION:

This policy defines the requirements that an acute care hospital must meet to be designated as an Orange County Emergency Receiving Center (ERC).

### III. DESIGNATION:

#### A. Initial Designation

1. Hospitals applying for initial designation as an ERC must submit a request to Orange County Emergency Medical Services (OCEMS) and evidence of compliance to all criteria in this policy.
2. OCEMS will review the submitted material, perform a site visit, and meet with appropriate hospital personnel. Following review, OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement of designation of up to three (3) years as an ERC.
3. An approved ERC will have a written agreement as described in Section X of this policy and pay the established Health Care Agency fee.

#### B. Continuing Designation

1. OCEMS shall review each designated ERC's compliance to criteria at least every three years, or more often if deemed necessary by the OCEMS Medical Director. ERCs will be required to submit specified written materials to demonstrate evidence of compliance to criteria. A site visit may be performed at the discretion of OCEMS.
2. OCEMS shall provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for continuing designation of up to three years.

#### C. Change in Ownership / Change in Executive or Management Staff

OCEMS shall be notified, in writing, at least 30 days prior to the effective date of any changes in hospital ownership. Change in hospital ownership may require redesignation by OCEMS. Personnel changes in chief executive staff, emergency department (ED) management (*i.e.*, ED physician group, nurse manager) shall be communicated in writing to OCEMS within 10 days.

#### D. Denial / Suspension / Revocation of Designation by OCEMS

1. OCEMS may deny, suspend, or revoke the designation of an ERC for failure to comply with any applicable OCEMS policy and procedure, state and/or federal laws.
2. The process for an Investigative Review Panel and/or appeal of suspension or revocation shall adhere to OCEMS Policy and Procedure #640.00 and #645.00.



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### E. Cancellation of Designation / Reduction or Elimination of Services by ERC

1. Designation may be canceled by the ERC upon 30 days written notice to OCEMS.
2. Hospitals considering a reduction or elimination of emergency services must notify the California Department of Public Health and the Orange County Health Care Agency/EMS a minimum of 90 days prior to the planned reduction or elimination of services.

### IV. HOSPITAL LICENSING and ACCREDITATION:

- A. Hospital shall possess a current California Department of Public Health permit for basic or comprehensive emergency service.
- B. Hospital shall maintain accreditation by an accreditation organization approved by the Centers for Medicare and Medicaid Services (CMS).
- C. Hospital shall notify OCEMS verbally and in writing any time the hospital is not in compliance with any applicable federal and/or state laws, and/or OCEMS policies, indicating the reason(s), date(s) and time(s) for non-compliance and corrective actions that are being taken. OCEMS shall determine whether the hospital may continue to receive 9-1-1 patients during the period that corrective actions are underway.

### V. COMMUNITY RESOURCES:

- A. Hospital shall maintain a list of referral services and facilities as per state licensing requirements.
- B. The following resource listing (available through OCEMS), including address and telephone number, shall be available within the ED:
  1. Specialty Centers
    - a. OCEMS designated trauma receiving centers
    - b. OCEMS designated cardiovascular receiving centers
    - c. OCEMS designated stroke-neurology receiving centers
    - d. OCEMS designated comprehensive children's emergency receiving centers
  2. Emergency Receiving Centers and Base Hospitals
    - a. OCEMS designated emergency receiving centers
    - b. OCEMS designated comprehensive children's emergency receiving centers
    - c. OCEMS designated base hospitals
  3. Specialty Services
    - a. Burn centers
    - b. Hyperbaric chamber
    - c. Reimplantation centers
    - d. Neonatal intensive care unit





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- e. Pediatric intensive care unit

### 4. Services

- a. Ambulance transport service (for basic life support, interfacility transport paramedic and critical care transport)
- b. SIDS services
- c. Poison control
- d. Organ transplant center / tissue bank
- e. Child / elder / domestic abuse referral
- f. Sexual assault victim referral
- g. Psychiatric referral services (e.g., Evaluation and Treatment Services /ETS)
- h. HIV referral services

### 5. County Contacts

- a. OCEMS
  - During business hours
  - After business hours
  - Website
- b. Orange County Communications
- c. Health Care Agency, Public Health Services / Epidemiology

### 6. Other Resources

- a. Current / updated copy of OCEMS Policy and Procedure Manual.
- b. Current / updated copy of OCEMS ALS and BLS standing orders, clinical procedures and base guidelines.
- c. ALS and BLS provider agencies' designated officer contact information for disease exposure.

## VI. MEDICAL PERSONNEL / STAFFING:

### A. Medical Director, Emergency Department

- 1. The medical director shall be a physician:
  - a. Certified by the American Board of Emergency Medicine (ABEM), American Osteopathic Board of Emergency Medicine (AOBEM) or the equivalent as determined by the OCEMS Medical Director.
- 2. The medical director or his/her designee shall be responsible for:
  - a. Implementation of established policies and procedures.
  - b. Providing qualified physician staffing for emergency medical services 24 hours/ day, 7 days/week.



