Free-standing Emergency Center Application to Participate in Emergency Healthcare System

June, 2015

BACKGROUND

The Southwest Texas Regional Advisory Council (STRAC) is designated by the Texas Department of State Health Services (DSHS) to develop, implement and maintain the regional trauma and emergency healthcare system for the 22 counties in Trauma Service Area – P (TSA-P – see appendix A). STRAC is a 501c3 non-profit, tax-exempt member organization consisting of general and special hospitals, designated trauma, stroke and PCI centers, and EMS agencies, including air medical agencies.

The 81st Texas Legislature passed legislation enabling Free-standing Emergency Medical Care Facilities, with rules and regulations listed in Texas Health and Safety Code Chapter 254 and Texas Administrative Code 25 TAC Ch131. These rules and regulations direct the Department of State Health Services (DSHS) to oversee the licensing and regulation of Free-standing Emergency Medical Care Facilities (commonly referred to as Freestanding Emergency Centers or FECs) in Texas.

The STRAC has developed processes to integrate Free-standing Emergency Centers in the region (TSA-P) into the regional emergency healthcare system. Integration will be limited to FEC's that accept Medicare/Medicaid, to ensure EMS agencies can seek reimbursement for costs related to transport. Realizing there are some patients that are transported by EMS that are stable and appropriate to be seen at a Free-standing Emergency Center, the over-riding goal for the development of the FEC integration effort is simple and straightforward:

Ensure that EMS patients with life-threatening conditions or the potential to evolve into life-threatening conditions are not transported to a Free-standing Emergency Center unless there is no other appropriate alternative.

To address the issues surrounding EMS transports to Free-standing Emergency Centers in TSA-P, STRAC formed the Free-standing Emergency Center Working Group (FEC-WG), comprised of members from the EMS Committee, the Regional EMS Medical Directors Committee and the Regional Emergency Department Operations (ED Ops) Committee. The FEC-WG created the FEC Application process to enable EMS transports to FECs and integrate FECs into the EMS system. The process includes but is not limited to:

- Defining the various types of Freestanding Emergency Centers, including the commonalities and differences between the types.
- Determining what types of FECs should receive EMS patients.
- Defining appropriate EMS patients that might be transported to appropriate Freestanding Emergency Centers.

- Verifying that rapid transfer processes are in place to ensure EMS patients are not stranded at the FEC
- Participation in the Regional ED Ops committee
- Data submission and participation in the STRAC's Process Improvement process when requested
- Participation in regional emergency preparedness activities when appropriate
- Provision of patient specific and facility information regarding evaluation and outcomes of EMS patients transported to and from the facility.

APPLICATION PROCESS

1. Free-standing Emergency Centers that desire to participate in the Regional Emergency Healthcare System shall submit a completed application to the STRAC office and participate in the application process.
2. Each application will be reviewed by the Free-standing Emergency Center Working Group (FEC-WG) comprised of the chairs of the EMS, EMS Medical Directors and ED Ops committees, STRAC staff and the applicant. This review process may occur as a part of a regularly scheduled committee meeting and will be clearly communicated with the necessary participants.
3. The FEC-WG committee will do an on-site visit to the applicant's FEC, that will be conducted before the application is approved.
4. Upon successful review and approval by the joint review committee, the application will be referred for approval to the STRAC Executive Committee.
5. Upon approval by the STRAC Executive Committee, the newly approved Free-standing Emergency Center will be deemed a participating member of the Regional Emergency Healthcare System and may be placed onto the Hospital Selection Guide, EMSystem, WebEOC and other pertinent systems.

The FEC-WG and the STRAC Executive Committee see this document as a work in progress. The tenets outlined in this document have been mutually developed by the three committees and will change as the system matures. Modifications to the processes will occur through the three committees, given the broad and inter- related nature of Free-standing Emergency Centers. It is the intent of the STRAC that this document will be reviewed annually and adjusted as needed to better meet the needs of the system.

