

PREHOSPITAL POLICY

Policy Reference No: 123
Effective Date: 9/1/05
Supersedes: N/A

SUBJECT: NURSE-STAFFED CRITICAL CARE TRANSPORT

I. PURPOSE:

To state the requirements for nurse-staffed inter-facility transport units, also known as nurse-staffed critical care transports.

II. AUTHORITY:

Title 22, Division 2.5, Sections 1797.52, 1797.178, 1798.170, and 1798.172 of the California Health and Safety Code.

III. POLICY:

An authorized and/or permitted ALS ambulance company may be approved to utilize Registered Nurses (RNs) added to the ALS support team to provide ALS inter-facility transports, providing the company adheres to the conditions outlined in this policy and to the San Luis Obispo County Emergency Medical Services (EMSA) procedures and protocols. Such transport units are referred to as nurse-staffed critical care transports (CCTs). A CCT is defined as an ambulance inter-facility transport of a patient who may require skills or treatment modalities that exceed the paramedic scope of practice but do not exceed the scope of practice of an RN. A CCT may be required for either a non-emergency or emergency inter-facility transport. Physicians, respiratory care practitioners (RCPs), perfusionists or other personnel may be added to the CCT team (a minimum of one RN, one

County Health Officer

Date

Executive Director, Emergency Medical Services Agency

Date

Medical Director, Emergency Medical Services Agency

Date

paramedic, and one EMT I) as needed. This policy applies to secondary ground transports only. This policy does not apply when RNs, who are employed by a healthcare facility, are utilized by an ALS provider to provide inter-facility patient transports.

IV. CCT PROGRAM APPROVAL:

- A. Requests for a CCT program approval must be made in writing, thirty days (30) days prior to the anticipated service start date to the EMSA Executive Director and must include the following:
- Proposed identification of the CCT unit,
 - Medical procedures and protocols,
 - Documentation of the qualifications for the proposed Physician Director (Curriculum Vitae and copy of medical license),
 - Documentation of the qualifications for the proposed Nursing Coordinator (resume and copy of current license/certifications),
 - Quality Improvement plan, and
 - Written statement that the ambulance provider will comply with all EMSA policies and procedures.
- B. EMSA will notify the applicant in writing within ten (10) working days of the application if any further documentation is needed. The applicant shall be notified in writing within thirty (30) days of receipt of complete package about either the approval or the denial of the application.

V. REQUIREMENTS FOR REGISTERED NURSE PERSONNEL:

The ambulance provider shall submit proposed certification and licensure requirements for RN personnel to the EMSA Medical Director for review and approval.

VI. EQUIPMENT:

Each CCT vehicle shall include as standard inventory all items required by California Administrative Code, Title XII, Section 1103 (refer to Reference No. 710, Ambulance Equipment Requirements). Also refer to the EMSA Advanced Life Support Ambulance Equipment and Supply policy. In addition, each CCT vehicle shall have on board equipment and supplies commensurate with the scope of practice of the medical personnel on board. Biomedical equipment used for patient care must show evidence of ongoing maintenance and safety certification (e.g. service agreements, calibration logs, etc.). The ambulance provider shall submit a proposed equipment and supply list for each CCT unit to the EMSA Medical Director.

VII. MEDICAL DIRECTION:

- A. Physician Director – The provider shall have a full or part-time Physician Director qualified by training and experience, demonstrated familiarity with the EMS system and recent practice in emergency or acute critical care medicine. Duties shall include, but are not limited to, the following:
- Sign and approve all medical protocols to be followed by the RNs,
 - Ensure compliance with EMTALA and COBRA laws, and
 - Ensure that quality assurance outcome audits are being conducted.
- B. Nursing Coordinator – Provider shall have a full or part-time RN employed as Nursing Coordinator who is qualified by training and/or experience and who has recent practice in emergency or acute critical care nursing. Duties shall include, but are not limited to, the following:
- Sign and approve, in advance, all nursing procedures to be followed by the RNs at the ALS level,
 - Provide ongoing training of all medical personnel involved, and
 - Ensure quality of patient transfers by conducting patient care audits.

VIII. PROCEDURES AND PROTOCOLS:

Each ambulance company providing CCT units shall develop and maintain procedures for the hiring and training of medical personnel and vehicle staffing. Each provider must develop a manual clearly displaying the following:

- Malpractice insurance coverage,
- Description of the inter-facility transport orientation and training program and the process utilized to verify skill competency for RNs, paramedics, EMT-Is, RCPs and, if applicable, other medical personnel,
- Identity and accessibility of the Physician Director, Nursing Coordinator, and RCP Coordinator, if applicable, and notification of any changes in these key personnel,
- Description of the procedure for contacting the Physician Director, CCT Coordinator and RCP Coordinator, when needed, during a patient transport,
- Copies of associated forms for inter-facility transfer paperwork,
- Description of the procedures to be followed for changes in destination due to unforeseen changes in the patient's condition or other unexpected circumstances,
- Vehicle inventory lists,
- Copies of all related inter-facility transfer paperwork,
- Statement of responsibility of the sending physician for the patient during transfer and in accordance with EMTALA, and COBRA laws,
- Protocols (Standing Orders) based on ACLS, PALS, and/or NALS guidelines.
- All procedures and protocols may be subject to review by EMSA.

IX. QUALITY IMPROVEMENT:

- The Physician Director and Nursing Coordinator shall be responsible for performing monthly quality improvement outcome audits.
- Patient transport record review shall be performed monthly and shall involve the use of pre-established criteria, which have been reviewed by the EMSA Medical Director.
- All transports resulting in poor patient outcome shall be reviewed within three (3) business days following the occurrence.
- Periodic staff conferences on audit and outcomes are required in order to improve or revise protocols.
- Records of all these activities shall be kept by the provider and be made available for inspection and audit by EMSA.

X. PROGRAM REVIEW:

- Either the EMSA or the San Luis Obispo County Public Health Department (Public Health) shall perform periodic on-site audits of records to ensure compliance with this policy.
- Non-compliance with this policy may cause EMSA or Public Health to suspend or revoke approval of a CCT program.