



## Application For Accreditation As Medical Command Facility

### General Information

1. Name of Facility

a. Address

b. City

c. State

d. Zip Code

3. Telephone Number

4. Administrator Information

a. Last Name

b. First Name

c. Middle Initial

d. Title

MCF Number

5. County

6. Is your facility licensed by the Department of Health?

No

Yes

If yes, provide the expiration date of license.

7. Is your facility accredited by the Joint Commission on Accreditation of Health Care Organizations?

No

Yes

If yes, provide the expiration date of accreditation.

8. List the counties where your medical command physicians will provide medical direction to prehospital providers.

9. Are the facility's administrator, president of the medical staff, director of emergency medicine, medical command facility medical director and director of nursing, supportive of the facility's participation as a command facility?

No

Yes

**The above referenced individuals must affix their signatures to this application as follows:**

\_\_\_\_\_  
a. Administrator or CEO of the facility

\_\_\_\_\_  
b. Director of the Emergency Department

\_\_\_\_\_  
c. Medical Command Facility Medical Director

10. Are emergency services provided through an organized department of emergency medicine?

- No
- Yes

11. Is the director of the department a physician?

- No
- Yes

12. Is this individual employed on a full-time basis?

- No
- Yes

13. Is the director of the emergency department the same individual who is the medical command facility medical director?

- No
- Yes

14. Does the medical command facility medical director have administrative as well as clinical authority in the department?

- No
- Yes

15. Does the facility have a coordinated plan for medical communications within the medical control service area for use during disaster conditions?

- No
- Yes

If not, will such a plan be developed?

- No
- Yes

When?

16. Who is the medical director who will function as the medical command facility medical director?

**17. The facility must adhere to and maintain medical command policies consistent with all state/regional regulations, policies and procedures.**

Medical command facility policies and procedures should include, but not be limited to:

- a. Goals/objectives.
- b. Requirements for pre-hospital personnel to receive and maintain medical command.
- c. Pre-hospital personnel continuing education and skill requirements.
- d. Pre-hospital provider status.
- e. Clinical operations such as standing orders, use of protocols (when medical commander is not notified), withholding of advanced life support, dispatch coordination, dealing with obviously deceased individuals, regional ALS treatment, triage and transfer protocols, utilization of air helicopter/transport services, acute care procedures for relay of information through non-physician intermediary, recordkeeping requirements, medication control/accountability requirements, plans for mass casualty incidents, and policies to inform pre-hospital personnel if they have been exposed to a transmittable disease.

**Attach copies of all policies.**

18. Is there a separate medical command station (MCS)?

No

Yes

a. Where is the station located?

b. Is the medical command station operational on a 24-hour/day basis?

No

Yes

19. Does the facility have the capability to provide immediately available emergency physician medical command or ALS units in the medical service area?

No

Yes

a. How many ALS units does your medical command facility provide or will provide direction to?

Please indicate the number of calls per month that your medical command facility is required to provide medical command for. (In new applicant, estimated number)

20. What procedures have been established to permit the command physician to consult on-call specialists? Please be specific. Attach documentation.

21. Does the facility operate ALS and bio-medical communications equipment?

No

Yes

Please list the equipment.

a. Is the equipment located within the medical command station?

No

Yes

b. Is the equipment compatible with and integrated into the regional system?

If no, why not?

22. Does the facility monitor all EMS radio channels in use within the medical control service area?

No

Yes

If not, is this monitoring done by a central communications center?

No

Yes

23. Within the facility's geographical area, is there a need for specific channel allocation to facilitate communication?

No

Yes

24. Does your facility maintain the ability to communicate by radio or telephone with other facilities in the service area and with those facilities in adjacent service areas?

No

Yes

25. Does the facility cooperate with all other facilities to provide complete and immediate details regarding ALS patients being directed to the receiving hospital?

No

Yes

26. Does your facility document and tape record all ALS communications involving medical command direction?

No

Yes

How long is the information stored and maintained?

Where is information stored?

contain specific information on patients for whom medical command is sought?

No

Yes

b. Does the written documentation become a part of the patient's permanent chart?

No

Yes

What specific information is documented on the medical command record?

**Please attach a copy of the written documentation form (medical command record).**

27. Does the facility maintain appropriate programs for training emergency department staff in the effective use of telecommunications equipment?

No

Yes

28. Does your facility employ sufficient staff to ensure that at least one approved medical command physician, meeting the requirements in Section 1003.4(b) of the EMS regulations relating to medical command physicians, is present in the facility 24 hours/day, seven days/week?

No

Yes

**Please attach a copy of the staffing patterns to document sufficient medical command physician availability.**

29. Please describe operational procedures utilized when special circumstances require your facility to initiate arrangements with another medical command facility to provide command.

Describe notification procedures to ambulance services.

30. Is all pre-hospital care documented on the state patient care report?

No

Yes

a. Does a copy of the patient care report become a part of a patient's permanent medical record?

No

Yes

31. Is there an orientation program for all medical command physicians which provides familiarization with state and regional ALS standards?

No

Yes

**Please attach a context outline of the orientation program.**

**The director of the department of emergency medicine or medical command facility medical director must agree to supervise medical control of ALS operations within the medical control service area in strict accordance with all state/regional adopted regulations, policies and procedures including, but not limited to: treatment, triage, transfer and hospital assignment protocols.**

**The facility must agree to participate in the regional EMS council's quality assurance program.**

**All of your medical command physicians must adhere to regionally adopted protocols when providing command direction to ALS pre-hospital personnel.**

**The medical command facility medical director must be willing to assume responsibility for adherence to regional pre-hospital triage, treatment and transfer protocols of those command physicians under his/her direction.**

**Please have the physician noted as the medical command facility medical director sign below that he/she is aware of this requirement.**

Director Name:

\_\_\_\_\_  
Director Signature:

\_\_\_\_\_  
Date: