

PARAMEDIC INTERFACILITY TRANSFER (CCT-P)
PROGRAM APPLICATION

I. PROGRAM DESCRIPTION

_____ (Provider) will offer a paramedic interfacility transfer program that meets or exceeds standards identified in Emergency Medical Services (EMS) Policy 28 *Critical Care Transport - Paramedic (CCT-P) Program Standards*.

Provider understands that approval of this program is limited to transfers from acute care hospitals, or other medical facilities approved by the EMS Medical Director, to other acute care facilities, and that violation of this provision by conducting paramedic transfers from any other facility may result in cancellation of this program. In performing services Provider shall work cooperatively with the County's EMS Agency.

Provider agrees that the performance of services shall conform to high professional standards and shall comply with all applicable State and Local Codes and regulations, including Local EMS Agency policies and procedures. The EMS Agency may withdraw Provider's program authorization for failure to meet program standards or to comply with other program requirements. The EMS agency may change program requirements with adequate notification to Provider.

II. PERSONNEL/TRAINING

A. Staffing & Certification. Provider shall assure that:

1. Each CCT-P unit is staffed with a minimum of two appropriately trained and credentialed prehospital personnel, at least one of which shall be a paramedic. Other staff member(s) may be paramedics, EMT's, or other licensed medical personnel as approved by EMS Medical Director.
2. Paramedic Personnel: Paramedics assigned to CCT-P units shall meet the following minimum qualifications for staffing such units:
 - a. Current and valid California Paramedic License
 - b. Current accreditation in Contra Costa County
 - c. At least two (2) years full-time field experience as a paramedic in an ALS system
 - d. Current/continuously renewed provider status in BCLS, ACLS, PALS, PEPP, and PHTLS or BTLS
 - e. Successful completion of required, EMS Agency approved, training and orientation program(s) specific to skills used on interfacility transfers
3. EMT Personnel: EMT's assigned to CCT-P units shall meet the following minimum qualifications for staffing such units:
 - a. Current and valid EMT-I certification in California
 - b. Current provider status in BCLS
 - c. Successful completion of EMS Agency approved training program specific to skills used in assisting paramedics in patient care delivery during interfacility transfers.
4. Provider shall supply the EMS Agency with a list of all staff working on CCT-P Units and shall see that this list is updated when there is any change in personnel.
5. Provider shall retain on file at all times, copies of current and valid credentials for all personnel performing services under this program.

III. MEDICAL DIRECTION

Personnel assigned to Provider's CCT-P Units work under the existing medical control system and follow Contra Costa EMS field treatment guidelines, policies and procedures as approved by the EMS Medical Director.

- A. The Contra Costa County EMS Medical Director has overall responsibility for medical control for all paramedic programs within Contra Costa County.
- B. Medical control is exercised through policies, protocols, and training established and approved by the Contra Costa County EMS Medical Director.
- C. Retrospective medical control includes monitoring, quality improvement, incident review, and disciplinary processes conducted by Provider or by the EMS Agency.

- D. Transferring physician orders:
 - 1. Provider shall use a transferring physician order form that has been pre-approved by the EMS Medical Director.
 - 2. Shall be limited to skills and medications included in the County paramedic basic, optional, and CCT-P expanded scopes of practice.
- E. Provider's personnel shall be familiar and comply with policies regarding patients requiring care that exceeds the CCT-P scope of practice.
- F. Provider's personnel shall be familiar and comply with the exceptional situation procedures included in EMS Policy for patient deterioration and on-view occurrences.

IV. DOCUMENTATION

- A. Provider's personnel shall accurately complete a written patient care report (PCR), format of which has been approved by the EMS Agency, for each patient. A copy of the completed PCR shall be left at the receiving facility prior to the CCT-P Unit departing the facility.
- B. Provider's personnel shall distribute PCR's as defined in the EMS "Critical Care Transport - Paramedic (CCT-P) Program".
- C. A copy of each PCR shall be submitted to the EMS Agency, and the base hospital if involved in the transfer, by the first business day following the transfer.

V. CCT-P STAFF PREPARATION

Provider shall develop or identify training and orientation programs for CCT-P personnel, which include didactic, and training requirements for CCT-P personnel identified in EMS Policy. The EMS Medical Director shall approve training and orientation programs prior to providing such training to CCT-P staff.

VI. QUALITY IMPROVEMENT PLAN

- A. Provider's CCT-P program shall have a written CQI plan approved by the EMS Agency.
- B. A Registered Nurse or physician shall have clinical oversight of Provider's CQI plan.
- C. Provider's CQI staff shall evaluate all CCT-P transfers for medical appropriateness.
- D. Reports summarizing CQI activity, identified trends, and resolutions shall be submitted quarterly to the EMS Agency.

VIII. OBSERVATION OF OPERATIONS

Provider agrees that County representatives may, at any time and without notification, directly observe Provider's facilities and operations. The County representative shall conduct him/herself in a professional and courteous manner, shall not interfere with Provider's employees in the performance of their duties and shall at all times be respectful of Provider's employer/employee relationships.

IX. VEHICLE MARKING AND STAFF IDENTIFYING INFORMATION

- A. Ambulances shall not be marked with "Paramedic" except when, and only when that level of service is being provided as part of Provider's CCT-P Program.
- B. Paramedic staff shall wear a name badge with their name and "Paramedic" when, and only when, they are equipped to provide that level of service.

X. SIGNATURE

Provider agrees to comply with the terms above described pilot CCT-P Transport Program.

_____ **Ambulance Service**

By: *(signature)* _____

(print name) _____

Title: _____

Date: _____