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- c. Responsibility of providing overall direction of activities of the PA or NP in the Emergency Department.

### B. ED Physician Staffing

A minimum of one physician on duty 24 hours/day, must be a member of the emergency department staff with defined privileges, and all physicians must be:

1. Trained and experienced in emergency medicine, as evidenced by:
  - a. Board Certification by the American Board of Emergency Medicine (ABEM), American Osteopathic Board of Emergency Medicine (AOBEM) or the equivalent as determined by the OCEMS Medical Director; or
  - b. Successful completion of an ABEM, ACGEM or AOA accredited Emergency Medicine residency within the past three years.

**OR**

2. Non-ABEM/AOBEM physicians
  - a. Board certified or board eligible in Family Practice, Internal Medicine, or General Surgery, and
    - Maintain an average of 80 hours per month active emergency department practice, and
    - Maintain current ACLS certification and PALS or APLS certification.

**Note:** Changes in physician staffing that impact ERC criteria need to be concurrently reported to OCEMS.

### C. Physician Assistants (PA) and Nurse Practitioners (NP) Staffing

1. Maintain current ACLS and PALS or APLS certification.
2. PAs and NPs scope of practice must be clearly delineated and must be consistent with state regulations.
3. Credentialing procedures for PAs and NPs in the emergency department must meet the requirements of the local, state and federal jurisdiction.

### D. On-Call Physician Specialists

1. Medical staff bylaws shall describe the obligations of on-call physician specialists, to include availability and acceptance of patients presenting in an emergency medical condition, regardless of their ability to pay.
2. Hospital shall maintain a daily roster of the following physician specialists who must be on-call at all times and available to come into the hospital:
  - a. Internal Medicine / Family / General Practice
  - b. Cardiologist
  - c. General Surgeon
  - d. Anesthesiologist
  - e. Pediatrician
  - f. Orthopedic Surgeon



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g. Obstetrician\* / Gynecologist

\* Non-OB centers would only be required to have a gynecologist.

3. The following physician specialists may either be on-call as noted above, or the hospital may have a transfer arrangement with a hospital having an on-call physician in that specialty:

- a. Surgeon with vascular surgery privileges
- b. Plastic Surgeon
- c. Otolaryngologist
- d. Cardiothoracic Surgeon
- e. Urologic Surgeon

E. ED Nursing Service

1. A minimum of two Registered Nurses shall be on duty at all times in the Emergency Department and shall be qualified by training and experience in adult and pediatric emergency care with sole assignment to the emergency department.

2. Certification

- a. All ED nursing staff shall maintain current BLS provider certification.
- b. All RNs shall maintain current ACLS provider certification.

**Note:** A grace period of four months for a newly hired RN is acceptable when at least one RN on duty in the ED is ACLS certified

- c. All RN's shall maintain current Pediatric Advanced Life Support (PALS) or Emergency Nurse Pediatric Course (ENPC) certification or other approved pediatric resuscitation competency.

**Note:** A grace period of four months for a newly hired RN is acceptable when at least one RN on duty in the ED is PALS/ENPC certified

F. Ancillary Services

In addition to requirements delineated in Title 22, hospitals shall maintain these emergency services and care capabilities 24 hours/day, 7 days/week for:

- 1. In-house radiological services, including technician, with availability of plain x-rays and computerized tomography; and radiologist on-call.
- 2. In-house availability of respiratory therapist.
- 3. Clinical laboratory services with a comprehensive blood bank or access to a community central blood bank with capability to provide autologous and designated donor blood transfusions; and must have adequate storage facilities and immediate availability of blood and blood products.
  - a. Clinical laboratory services should include a clinical laboratory technologist in-house and promptly available.





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### VII. EQUIPMENT:

In addition to requirements delineated in Title 22, hospitals shall have immediately available equipment and supplies necessary for adult and pediatric life support. Sufficient size-specific equipment to adequately care for pediatric patients shall be available (e.g., An OCEMS approved length based resuscitation tape, pediatric crash cart, pediatric emergency medications and supplies consistent with the most current evidence based recommendations).

### VIII. SYSTEM COORDINATION and COMMUNICATION:

- A. OCEMS has identified spoke Emergency Receiving Center (ERC) assignments to each of the Base Hospitals (#600.05 Attachment #1 – Community Spoke Emergency Receiving Center Assignments to Base Hospitals) allowing for the coordination of ERC hospital activities with the Base Hospital (BH).
- B. A designated emergency department staff physician and alternate responsible for:
  - 1. Coordination of ERC hospital activities with the base hospital (BH), regional emergency advisory committee (REAC), and OCEMS.
  - 2. Representation at a minimum of four (4) REAC meetings per year by the ED medical director, nurse manager, or designee.
  - 3. Documentation of notification and education of the emergency department staff on matters discussed at each REAC and in the OCEMS newsletters.
  - 4. Notification of the assigned base hospital prehospital care coordinator/physician medical director and/or OCEMS of concerns or identified problems in the EMS system and delivery of care by EMS personnel.

