SUSPENSION OR REVOCATION OF SPECIALTY CENTER, ERC, TRAINING PROGRAM, BASE HOSPITAL, OR 911/IFT ALS PROVIDER DESIGNATION

I. AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.67, 1797.173, 1797.220, 1797.272, 1798, 1798.100, 1798.209; CCR, Title 22, Division 9, Chapter 7.0, 7.1, and 7.2.

II. APPLICATION:

This policy sets forth the process for the suspension or revocation by Orange County Emergency Medical Services (OCEMS) of a facility's designation as a base hospital, emergency receiving center, specialty center, training program, or 911/IFT ALS service provider.

III. DEFINITIONS:

"**Base Hospital**" means an OCEMS-designated hospital which, by contractual agreement with OCEMS, provides medical direction to advanced life support (ALS) personnel in the field and to the prehospital care system in a region specified by OCEMS.

"911/IFT ALS Service Provider" means:

- a city or regional service approved by OCEMS to provide prehospital ALS services to a city or regional district utilizing private or fire department assets; or
- a private ambulance company contracting with and approved by OCEMS to provide interfacility ALS transfers between hospitals

"Cardiovascular Receiving Center" means a hospital designated as part of the ST-elevation myocardial infarction critical care system by OCEMS linking prehospital and hospital care to deliver comprehensive treatment to patients experiencing a STEMI, cardiac arrest with Return of Spontaneous Circulation (ROSC), or complications from a Left Ventricular Assist Device (LVAD).

"Comprehensive Childrens Emergency Receiving Center" means a hospital which is designated by OCEMS as capable of providing comprehensive specialized pediatric medical and surgical care to any acutely ill or injured child and meets California Children's Services (CCS) criteria as a tertiary pediatric hospital.

"**Emergency Receiving Center Hospital**" means a hospital designated by OCEMS to perform specified emergency medical services system functions and to receive 911 BLS and ALS transported patients.

"**Facility**" means an acute care hospital licensed under California State Law with a permit to provide basic or comprehensive emergency services designated by OCEMS to offer specified services.

"**Facility Application**" means a proposal submitted by the facility's administrator to OCEMS Agency in response to an OCEMS Request For Proposal for specified services.

"**Investigative Review Panel**" or "**IRP**" means an impartial body, the members of which are knowledgeable in the provision of prehospital emergency medical care and OCEMS policies, standing orders, and procedures. The IRP is convened to review allegations against an OCEMS approved/designated **Program**, to establish the facts of the matter, and to recommend appropriate action to the OCEMS Medical Director.

"**Medical Director**" means the Medical Director of OCEMS, who is responsible for the medical control and direction of the EMS system in Orange County.

"Program" means an OCEMS approved/designated emergency receiving center, base hospital, training program, EMT-P service provider, or specialty center (TC, SNRC, CVRC, and CCERC).

"**Stroke-Neurology Receiving Center**" means a hospital designated as part of the stroke critical care system by OCEMS to deliver optimal subspecialty neuromedical and neurosurgical treatment to the population of stroke patients.

"**Survey**" means an OCEMS survey of a facility's application and/or services to assess the extent of a hospital's compliance with applicable OCEMS policies and procedures.

"**Training Program**" means a training program approved by OCEMS to provide training to prehospital personnel.

"**Trauma Center**" means a hospital which is designated as part of the trauma care system by OCEMS as a Level I, II, III, or IV trauma center and/or a Level I or II pediatric trauma center to meet the needs of all injured patients.

IV. INVESTIGATION:

A. Evaluation of Information

1. Any information received from a credible source in support of a complaint shall be evaluated by the Medical Director. This includes discovery through medical audit or routine follow-up of complaints involving the provider of, or applicant for, a **Program**. If found to be true, such allegations could be evidence of an infraction and be considered out of compliance with applicable State and local laws, regulations, and OCEMS policies, procedures, and standing orders. Such violations could represent a threat to the public health and safety.

