SPECIALTY CARE TRANSPORT

I.   PURPOSE

To establish the criteria for the approval of Specialty Care Transport (SCT) providers and personnel operating within San Bernardino, Inyo or Mono Counties.

II.   PROGRAM APPROVAL

- Requests for approval must be made in writing 60 days prior to the anticipated starting date of service. The request must include:

  ➢ Proposed identification, location of the SCT unit, and geographic coverage area.

  ➢ Proposed SCT staffing, including Registered Nurse (RN) or Respiratory Care Practitioner (RCP) and a Paramedic (EMT-P) or Emergency Medical Technician (EMT).

  ➢ A description of the procedures to be followed for changes in destination due to unforeseen changes in the patient's condition or other unexpected circumstances.

  ➢ A copy of all policies, protocols and procedures that are approved by the SCT provider's Medical Director.

  ➢ A description of the orientation program and process utilized to verify skill competency for SCT personnel.

  ➢ Documentation identifying and listing the qualifications for the SCT provider's Medical Director, including current license, certifications and resume/curriculum vitae.

  ➢ Documentation identifying and listing the qualifications for the SCT Nurse Coordinator, including current license, certifications, and resume/curriculum vitae.

  ➢ A quality improvement (QI) plan, or an amendment to the EMS provider's QI Plan, that describes the QI process for interfacility SCT. The plan must comply with all provisions of the ICEMA QI Plan and include 100% review of all patient care reports in which SCT is utilized.

  ➢ Agreement to comply with all ICEMA policies and protocols for transport of critical injured or ill patients and quality improvement.

- ICEMA will notify the applicant in a timely manner, if any further documentation is needed.

- The applicant will be notified in writing of approval or denial of the program within 60 days.

III.   POLICY

- A private ambulance company must be ICEMA approved to operate in San Bernardino, Inyo, or Mono Counties as a Basic Life Support (BLS) or Advanced Life Support (ALS) provider.

- A private ambulance provider must be ICEMA approved to employ RNs and/or RCPs to staff and provide SCT.

- All EMS providers interested in providing SCT utilizing any combination of RNs and/or RCPs and EMT-Ps or EMTs shall provide the information required for program approval for review to determine eligibility.

- This policy does not apply when RNs or RCPs, employed by a healthcare facility, are occasionally utilized by an EMS transport provider to provide interfacility patient transport as part of emergent situations.

IV.   DOCUMENTATION FOR SCT

- An ICEMA approved electronic patient care report (ePCR) is required for all transported patients.

- If a paper downtime form is utilized, EMS providers are required to submit an ICEMA approved ePCR by the end of shift or within 24 hours of the transport (whichever is less).

- The EMS provider shall conduct a 100% review of all patient care reports as part of their QI program.

V.   EQUIPMENT

- The EMS provider shall provide the following equipment:

  ➢ BLS equipment per ICEMA Reference #7010 - Standard Drug and Equipment List - BLS/LALS/ALS.

  ➢ ALS equipment per ICEMA Reference #7010 - Standard Drug and Equipment List - BLS/LALS/ALS when utilizing a RN or EMT-P.

  ➢ Additional equipment as needed to provide required specialized treatment and care.

VI.   SCT MEDICAL DIRECTOR

- A full or part-time physician licensed in the State of California and qualified by training and experience with practice, within the last five (5) years, in emergency or acute critical care medicine. The ICEMA Medical Director must approve the candidate for medical director.

- The duties of the SCT medical director shall include but not be limited to:

  ➢ Sign and approve, in advance, all medical protocols to be followed by the RN and/or RCP.

  ➢ Ensure the ongoing training of SCT personnel in SCT provider's policies and treatment protocols relative to their level of care and scope of practice.

  ➢ Be familiar with the Emergency Medical Treatment and Active Labor Act (EMTALA) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 requirements.

  ➢ Ensure the ongoing training of staff in EMTALA and HIPAA requirements.

> ➤ Participate in the development, implementation, and ongoing evaluation of the QI program to ensure the quality of patient care and safe transport of patients.

VII. SCT NURSE COORDINATOR

- A full or part-time RN, licensed in the State of California that is qualified by training and/or experience in emergency or acute critical care medicine, within the last five (5) years, in emergency or acute critical care nursing. The duties of the SCT Nurse Coordinator shall include but not be limited to:

  > ➤ Maintain documentation indicating that all SCT personnel have been properly oriented to the SCT program.

  > ➤ Maintain documentation for all applicable licensure, certification and/or accreditation requirements of all SCT personnel.

  > ➤ Provide ongoing training to all SCT personnel.

  > ➤ Be familiar with EMTALA and HIPAA requirements.

  > ➤ Provide ongoing training of staff in EMTALA and HIPAA requirements.

  > ➤ Ensure the development, implementation and ongoing evaluation of the SCT provider's QI program in collaboration with the SCT Medical Director.

VIII. SCT PERSONNEL

- SCT personnel shall:

  > ➤ Be utilized to perform duties within their respective scope of practice but must be accompanied by other medical personnel, when required, based on patient acuity and/or anticipated patient care requirements.

  > ➤ Be currently licensed or certified for unrestricted practice in California.

  > ➤ Currently possess a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent.

  > ➤ Currently possess a valid American Heart Association Advanced Cardiac Life Support (ACLS) card (except EMTs). ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.

- SCT personnel shall be credentialed per the following ICEMA policies:

  > ➤ RNs shall be authorized as a Mobile Intensive Care Nurse (MICN) per ICEMA Reference #1040 - MICN Authorization - Base Hospital, Administrative, Flight Nurse and Critical Care Transport.

  > ➤ RCPs shall be authorized by ICEMA per ICEMA Reference #1050 - RCP Authorization.

  > ➤ EMT-Ps utilized as part of a SCT shall be accredited per ICEMA Reference #1030 - EMT-P Accreditation.

> ➤ EMTs utilized as part of a SCT shall be certified per ICEMA Reference #1020 - EMT Certification.

IX.   PROCEDURES

- Each SCT provider shall develop and maintain procedures for the hiring and training of SCT personnel.

- Each SCTs provider must develop a manual to include the following:

    > ➤ Malpractice insurance coverage.

    > ➤ Identity and accessibility of the SCT Medical Director and SCT Nurse Coordinator.

    > ➤ Vehicle inventory lists including minimum equipment listed in equipment above.

    > ➤ Copies of all related interfacility transfer paperwork and instruction for completing the ePCR.

    > ➤ Guidelines for change in patient destination due to patient condition and procedures for base hospital contact when necessary.

    > ➤ Any protocols (standing orders) to be followed by the RN and/or RCP based on ACLS, PALS and/or NALS guidelines and approved by the SCT Medical Director.

    > ➤ Any medical protocols to be followed by the RN and/or RCP and approved by the SCT Medical Director

- All policies and protocols are subject to review by ICEMA.

X.   REFERENCES

Number	Name
1020	EMT Certification
1030	EMT-P Accreditation
1040	MICN Authorization - Base Hospital, Administrative, Flight Nurse and Critical Care Transport
1050	RCP Authorization
7010	Standard Drug and Equipment List - BLS/LALS/ALS