



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

County: _____

Reporting Year: _____

EMS Agency Facility Details

Are there established guidelines, developed in partnership with acute care hospital administrators, physicians, and nurses, that identify patients who should be considered for transfer to facilities of higher capability? Yes No

Is there collaboration with acute care hospital administrators, physicians, and nurses to establish transfer agreements for patients who should be considered for transfer to facilities of higher capability? Yes No

Is there a process to ensure that all base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about LEMSA policies and procedures and have training in radio communications techniques? Yes No

Is there a process to ensure that all alternative base station personnel who provide medical direction to prehospital personnel are knowledgeable about the EMS Agency's policies and procedures? Yes No

a) Do the base station personnel have training in radio communications? Yes No

EMS Agency Facility Statistics

Emergency Departments

Total number of emergency departments: _____

Total number of comprehensive emergency services: _____

Total number of basic emergency services: _____

Total number of standby emergency services: _____

Hospitals with Written Agreements

Total number of receiving hospitals: _____

Total number of base hospitals: _____

Alternative Receiving Facilities

Do you have designated alternative receiving facilities? Yes No

Number of alternate receiving facilities:

Psychiatric: _____ Sobering Centers: _____ Rural Area _____

Specialty Care System

Do you have a trauma system? Yes No

Do you have a ST-Elevation Myocardial Infarction (STEMI) system? Yes No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

EMS Agency Facility Statistics (cont.)

Do you have a stroke system? Yes No

Do you have an EMS for children system? Yes No

EMS Agency Specialty Care System Capabilities

Number of *trauma* centers:

Level I _____ Level II _____ Level III _____ Level IV _____

Number of pediatric trauma centers:

Level I _____ Level II _____

Number of EMS patients meeting trauma triage criteria: _____

a) Transported to a trauma center by ambulance: _____

b) Not transported to a trauma center: _____

Number of trauma patients transferred to a trauma center for a higher level of care: _____

a) From a non-trauma facility: _____

b) From a lower level trauma center: _____

Number of *STEMI* centers/hospitals designated by EMS Agency: _____

Receiving: _____ Referring: _____

Number of *stroke* centers/hospitals (third party accreditation only):

Comprehensive: _____ Thrombectomy Capable: _____

Primary: _____ Acute Stroke Ready: _____

Number of *pediatric* receiving centers:

Comprehensive: _____ General: _____ Advanced: _____ Basic: _____



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: _____ Facility: _____ <i>(Designated within EMS Agency's Jurisdiction)</i> Address: _____ _____ Phone No.: _____	Contracts with Facilities in Neighboring Jurisdictions: _____ _____ _____ _____ _____
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Written Contract:	Service:	Base Hospital:	Receiving Hospital:	Burn Center:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Specialty Care System</i>							
Trauma Center:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adult:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
			Pediatrics:	<input type="checkbox"/> I	<input type="checkbox"/> II		
STEMI Center:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Service:	<input type="checkbox"/> Receiving Center	<input type="checkbox"/> Referring Hospital		
Stroke Center:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Thrombectomy Capable		
				<input type="checkbox"/> Primary	<input type="checkbox"/> Acute Stroke Ready		
Pediatric Receiving Center:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> General	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic
Pediatric Critical Care Center:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pediatric Intensive Care Unit:	<input type="checkbox"/> Yes <input type="checkbox"/> No