2. Before any formal review is undertaken, the Medical Director shall evaluate the information relative to the potential threat to the public health and safety and determine if immediate suspension and/or a formal investigation appears to be warranted.

B. Immediate Suspension

The Medical Director may immediately suspend an OCEMS designated/approved **Program** if, in the expert opinion of the Medical Director, immediate suspension is necessary to protect the public health and safety. The **Program** will be notified of the suspension in writing by OCEMS as set forth in Section V, below.

C. Notification of Formal Investigation

1. The **Program** to be formally investigated shall be notified by OCEMS, in writing, of the investigation and shall be allowed to submit pertinent information in writing to the Medical Director reviewing the allegations.

2. The written notice to the **Program** director shall include:

a. A statement of the allegations against the **Program**

b. A statement which explains that the allegations, if found to be true, are an infraction and non-compliant with applicable State and local laws, regulations, and OCEMS policy and procedure. Furthermore, if these violations constitute a threat to the public health and safety, they may be cause for the Medical Director to take action to suspend or revoke program approval/designation.

c. An explanation of the possible actions which may be taken if the allegations are found to be true.

d. A request for a written response to the allegations from the **Program**

e. A statement that the **Program** may submit in writing any information that may be pertinent to the investigation, including statements from other individuals; and

f. A statement that the **Program** shall submit the information above no later than 14 days from the date notified by the Medical Director. The Medical Director may extend the submission date in its sole discretion and as deemed reasonable under the circumstances.

3. The notification of the formal investigation described within this Section IV.C may be combined with the notification of action required by this Policy if the **Program's** approval/designation is being immediately suspended pursuant to Section IV.B of this Policy.

4. The notice of formal investigation to a **Program** shall be addressed to the **Program** at its post office address as shown in the OCEMS records and shall be sent by U.S. certified mail, return receipt requested, with postage prepaid.

D. Use of an Investigative Review Panel (IRP)

1. If, after an initial investigation, the Medical Director determines, in his/her expert opinion, that the infraction or performance deficiency may require the suspension, revocation, denial, or denial of renewal of approval/designation, the Medical Director may convene an IRP to assist in establishing the facts of the matter and to report its findings to the Medical Director. The IRP shall consist of at least three (3) persons knowledgeable in the provision of prehospital emergency medical care and familiar with OCEMS policies and procedures. One (1) member of the IRP shall be mutually agreed upon by the **Program** and the Medical Director if the **Program** so requests. If there is no mutual agreement, the member shall be selected from the Emergency Medical Care Committee or its advisory subcommittee membership. The IRP shall not include the Medical Director, any staff of OCEMS, or anyone who submitted allegations against the **Program** or was directly involved in the investigation.

2. The **Program** shall be notified in writing of the purpose of the IRP, its membership and the **Program's** right to approve one member, the date and time when it will convene, and the **Program's** right to designate another person to represent him/her before the IRP no later than 7 days after the selection of the IRP. Any subsequent change in that time or date shall be mutually agreed upon by the **Program** and the Medical Director.

E. Determination of Appropriate Action by Medical Director

1. The Medical Director shall determine what action relative to the **Program** approval/designation, if any, shall be taken resulting from the findings of the investigation.

2. The nature of any disciplinary action taken as a result of the investigation shall be proportionate to and related to the risk to the public health and safety caused by the **Program's** action(s).

F. Notification of Action

1. The Medical Director shall notify the **Program** of the prescribed action after making the determination of what that action shall be within 14 days following the formal conclusion of the investigation and the receipt of the IRP's findings, if one was convened.

2. The notification shall be in writing and shall include the following information:

   a. The specific allegations which resulted in the investigation.

   b. A summary of the findings of the investigation, including the findings and recommendations of the IRP, if one was convened.

   c. The action(s) to be taken, if any, and the effective date(s) of the action(s), including the duration of the action(s).

V. HEARING PROCESS:

A. Notice of Right to a Hearing

OCEMS shall send the **Program** written notice of the **Program's** right to a hearing if approval/designation is revoked or suspended. The **Program** may request a hearing in writing within 14 days of the date of the notice sent by the Medical Director informing the **Program** of the revocation or suspension and the right to a hearing.

