



COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Receiving Hospital Standards		Policy Number 420
APPROVED Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2022
APPROVED Medical Director:	 Daniel Shepherd, MD	Date: July 1, 2022
Origination Date:	April 1, 1984	Effective Date: July 1, 2022
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Review Date:	February 28, 2025	

- I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Receiving Hospital (RH) designation.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.
- III. POLICY:
 - A. A RH, approved and designated by the Ventura County EMS Agency, shall:
 - 1. Be licensed by the State of California as an acute care hospital.
 - 2. Meet the requirements of the Health and Safety Code Sections 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.
 - 3. Be accredited by a CMS accrediting agency.
 - 4. Operate an emergency department (ED) that is designated by the State Department of Health Services as a “Comprehensive Emergency Department,” “Basic Emergency Department” or a “Standby Emergency Department.”
 - 5. Operate an Intensive Care Unit.
 - 6. Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department Physician. and consultant Physician.) within 30 minutes:

Cardiology	Anesthesiology	Neurosurgery
Orthopedic Surgery	General Surgery	General Medicine
Thoracic Surgery	Pediatrics	Obstetrics

7. Have operating room services available within 30 minutes.
8. Have the following services available within 15 minutes.
X-ray Laboratory Respiratory Therapy
9. Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician or other qualified medical personnel designated by hospital policy.
10. Always have the capability to communicate with the ambulances and the Base Hospital (BH).
11. Maintain multiple forms of redundant communication, in the event a widespread disaster disables traditional methods.
 - a. Existing amateur radio sites established in each receiving facility will be maintained in coordination with local emergency management agency and amateur radio organizations
12. Designate an ED Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:
 - a. Be regularly assigned to the ED.
 - b. Have knowledge of VCEMS policies and procedures.
 - c. Coordinate RH activities with BH, Prehospital Services Committee (PSC), and VCEMS policies and procedures.
 - d. Attend, or have designee attend, PSC meetings.
 - e. Provide ED staff education.
 - f. Schedule medical staffing for the ED on a 24-hour basis.
13. Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse (RN) that meets the following criteria:
 - a. All Emergency Department physicians shall:
 - 1) Be immediately available to the Emergency Department at all times.
 - 2) Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:
 - a) Have and maintain current Advanced Cardiac Life Support (ACLS) certification.
 - b) Have and maintain current Advanced Trauma Life Support (ATLS) certification.

- c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.
 - b. RH EDs shall be staffed by:
 - 1) Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or
 - 2) Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.
 - a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month.
 - b) Physicians working in more than one hospital may total their hours.
 - c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician.
 - d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.
 - c. All RH RNs shall:
 - 1) Be regular hospital staff assigned solely to the ED for that shift.
 - 2) Maintain current ACLS certification.
 - d. All other nursing and clerical personnel for the Emergency Department shall maintain current Basic Cardiac Life Support certification.
 - e. Sufficient licensed personnel shall be staffed to support the services offered.
- 13. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.
- 14. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the Ventura County Electronic Patient Care Report (VCePCR), Paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.
- 15. Participate with the BH in evaluation of paramedics for reaccreditation.

16. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.
- B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for ALS program participation as specified by EMS policies and procedures.
- C. EMS shall review its agreement with each RH at least every two years.
- D. EMS may deny, suspend, or revoke the approval of a RH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Board of Supervisors for appropriate action.
- E. The EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the PSC that, as defined in the regulations, compliance with the regulation would not be in the best interests of the persons served within the affected local area.
- F. A hospital that applies to become a RH in Ventura County must meet Ventura County RH Criteria and agree to comply with Ventura County regulation.
 1. Application:
Eligible hospital shall submit a written request for RH approval to the VCEMS, documenting the compliance of the hospital with the Ventura County RH.
 2. Approval:
Program approval or denial shall be made in writing by EMS to the requesting RH within a reasonable period of time after receipt of the request for approval and all required documentation. This period shall not exceed three (3) months.
- G. ALS RHs shall be reviewed every two years.
 1. All RH shall receive notification of evaluation from the EMS.
 2. All RH shall respond in writing regarding program compliance.
 3. On-site visits for evaluative purposes may occur.
 4. Any RH shall notify the EMS by telephone, followed by a letter within 48 hours of changes in program compliance or performance.
- H. Paramedics providing care for emergency patients with potentially serious medical conditions and are within the catchment area of a hospital with a standby emergency department, shall make immediate base contact for destination determination. Examples of these patients would include, but are not limited to, patients with:
 1. Patients with seizure of new onset, multiple seizures within a 24-hour period, or sustained alteration in level of consciousness

