

	4102	Receiving Facility & Alternative Receiving Facility Designation
Nor-Cal EMS Policy & Procedure Manual	Hospitals	
Effective Date: 01/01/2025	Next Revision: 01/01/2028	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Authority

California Health & Safety Code, Division 2.5, Sections 1797.16, 1797.107, 1797.171, 1797.195, 1797.204, 1797.206, 1797.214, 1797.218, 1797.220, 1798.102, 1798.104, 1798.2. California Code of Regulations, Title 22, Division 9; Chapters 3 & 4.

Purpose

To establish the minimum requirements for a Receiving Facility (RF) and an Alternative Receiving Facility in the Nor-Cal EMS region, which shall provide medical control of prehospital emergency medical care provided for the area defined by the local EMS agency in accordance with policies and procedures established by Nor-Cal EMS.

Definitions

Receiving Facility

An acute care facility in a rural area, where the use of a hospital with a basic EMS special permit is precluded due to geographic or other extenuating circumstances. The facility is authorized pursuant to Nor-Cal EMS policy to receive emergency patients assessed, treated and/or transported by an ambulance service provider. The hospital must be licensed with an emergency department classified by CDPH as a standby/basic or comprehensive emergency department.

Alternative Receiving Facility

In remote areas when the transport of a patient to a designated Receiving Facility, Base Hospital or Alternative Base Hospital is precluded due to geographic or other extenuating circumstances, the Medical Director of Nor-Cal EMS with the approval of the State Emergency Medical Services Authority, may authorize patients to be transported to a facility, which does not meet the requirement of a RF.

Emergency Medical Services Quality Improvement Program (EQIP)

Methods of evaluation that are composed of structure, process and outcome evaluations which focus on improvement efforts to identify root causes of issues/events, intervene to identify and attempt to mitigate or eliminate these causes. Then take steps to correct the systems or process and recognized excellence in performance and delivery of care, pursuant to the provisions of California Code of Regulations, Title 22, Chapter 12 and Nor-Cal EMS policies. Receiving Facilities and Alternative Receiving Facilities shall work with the EMS provider agencies to meet their obligations in both statute and regulations.

Policy

1. Nor-Cal EMS shall designate Receiving Facilities and Alternative Receiving Facilities to receive ambulance patients and provide medical direction and supervision to prehospital personnel in the Nor-Cal EMS Region.
2. For Alternative Receiving Facilities, Nor-Cal EMS shall submit to the California State Emergency Medical Services Authority as part of its EMS plan, protocols approved by the Nor-Cal EMS medical Director to ensure that the use of that facility is in the best interest of patient care.
3. All Receiving Facilities and Alternative Receiving Facilities are required to provide immediate electronic access (computer or cell phone application) for the purpose of accessing the Nor-Cal EMS policies and procedures.
4. The Receiving Facility shall function within the local EMS system to provide destination and prehospital on-line decision-making support without interruption, twenty-four (24) hours per day, seven (7) days a week.
5. The Alternative Receiving Facility shall function within the local EMS system to provide destination and prehospital decision-making support within the time period(s) mutually agreed upon between Nor-Cal EMS and the Alternative Receiving Facility.
6. Any change in the status of an approved Alternative Receiving Facility 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 Nor-Cal EMS immediately by phone and email.
7. The Receiving Facility and Alternative Receiving Facility work in partnership with local EMS stakeholders in accordance with the California Emergency Medical Services Authority (EMSA) and LEMSA requirements.
8. The LEMSA designates a Receiving Facility or Alternative Receiving Facility.

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9. The application and agreement process are defined by the LEMSA in compliance with EMSA requirements.
 10. The designation period will coincide with the period covered in a written agreement between the Receiving Facility or the Alternative Receiving Facility and the LEMSA.
 11. The Nor-Cal EMS Medical Director has the ultimate decision-making authority in matters regarding designation for Receiving Facility and Alternative Receiving Facility.

