

NOTE: These sections were approved at the regular REMAC meeting, September 19, 2005. Where applicable, these sections replace sections of the current Medical Control Plan. Approval of the complete proposed draft update is pending.

HOSPITALS - CLASSIFICATIONS

1. In-Region Hospitals

It is recognized that within the Westchester Region, with its geographic and political diversities and built-in patient flow patterns, there will be widely varying capabilities and technologies within hospital emergency departments/services and inpatient/out-patient facilities. Due to these diverse capabilities, not all hospital emergency departments/services may be capable or willing to assume the responsibility of ALS medical control. Therefore, the WREMAC has divided participation of area emergency departments/services in prehospital medical control activities into two general categories, **Receiving Hospital**, and **Medical Control Hospital**. It is expected, however, that all hospitals with emergency departments/services receiving patients by ambulance will assume the responsibility of assuring familiarity of their medical and nursing staff with prehospital capabilities and levels of care, and cooperation with regional systems planning and development, Quality Improvement activities, etc.

Medical Control Hospitals within the Westchester Region:

- Dobbs Ferry Community Hospital
- Hudson Valley Hospital Center
- Lawrence Hospital
- Mt. Vernon Hospital
- Northern Westchester Hospital Center
- Phelps Memorial Hospital Center
- Sound Shore Medical Center
- St. John's Riverside Hospital
- St. Joseph's Medical Center
- Westchester Medical Center
- White Plains Medical Center

Receiving Hospitals within the Westchester Region:

- There are no Receiving Hospitals currently within the Westchester Region.

2. Out-of-Region Hospitals

Due to geographical variables and transportation concerns, there are



hospitals outside of the Westchester Region that may frequently receive patients from Westchester Regional EMS agencies. As such, these facilities will be notified of any WREMAC protocol amendments and updates. **Receiving Hospitals** located outside of the Westchester Region cannot be held to the same definitions and requirements delineated for Regional Receiving Hospitals. In areas where the WREMAC has identified a need for additional Medical Control resources at a hospital located out-of-region, and the facility is willing to take on the responsibility to ensure compliance with the outlined requirements, **Special Resource Hospital** status will be conferred. Hospitals located outside the Westchester Region may not be considered for Medical Control Hospital status as defined in this policy.

Receiving Hospitals outside of the Westchester Region:

- **Hudson Valley Region**
 - Putnam Hospital (Putnam County)
 - Nyack Hospital (Rockland County)
- **New York City Region**
 - Jacobi Medical Center (Bronx County)
 - Our Lady of Mercy Medical Center (Bronx County)
 - Montifiore Medical Center (Bronx County)
- **Western Connecticut**
 - Danbury Hospital (Fairfield County)
 - Greenwich Hospital (Fairfield County)
 - Norwalk Hospital (Fairfield County)

Special Resource Hospitals outside of the Westchester Region:

- There are no Special Resource Hospitals currently outside the Westchester Region.

SPECIAL RESOURCE HOSPITAL – DEFINITION, RECOMMENDED ROLES AND RESPONSIBILITIES

A Special Resource Hospital is an emergency department/service as defined under section 405 of the NYS hospital code, or equivalent statute, which works in cooperation with Regional Medical Control Hospitals to carry out systems implementation. Special Resource Hospitals are out-of-regional facilities which provide on-line ALS and BLS physician direction for patients that require transportation to that hospital.

Out-of-Region Receiving Hospitals may be considered for Special Resource Hospital designation if a need has been identified by the WREMAC for additional Medical Control resources in a given area. The facility must be able to meet criteria



for a Medical Control Hospital. A Technical Advisory Group (TAG) will be tasked with establishing the need and making recommendations to the WREMAC, which will have the responsibility of making the final decision of Special Resource Hospital designation.

A Special Resource Hospital must meet the following criteria:

1. All of the components of the Receiving Hospital.
2. Designate a physician medical director to be in charge of overall coordination of medical control in that facility. (See points outlined in Sections 10 and 11 – with the exception of 11-2)
3. Have a physician staff member physically present in the emergency department and immediately available 24 hours a day.
4. All physician staff members must maintain New York State licensure as a Physician and credentialing as a Westchester Regional Medical Control Physician
5. It is recommended that each medical control physician be:
 - a. AHA certified as a provider in both basic and advanced cardiac life support; ATLS certified, or equivalent.
 - b. Trained in and thoroughly familiar with:
 - I. Regional and New York State BLS and ALS protocols
 - II. Communication systems
 - III. New York State EMS levels of training and responsibilities
 - IV. Medical control system and responsibilities of a medical control physician.
6. Provide on-line physician direction for pre-hospital ALS management of patients requiring transport to the Special Resource Hospital. It is recommended that all communications related to ALS calls be documented.

A Special Resource Hospital should designate an emergency department staff physician (preferably the emergency department medical director) who will be responsible for coordinating the prehospital EMS aspects of the emergency department/service. This physician shall have a strong commitment and dedication to the support and improvement of the prehospital EMS environment. This physician and/or physician designee will assume overall responsibility for carrying out the duties of the Special Resource Hospital. In addition, he/she will also assume the following responsibilities:

1. Participate in educational programs for EMS providers as appropriate, including the delivery of Call Audits by Westchester REMAC credentialed medical control physicians.
2. Direct quality improvement activities in the emergency department as they relate to prehospital EMS.
3. Coordinate the provision of medical direction for BLS providers that transport patients to their facility.

Unlike Medical Control Hospitals, although meeting attendance and participation



is encouraged, Special Resources Hospitals will not have voting representation on the WREMAC.

NOTE: The WREMAC shall review Special Resource Hospital designations periodically. If at any time the WREMAC decides that the need for additional out-of-region Medical Control resources no longer exists, or a Special Receiving Hospital cannot meet any of the above listed requirements, the WREMAC will remove the designation and place the facility back into a Receiving Hospital status.