



Administrative Policy		6101
Effective April 1, 2018		Expires March 31, 2019
Policy: Prehospital Receiving Centers	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: Prehospital Receiving Centers, EMS System	Approval: REMSA Director Bruce Barton	Signed

PURPOSE

This policy defines the requirements for a California Department of Public Health (CDPH) licensed general acute care hospital with a CDPH permit to operate a basic or comprehensive emergency medical service to be designated as a Prehospital Receiving Center (PRC) in Riverside County.

AUTHORITY

- [California Health & Safety Code, Division 2, Chapter 2, Article 1, Section 1255.1](#)
- [California Health & Safety Code, Division 2.5, Chapter 2, Section 1797.67](#)
- [California Health & Safety Code, Division 2.5, Chapter 2, Section 1797.88](#)
- [California Health & Safety Code, Division 2.5, Chapter 6, Article 3, Section 1798.170](#)
- [California Code of Regulations, Title 22, Division 9, Chapter 7, Section 100243](#)

Prehospital Receiving Centers

Initial Designation of a new Prehospital Receiving Center

1. Hospitals applying for initial designation as a PRC must submit an application to the Riverside County EMS Agency (REMSA) along with evidence of compliance to all criteria in this policy.
2. REMSA will review the submitted material, perform a site visit, and meet with appropriate hospital personnel. Following a thorough review, REMSA will provide its findings to the Emergency Medical Care Committee (EMCC) for recommendations for endorsement or denial of endorsement of PRC designation.

Continuing Designation as a Prehospital Receiving Center

1. REMSA shall monitor designated PRC's compliance with the provisions of this policy. A compliance review will occur one year after the effective date of this policy and then at three year intervals, or more often as deemed necessary by the REMSA Medical Director. PRCs may be required to submit specified written materials to demonstrate compliance with this policy. Site visits may be performed at the discretion of REMSA with or without prior notification for the purposes of verifying compliance with this policy. The PRC will make records and personnel available to REMSA that are pertinent for compliance verification.
2. REMSA will provide its findings to the EMCC for recommendations for endorsement or denial of PRC designation.
3. Final authority for PRC designation rests with the REMSA Medical Director.

Emergency/Temporary Designation as a Prehospital Receiving Center

During EMS surge events such as pandemic flu outbreaks or mass casualty incidents (MCIs) that overwhelm or threaten to overwhelm the patient care capacity of designated PRCs and the EMS system, REMSA may designate temporary PRCs to meet EMS system needs. These may include but not be limited to the following as authorized by the REMSA Medical Director and/or Public Health Officer:

- a. Any Hospital within Riverside County
- b. Any activated Field Treatment Site (FTS)
- c. Any activated Alternate Care Site (ACS)
- d. Any medical clinic

Change in Ownership/Change in Executive or Management Staff

Prehospital Receiving Centers will notify REMSA in writing at least 30 days prior to the effective date of any changes in hospital ownership as defined in 42 C.F.R. 489.18 adopted by the Centers for Medicare & Medicaid Services. Any change in hospital service levels as a result of a change in ownership may require re-designation by REMSA. Key

personnel changes in chief executive staff, emergency department (ED) management (e.g., ED physician group, nurse manager) will be communicated in writing to REMSA within 10 days of the effective date of the change.

Reduction or Elimination of Services by the Prehospital Receiving Center

Prehospital Receiving Centers considering a reduction or elimination of emergency services must notify the State Department of Health Services and REMSA a minimum of 90 days prior to the planned reduction or elimination of services.

Hospital Licensing and Accreditation

Hospital will notify REMSA in writing if the hospital is found to not be in compliance with regulations applicable to services provided within the scope of being a PRC. If REMSA determines that the non-compliance materially interferes with the ability of the hospital to meet its obligations under this policy or threatens the health and safety of emergency patients, REMSA, subject to the written notice and appeal rights of this policy, will determine whether the hospital may continue to receive 9-1-1 patients during the periods that corrective actions are underway.

Confidentiality

1. Except as required by law, all information obtained by REMSA in the investigation process are treated as confidential matters between REMSA and the PRC.
2. All data and other information submitted by a PRC to REMSA under this Policy for the purpose of monitoring, evaluating or reporting on the necessity, quality and level of emergency services, including data or other information under the heading below entitled "Data Collection/Continuous Quality Improvement," shall be subject to California Evidence Code §1157.7, to the maximum extent of the law. REMSA shall establish a committee for the purpose of monitoring, evaluating or reporting on the necessity, quality and level of specialty health services; in the absence of establishing a committee, REMSA shall be deemed a "committee" within the meaning of California Evidence Code §1157.7. A PRC may enforce California Evidence Code §1157.7, and the protections of California Evidence Code §1157 (as referenced by California Evidence Code §1157.7), with respect to any or all data and other information submitted by a PRC to REMSA under this Policy.

Medical Personnel/Staffing

Medical personnel and staffing shall be maintained to ensure continuous licensure as a general acute care hospital and permitting for basic or comprehensive emergency services.

Disaster Coordinator

1. Each PRC will have a qualified individual designated to serve as a point of contact for medical and health emergency planning and operations, in addition to a designated back-up point of contact.
2. The PRC will participate in medical and health disaster planning and exercises in cooperation with the Department of Public Health.