Procedure / Receiving Facility

1. Be licensed by the California Department of Public Health as a general acute care hospital.
2. Be accredited by Centers for Medicare and Medicaid Services approved deeming authority.
3. The Joint Commission shall accredit receiving Facilities or have an EMS Authority exemption.
4. Have a special permit for standby, basic or comprehensive emergency medical service pursuant to the provisions of California Code of Regulations, Title 22, Division 5, or have been granted approval by the California EMS authority for utilization as a Base Hospital pursuant to the provisions of Section 1798.101 of the California Health and Safety Code.
5. Have and agree to utilize and maintain two-way telecommunications capable of recording direct two-way voice radio and telephonic communications with prehospital personnel.
6. Maintain a record of all online medical direction between the prehospital provider and the Receiving Facility as specified in the Recording and Maintenance of EMS Patient Care Communications section below.
7. Have a written agreement with Nor-Cal EMS to be reviewed every three (3) years indicating the concurrence of facility/hospital administration, medical staff and emergency department staff to meet the requirements for program participations as specified in this policy.
8. Designate appropriate personnel to support and oversee Receiving Facility functions including but not limited to the following:
 - A. A medical director who shall be a physician on the hospital staff, licensed in the State of California who is certified or prepared for certification by the American Board of Emergency Medicine or Osteopathic equivalent. The requirement of board certification or prepared for certification may be waived by the Nor-Cal EMS Medical Director. The Receiving Facility medical director shall be regularly assigned to the emergency department, have experience in and knowledge of base/alternate base hospital radio operations and Nor-Cal EMS policies, procedures and protocols and shall be responsible for functions of the Receiving Facility including the EQIP
 - B. All emergency department physicians who are not Emergency Medicine Board prepared and/or board certified shall have, at a minimum, current AHA Advanced Cardiac Life Support, Pediatric Advanced Life Support, and Advanced trauma Life Support provider certification.
 - C. A Prehospital Care Coordinator (PCC) who is a California licensed Registered Nurse with experience in and knowledge of Receiving Facility hospital operations and Nor-Cal EMS policies, procedures and protocols to act as a prehospital liaison to the local EMS system. A paramedic may be utilized in this position with approval by the Nor-Cal EMS Medical Director. Will disseminate all notices/memoranda. And updates from Nor-Cal EMS directed to field/base personnel.
 - D. At least one RN trained to operate all EMS communications equipment shall be on duty at all times and be available to receive reports for Initial and Advisory Reports from BLS/LALS/ALS transport personnel. All orders can be from either a MICN or physician only.
 - E. Have a physician licensed in the state of California, experienced in emergency medical care, assigned to the emergency department, available at all times to provide immediate medical direction to the prehospital personnel. This physician shall have experience in and knowledge of base/alternate base hospital radio operations and Nor-Cal EMS policies, procedures and protocols.
 - F. Prehospital Personnel assisting in the ED - EMT-B, AEMT, and/or EMT-P, may provide emergency medical care in the emergency department of a hospital that meets the definition of small and rural hospital pursuant to Section 1188.855. This is delineated in Health and Safety Code 17971.95.
9. For Alternative Receiving Facilities, designate appropriate personnel to support and oversee Receiving Facility functions as designated and defined in the protocols developed for the individual Alternative Receiving Facility (see above under Policy, 2a)

Procedure / Alternative Receiving Facility

For Alternative Receiving Facilities, Nor-Cal EMS shall submit to the California State Emergency Medical Services Authority as part of its EMS plan, protocols approved by the Nor-Cal EMS 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 consider, but not be limited to the following:

10. The medical staff and availability of the staff at various times to care for patients requiring emergency medical services
 11. The ability of the staff to care for the degree and severity of patient services and the severity of their injuries
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12. The availability of more comprehensive emergency medical services and the distance and/or travel time necessary to make the alternative emergency medical services available.
 13. The time of day and any limitations which may apply for the facility to assess and treat patients, requiring emergency medical services

General Provisions for Approved Receiving Facility or Alternative Receiving Facility

