

Pennsylvania Department of Health
Bureau of Emergency Medical Services

Medical Command Facility Accreditation Application

I. Facility Information			
Name of Medical Command Facility:			
Medical Command Facility Number:			
Address:			
City:		State:	
Zip:		County:	
Telephone:			

II. Administrator Information			
Last Name:			
First Name:		Middle Initial:	
Title:			
E-mail:			

III. License/Accreditation Information			
Is your facility licensed by the Department of Health?	Yes	No	
License Expiration Date:			
If your facility accredited by the Joint Commission on Accreditation of Health Care Organizations?	Yes	No	
Accreditation Expiration Date:			

IV. Medical Command Information			
List the counties where your medical command physicians will provide medical direction to prehospital provider:			
Are emergency services provided through an organized department of emergency medicine?	Yes	No	
Is the director of the department a physician?	Yes	No	
Is the individual employed on a full-time basis?	Yes	No	
Is the director of the emergency department the same individual as the medical command facility medical director?	Yes	No	
Does the medical command facility director have administrative as well as clerical authority in the department?	Yes	No	

V. Policy & Operations Information (cont.)

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

--

Attach documentation of procedures	Attached
---	-----------------

Does your facility operate EMS and bio-medical communications equipment?	Yes	No
---	------------	-----------

Please list the equipment.	
-----------------------------------	--

Is the equipment located within the medical command station?	Yes	No
---	------------	-----------

Is the equipment compatible with and integrated into the regional system?	Yes	No
--	------------	-----------

If no, why?	
--------------------	--

Does the facility monitor all EMS radio channels in use within the medical control service area?	Yes	No
---	------------	-----------

If not, is the monitoring done by a central communications center?	Yes	No
---	------------	-----------

Within the facility's geographical area, is there a need for specific channel allocation to facilitate communication?	Yes	No
--	------------	-----------

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?	Yes	No
--	------------	-----------

Does the facility cooperate with all other facilities to provide complete and immediate details regarding EMS patients being directed to the receiving hospital?	Yes	No
---	------------	-----------

Does your facility document and tape record all communications involving medical command direction?	Yes	No
--	------------	-----------

How long is the information stored and maintained?	
---	--

Where is the information stored?	
---	--

Do records contain specific information on patients for whom medical command is sought?	Yes	No
--	------------	-----------

Does the written documentation become a part of the patient's permanent chart?	Yes	No
---	------------	-----------

V. Policy & Operations Information (cont.)	
What specific information is documented on the medical command record?	
Attach a copy of the written documentation form (medical command record).	Attached
Does the facility maintain appropriate programs for training emergency department staff in the effective use of telecommunications equipment?	Yes No
Does your facility employ sufficient staff to ensure at least one approved medical command physician, meeting the requirements in Section 1029 of the EMS Rules and Regulations relating to medical command physicians, is present in the facility 24-hours/day, seven days/week?	Yes No
Attach a copy of the staffing patterns to document sufficient medical command physician availability	Attached
Describe operational procedures utilized when special circumstances require your facility to initiate arrangements with another medical command facility to provide command.	
How do you notify the EMS agency when they need to contact another medical command facility for command?	
Is all prehospital care documented on the state patient care report?	Yes No
Does a copy of the patient care report become a part of the patient's permanent medical record?	Yes No
Is there an orientation program for all medical command physicians which provides familiarization with state and regional EMS standards?	Yes No
Attach a copy of the context outline for the orientation program	Attached

VI. Director Acknowledgment and Signature:

The director of the department of emergency medicine or medical command facility medical director must agree to supervise medical control of EMS 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 prehospital personnel.

The medical command facility medical director must be willing to assume responsibility for adherence to regional prehospital 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 Signature:	
Director Name:	
Date:	

VII. Facility Administrator Acknowledgment and Signature:

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

Administrator or CEO of the Facility's Signature:	
Administrator or CEO of the Facility's Name:	
Date:	
Director of the Emergency Department's Signature:	
Director of the Emergency Department's Name:	
Date:	
Medical Command Facility Medical Director's Signature:	
Medical Command Facility Medical Director's Name:	
Date:	