Participation in EMS System Administration

A designated emergency department staff person and alternate will be responsible for:

1. Coordination of PRC activities with the base hospitals, the Prehospital Medical Advisory Committee (PMAC) and REMSA to include:
 - a. Representation at a minimum of one PMAC meetings per year;
 - i. This representative can be the ED medical director, nurse manager, or designee.
 - b. Notification and education of the ED staff on matters discussed at PMAC and EMCC;
 - c. Notification of the assigned base hospital prehospital liaison nurse / physician medical director and/or REMSA of concerns or identified problems in the EMS system and delivery of care by EMS personnel;
 - d. Participation in EMS system-wide training initiatives and operations.

Daily Operations/Interface with the EMS System

Prehospital Receiving Centers will conduct operations necessary to ensure the effective transfer and continuation of care for patients received from the EMS system. This includes but is not limited to the following:

PRCs shall accept any and all patients transported to their facility by authorized prehospital EMS personnel.

1. Ensure all necessary staff, equipment and hospital resources are available 24 hours a day to receive patients from the EMS system and continue emergency medical care.
2. Implement a process utilizing evidence based practices with a commitment to continuous performance improvement to ensure the timely transfer of patient care from EMS personnel to ED staff and the return to service of 9-1-1 ambulances.
 - a. A PRC shall make every effort to accept ambulance patients and free the ambulance to be available to respond to other calls within 30 minutes of arrival at the hospital.
 - b. A PRC shall implement processes to work cooperatively with ambulance providers and REMSA staff to return ambulances to service as soon as possible when multiple ambulances are being held in the ED for extended periods of time.
3. A PRC shall agree to follow applicable REMSA protocols, policies and procedures promulgated pursuant to Federal, State and Local laws.
4. Implement procedures for notifying the EMS duty officer of issues and incidents that affect or may affect the EMS system, including but not limited to:
 - a. Activation of internal disaster procedures
 - b. Safety issues for patients or EMS provider agencies
 - c. Disruption of emergency medical care capability or ability to receive patients
 - d. Need for hospital evacuation
 - e. Disruption in communications capability(ies) with the field, base hospitals or EMSCOM
 - f. Excessive delay in transfer of care time leading to the holding of 9-1-1 ambulances
5. Participate in all HAVBED or other polls as requested by REMSA.

Data Collection/Continuous Quality Improvement

Each PRC will:

1. Complete the REMSA Trauma Patient Registry Form when indicated and submit to REMSA within 30 days of patient's arrival at the PRC (applies to non-trauma hospitals only).
2. Designate an ED staff member as the CQI liaison. The CQI liaison's name and contact information will be provided to REMSA. If the CQI liaison changes, the PRC is responsible for notifying REMSA.
3. Participate in continuous quality improvement activities (e.g., system-wide focused audits, participation on REMSA CQI committees, CA EMSA Core Measures).
4. Collaborate with local EMS response agencies for improvement of patient care and EMS system efficiency.
5. Notify REMSA and/or the assigned base hospital if EMS personnel deviate from REMSA policies, protocols, or standards.
6. Comply with CARES Data collection for the EMS Agency and National CARES database.
7. Provide patient outcome data to REMSA, upon request, for individual patients transported to the PRC for evaluation and treatment. Patient outcome data is to be used internally by REMSA to meet requirements for continuous quality improvement review and EMS system oversight pursuant to Federal, State and Local laws. All data and other information submitted by a PRC to REMSA under this policy for the purpose of monitoring, evaluating or reporting on the necessity, quality and level of emergency services, including data or other information under the heading above entitled "Data Collection / Continuous Quality Improvement," shall be subject to California Evidence Code §1157.7, to the maximum extent of the law.

Prehospital Receiving Center Policies

Prehospital Receiving Centers will have formal policies for the provision of care to all patients received from the EMS system pursuant to all applicable Federal, State and Local laws, regulations and policies governing the credentialing of acute care hospitals and permitting of basic or comprehensive emergency services. Policies will be made available to REMSA upon request.

Notification of Non-Compliance and Corrective Actions

Notification and corrective actions for non-compliance with the provisions of this policy by the PRC may include one or more of the following:

1. The PRC will receive written notice from REMSA outlining specific areas of non-compliance.

2. Other affected entities will receive written notice from REMSA outlining specific areas of non-compliance, any historical issues of non-compliance and potential impacts if the areas of non-compliance go uncorrected.
3. The PRC will formulate a corrective action plan and send the written action plan to REMSA within 30 days of said written notice.
4. Assigned REMSA staff will meet with the PRC's administration and affected local entities to review the written action plan.

Denial/Suspension/Revocation of Designation as a Prehospital Receiving Center

1. The REMSA may deny, suspend or revoke the designation of a PRC for substantial or uncorrected failure to meet the provisions of this policy as determined by the REMSA Medical Director to ensure patient safety.
2. Prior to taking any action REMSA shall provide to the PRC written notice of proposed suspension, denial or revocation including the reasons for the proposed action.
3. Denial, suspension or revocation of PRC designation will include a public report to the EMCC.

Appeal Rights to Hearing

1. A PRC that has been denied approval/designation or has received notice for non-compliance is entitled to appeal and request a hearing before the EMCC.
2. The PRC will be provided an opportunity to present evidence and testimony during the appeal process.
3. The EMCC will hear all evidence and testimony before formulating a recommendation to the REMSA Medical Director.
4. The EMCC recommendation will be by majority vote with the EMCC chair casting the deciding vote in the event of a tie.
5. The final authority to deny, suspend or revoke PRC status rests with the REMSA Medical Director.