1. Comply with all Nor-Cal EMS policies and procedures.
2. In particular, follow and comply with Nor-Cal EMS Interfacility Transfer policies.
3. Education – Facility shall:
 - A. Act as an education resource for prehospital provider agencies according to Health and Safety Code and Nor-Cal EMS policy.
 - B. Maintain approval as an EMS Continuing Education (CE) provider.
 - C. Provide formal education programs for prehospital personnel.
 - D. Assist in providing special, LOSOP, expanded EMT and mandatory training programs deemed necessary by Nor-Cal EMS.
4. Assist with the dissemination, training, and implementation of new and revised Nor-Cal EMS policy and procedures.
 - A. Provide supervised clinical experience for prehospital care students/trainees in accordance with California Code of Regulations, Title 22 and Nor-Cal EMS policies and procedures.
 - B. Provide clinical skills remediation training for prehospital personnel as determined by the provider agencies, facility/hospital liaisons, and/or Nor-Cal EMS.
5. Performance Improvement – Receiving Facility and Alternative Receiving shall:
 - A. Maintain a written Receiving Facility/Alternative Receiving Facility QI (Quality Improvement) policy or plan. This shall be submitted to Nor-Cal EMS on a yearly basis with an update.
 - B. Assure EMS quality improvement plan (EQIP) shall interface with the Nor-Cal EMS EQIP.
 - C. Participate on the Nor-Cal EMS Medical Advisory Committee (MAC) and other appropriate prehospital committees or advisory groups.
 - D. Participate in the Nor-Cal EMS QI process.
 - E. Participate in the California OES Region III event report process.
 - F. Provide in a timely manner data and statistical reports as may reasonably be required by Nor-Cal EMS and as allowed under HIPAA.
 - G. Maintain and oversee Receiving Facility and Alternative Receiving Facility physician and staff authorization and CE tracking system.
6. Staff Records
The Receiving Facility/Alternative Receiving Facility shall notify Nor-Cal EMS of any staff changes within two weeks of the change.
7. Patient Care Records
A Nor-Cal EMS approved Receiving Facility / Alternative Receiving Facility shall participate in a collaborative manner with Nor-Cal EMS data collection programs.
8. Multi Casualty Incidents/Disaster Planning and Response
 - A. An approved Receiving Facility/Alternative Receiving Facility shall reasonably participate in local and regional disaster drills, including utilization of EMResource or current program. Hospitals shall work cooperatively with the designated regional Control Facilities.
 - B. An approved Receiving Facility/Alternative Receiving Facility shall actively participate in local and regional disaster related planning efforts.
 - C. During a Multi Casualty Incident (MCI) or disaster, the procedures indicated in the applicable California OES Region III MCI plan and Nor-Cal EMS policies shall be followed.
9. Allow inspection at any time by Nor-Cal EMS, with or without notice, for the purpose of verifying Receiving Facility agreement, regulation, and policy and procedure compliance

Recording and Maintenance of EMS Patient Care Communications:

10. Receiving Facilities shall record all telephone and radio EMS patient care communications with prehospital personnel. Audio files shall be maintained for a minimum of three (3) calendar years.
 11. Receiving Facilities personnel shall document all telephone and radio EMS patient care related communications with prehospital personnel on an appropriate facility developed report/log. EMS patient care records and facility communication reports/logs shall be maintained for a minimum of seven (7) years, or, if for a minor, one (1) year past the age of majority, whichever is greater.
 12. All communication records shall be maintained in such a manner to allow for medical control and continuing education of prehospital personnel. Quality Improvement records shall be maintained for a minimum of (3) three calendar years.
 13. In the event of pending litigation or evidence requests, all audio files and written records shall be maintained until completion/resolution of all issues arising therefrom.
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Basis for Loss of Designation

Receiving Facility and Alternative Receiving Facility designation may be denied, suspended or revoked by the Nor-Cal EMS Medical Director for failure to comply with state and Nor-Cal EMS policies, procedures or regulations.