2. Chest pain or discomfort of known or suspected cardiac origin
 3. Sustained respiratory distress not responsive to field treatment
 4. Suspected pulmonary edema not responsive to field treatment
 5. Potentially significant cardiac arrhythmias
 6. Orthopedic emergencies having open fractures, or alterations of distal neurovascular status
 7. Suspected spinal cord injury of new onset
 8. Burns greater than 10% body surface area
 9. Drowning or suspected barotrauma with any history of loss of consciousness, unstable vital signs, or respiratory problems
 10. Criteria that meet stroke, STEMI, or trauma criteria for transport to a specialty care hospital
- I. A RH with a standby emergency department only, offering “standby emergency medical service,” is considered to be an alternative receiving facility. Patients may be transported to a standby emergency department when the use of the facility is in the best interest of patient care.
1. Patients that require emergent stabilization at an emergency department may be transported to a standby emergency department if a basic emergency facility is not within a reasonable distance. These would include patients:
 - a. In cardiac arrest with NO return of spontaneous circulation (ROSC) in the field
 - b. With bleeding that cannot be controlled
 - c. Without an effective airway
 2. During hours of peak traffic, the Base Hospital MICN should make destination determinations based on predicted travel time and patient condition. Patients who meet criteria for trauma, stroke, or STEMI in the absence of a condition that meets I.1. above, will be directed to the appropriate destination.
 3. A RH with a standby emergency department shall report to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: _____

Date: _____

	YES	NO
A. Receiving Hospital (RH), approved and designated by the Ventura County EMS Agency, shall:		
1. Be licensed by the State of California as an acute care hospital.		
2. Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.		
3. Be accredited by a CMS accrediting agency		
4. Operate an Intensive Care Unit.		
5. Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department (ED) Physician. and consultant Physician.) within 30 minutes:		
• Cardiology		
• Anesthesiology		
• Neurosurgery		
• Orthopedic Surgery		
• General Surgery		
• General Medicine		
• Thoracic Surgery		
• Pediatrics		
• Obstetrics		
6. Have operating room services available within 30 minutes.		
7. Have the following services available within 15 minutes.		
• X-Ray		
• Laboratory		
• Respiratory Therapy		
8. Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician, or other qualified medical personnel designated by hospital policy.		
9. Have the capability at all times to communicate with the ambulances and the BH.		
10. Designate an Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California, and have experience in emergency medical care. The Medical Director shall:		
a. Be regularly assigned to the Emergency Department.		
b. Have knowledge of VC EMS policies and procedures.		

		YES	NO
c.	Coordinate RH activities with Base Hospital, Prehospital Services Committee (PSC), and VCEMS policies and procedures.		
d.	Attend or have designee attend PSC meetings.		
e.	Provide Emergency Department staff education.		
f.	Schedule medical staffing for the ED on a 24-hour basis.		
11.	Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse that meets the following criteria:		
a.	All Emergency Department physicians shall:		
	1) Be immediately available to ED at all times.		
	2) Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:		
	a) Have and maintain current Advanced Cardiac Life Support (ACLS) certification.		
	b) Have and maintain current Advanced Trauma Life Support (ATLS) certification.		
	c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
b.	RH EDs shall be staffed by:		
	1) Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or		
	2) Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.		
	a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month		
	b) Physicians working in more than one hospital may total their hours		
	c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician		

		YES	NO
	d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.		
	c. All RH RNs shall:		
	1) Be regular hospital staff assigned solely to the ED for that shift.		
	2) Maintain current ACLS certification.		
	d. All other nursing and clerical personnel for the ED shall maintain current Basic Cardiac Life Support certification.		
	e. Sufficient licensed personnel shall be utilized to support the services offered.		
12.	Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.		
13.	Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the VCePCR, paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.		
14.	Participate with the BH in evaluation of paramedics for reaccreditation.		
15.	Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.		
B.	There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by EMS policies and procedures.		

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _____

Date: _____

All Emergency Department physicians shall:	YES	NO
1. Be immediately available to the RH ED at all times.		
2. Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:		
a. Have and maintain current ACLS certification.		
b. Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
c. Have and maintain current Advanced Trauma Life Support (ATLS) certification.		

The above named physician is:

1) Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or		
2) Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)		

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
STANDBY EMERGENCY DEPARTMENT
ADDITIONAL CRITERIA COMPLIANCE
CHECKLIST

Receiving Hospital w/Standby ED: _____

Date: _____

The RH with standby ED has:	EMS REVIEW	
	YES	NO
A. Medical staff, and the availability of the staff at various times to care for patients requiring emergency medical services.		
B. Ability of staff to care for the degree and severity of patient injuries or condition.		
C. Equipment and services available at the facility necessary to care for patients requiring emergency medical services and the severity of their injuries or condition.		
D. During the current 2-year evaluation period, has reported to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.		
E. Authorization by the Ventura County EMS Agency medical director to receive patients requiring emergency medical services, in order to provide for the best interests of patient care.		
COMMENTS		