#### B. Emergency Medical Communications Network

The Emergency Medical Communications Network utilizes OCEMS recognized communication systems to support system coordination of ambulance transported patients and includes, but is not limited to:

- a. Hospital Emergency Administrative Radio (H.E.A.R.)
  - b. A web based communication application for hospital status, required assessments and messages, and MCI coordination
  - c. Dedicated telephone land-line
  - d. 800 MHz Radio Systems
  - e. Orange County Medical Electronic Data System (OC-MEDS)
- 1. Advance notification to all BHs / on the web based communication application whenever the ERC is on bypass in an approved category and unable to provide standard emergency services and care; notification to the BHs by the ERC as soon as the situation has returned to normal. (REFERENCE: OCEMS P/P #310.96)
  - 2. Coordination of casualty and medical resource management through the emergency medical communications network during a Mass Casualty Incident (MCI) or other regional emergency.
  - 3. Annual emergency medical communications network in-service for all personnel responsible for emergency medical communications network operations.
  - 4. Response to unannounced emergency medical communications network tests conducted by the emergency medical communications network Central Point. (REFERENCE: OCEMS P/P #853.00).



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- C. Dedicated telephone land-line in the ED for receipt of patient report from field EMS care providers.
- D. A process to limit the ERC's total annual emergency department diversion hours to a maximum of six (6.0) percent.

### IX. DATA COLLECTION / RECORDS:

Hospital shall:

- A. Identify a OC-MEDS Liaison and alternative responsible for:
  - 1. Providing initial and continuing education to hospital staff on the Orange County Emergency Medical Data System (OC-MEDS).
  - 2. Providing administrative support for hospital access to OC-MEDS.
  - 3. Act as the liaison between the hospital and OCEMS for the administration of OC-MEDS.
  - 4. Provide patient outcome data, when requested, to OCEMS, base hospitals and provider agencies for patients transported to the ERC/CCERC for evaluation and treatment.  
**Note:** This information will not be re-released to other entities except as authorized or required by law.
  - 5. Notifying OCEMS of all ambulance interfacility transfers from the emergency department within 24 hours using the approved notification form.
- B. Maintain ability to access Electronic Prehospital Care Reports (ePCR) via the OC-MEDS Hospital Dashboard.
- C. Maintain an emergency department patient log containing at least the following patient information for all ambulance patients seen (including DOA): name, date, EMS incident number, time and means of arrival, age, sex, medical record number, nature of complaint, and time of departure.
- D. Provide insurance/billing/incident information on patients transported to the ERC to prehospital provider agency providing transportation.
- E. Complete the Hospital Data Discharge Summary (HDDS) for all ambulance transported patients to the facility and submit within 45 days after the close of the current month. (REFERENCE: OCEMS P/P #391.10).
- F. Participate in data collection and evaluation studies conducted by OCEMS.

### X. HOSPITAL POLICIES/AGREEMENTS:

The hospital will have a written agreement with OCEMS indicating the concurrence of hospital administration and medical staff to meet the requirements for ERC program participation as specified in this policy.

The hospital shall have formal policies which address the following:

- A. Tracking, storing, and cleaning/decontamination of re-usable equipment and supplies used by prehospital personnel for patient care.
- B. A communicable disease exposure policy for evaluation and treatment (including emergency chemoprophylaxis when indicated) of emergency medical services personnel following reported / known exposures, with timely notification to the EMS provider's Designated Officer and Orange County Public Health. (REFERENCE: OCEMS P/P #330.96)





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- C. A written hospital-wide response plan which addresses the steps to be followed and the appropriate hospital administrative staff to be notified when high patient volume within the ED necessitates temporary diversion of additional incoming ambulance-transported patients.  
(REFERENCE: OCEMS P/P #310.96)
- D. A comprehensive external and internal facility disaster response plan which addresses the following:
1. Decontamination.
  2. Personal protective equipment for hospital staff.
  3. Exercise of the hospital's disaster plan at least annually.
  4. Annual participation in the countywide / hospital net Mass Casualty Exercise.
  5. Annual participation in the statewide disaster exercises.
  6. Activation of the Hospital Disaster Support Communication System (HDSCS).
  7. Hospital evacuation and notification of OCEMS for assistance with facilitating resource management.
- E. An institutional response for the evaluation and care of specific patient groups, to include:
1. Pediatric patients, including critically ill pediatric patients.
  2. Patients with acute myocardial infarction.
  3. Patients with stroke or stroke symptoms.
  4. Patients identified as trauma victims.

**Approved:**

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