B. Notice of Time and Place of a Hearing

The hearing shall be held at a location determined by the Medical Director. Subject to Section V.D. below, the hearing shall be held within 45 days after receipt by OCEMS of the **Program's** written request for a hearing. At least 20 days before the date of the hearing, OCEMS shall send the **Program** written notice of the time and place of the hearing, set forth the procedure to be followed at the hearing as consistent with Section V.E., below, and the identity and professional qualifications of the hearing panel members.

C. Hearing Panel

The hearing panel shall consist of three persons selected by the Orange County Health Care Agency (OCHCA) Director from the membership of the Emergency Medical Care Committee (EMCC) who actively participate in the EMS system in Orange County.

D. Postponement of a Hearing

The Medical Director may postpone the hearing date upon good cause at his/her sole discretion. The **Program** may also request a postponement for good cause, but the request must be sent to the Medical Director in writing, and the Medical Director retains sole discretion over whether or not to grant the request.

E. Procedure with Respect to a Hearing

The hearing shall be informal and not subject to the formal rules of evidence. The **Program** may be represented by legal counsel, may make oral and written presentations, and may offer documentary evidence and witness testimony in support of its case. No presentations or testimony concerning actions taken by the **Program** subsequent to the decision by the Medical Director to revoke or suspend approval/designation shall be considered. Hearsay evidence shall be allowed, and the hearing panel shall not base its final decision solely on the basis of hearsay evidence. The Program shall have the burden of proof to show by a preponderance of the evidence why the decision made by the Medical Director shall not be upheld.

F. Decision of the Hearing Panel

After the hearing has been completed, the hearing panel, within 30 days, shall submit its decision to the Medical Director in writing for his/her consideration. The written decision shall include the hearing panel's findings and any documentation, material, or information considered and relied upon by the hearing panel. Its recommendation shall be one of the following:

1. Continue the **Program's** suspension for a period of time determined by the Medical Director, not to exceed six months.

    a. Describe what conditions the Program must meet, if any, during its suspension to permit lifting of the suspension by the end of the time period

2. Continue the **Program's** suspension for a period of time longer or shorter than determined by the Medical Director, not to exceed six months.

    a. Describe what conditions the Program must meet, if any, during its suspension to permit lifting of the suspension by the end of the time period

3. Reverse the Medical Director's decision and lift the suspension.

4. Change the Medical Director's decision from a suspension to revocation.

5. Sustain the Medical Director's decision to revoke the approval/designation of the **Program.**

6. Change the Medical Director's decision from a revocation to a suspension.

7. Reverse the Medical Director's decision and lift the revocation.

G. Final Decision by the Medical Director

The Medical Director shall forward to the **Program** the hearing panel's written decision within 30 days of its issuance, and shall inform the **Program** in writing whether he/she concurs or disagrees with the hearing panel's decision at the same time. In the event the Medical Director disagrees with the hearing panel's decision, the Medical Director shall set forth in writing the basis for his or her disagreement with the hearing panel's proposed decision. The decision by the Medical Director is final and he/she is not bound by the hearing panel's findings or recommendations. The Medical Director may accept or reject recommendations made by the panel.

H. Re-application for Approval/Designation after Revocation

A **Program** that has its approval/designation revoked may re-apply for approval/designation six months after the revocation is complete.

VI. CONFIDENTIALITY:

Except as required by law, all information obtained by OCEMS as part of any investigation conducted pursuant to Section IV, above, shall be confidential and shall not be disclosed to any person or entity.

Except as required by law, a hearing held pursuant to Section V, above, shall not be open to the public and all records and witness testimony received as part thereof shall be confidential and shall not be disclosed to any person or entity.

This restriction does not prevent OCEMS from publishing aggregate statistical data obtained from designation surveys, nonspecific to a program and/or patient.

Approved:

Carl H. Schultz, MD
OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

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