Facilities that complete this letter agree to the requirements outlined in the application and attest to their capability, and commitment to maintain these capabilities twenty-four hours a day, seven days a week.

ABBREVIATIONS/DEFINITIONS

1. **MEDCOM** – Regional Medical Communications Center, located at the San Antonio AirLIFE Communications Center. MEDCOM is the primary point of contact for critical trauma inter-facility transfers. MEDCOM also serves as the regional hub for EMS and disaster-related issues and disaster response requests of regional rescue resources and regional EMS mutual aid.

2. **DSHS** – Department of State Health Services, the state agency that oversees hospital and free-standing emergency center licensing for Texas.

3. **FEC** – Freestanding Emergency Center.

4. **STRAC EMS Committee** – The committee designated to deal with all aspects of EMS operations, both clinical and managerial. Members are generally the EMS agency director/chief and their supervisory staff. The EMS committee meets at least every two months, on the same day as the main STRAC membership meeting.

5. **STRAC Regional EMS Medical Directors Committee** – The committee designated to deal with EMS medical direction issues, including issues related to treatment protocols, destination criteria and other clinical issues for the EMS agencies. Members are generally the physicians who have medical direction and oversight for an EMS agency and the EMS agency clinical education personnel. The Regional EMS Medical Directors Committee meets monthly.

6. **STRAC Regional Emergency Department Operations Committee** – The committee designated to deal with issues related to Emergency Departments, including ER diversion Primary Members include ED Nursing and Medical Directors as well as consumer services of ED care including EMS, specialty care (psychiatric services, indigent care, etc.), and now the FECs in their various forms.

7. **STRAC -** Southwest Texas Regional Advisory Council. STRAC is designated by the Texas Department of State Health Services (DSHS) to develop, implement and maintain the regional trauma and emergency healthcare system for the 22 counties in Trauma Service Area – P (TSA-P).

8. **TSA-P** – Trauma Service Area – P. There are 22 Trauma Services Areas in the State of Texas. STRAC addresses issues within TSA-P.

PARTICIPATING FREE-STANDING EMERGENCY CENTERS ("FECs") AGREE TO THE FOLLOWING RULES TO ENSURE CONSISTENT RESPONSE TO THE CRITICAL TRAUMA PATIENT AS A COMPONENT OF THE MEDCOM TRAUMA TRANSFER SYSTEM.

1. **Participating Freestanding Emergency Centers (FECs) agree to participate in the STRAC Regional Process Improvement efforts, including providing data for disposition of patients that arrived by EMS:**
   FECs agree to be active participants of STRAC and to attend the Main STRAC and the Regional ED Ops Committee to ensure continued coordination and integration. FECs agree to submit data that is valuable to monitor and improve the system. The data collected will be reviewed at the Regional ED Ops and/or Regional EMS Medical Directors Committee meetings and is available to all participating members.

2. **Participation / Compliance with Regional Trauma Registry:**
   Participating FECs shall submit data on all patients meeting criteria to the Regional Trauma Registry. This data shall be in a format that contains all data elements as defined by the State Trauma rules.

3. **Senior Administration and Emergency Medicine Commitment:**
   Facilities that are participating Freestanding Emergency Centers shall have commitment from their senior administration as well as the Emergency Medicine Medical Director. This shall be signified by signatures on the Application Letter that each facility must complete prior to being identified as a participating FEC in the Regional Emergency Healthcare System.

TERM

This Application and subsequent designation as a Participating Free standing Emergency Center is in effect on the date on which it is signed and remains in effect for a period of three (3) years or if written notification is received revoking the designation with the STRAC. All parties reserve the right to terminate this Letter at any time, with or without cause. A thirty (30) day written notification is required for termination of this Letter.

Free-Standing Emergency Center
Application to participate in the STRAC Regional Emergency Healthcare System

Use Adobe to fill out this form. Save file as 'facility name – App for STRAC'. Email form to info@strac.org. If you have any questions please contact Diana Chorn at (210) 233-5935 or diana.chorn@strac.org

Facility Name:			
Facility Address Line 1:			
Facility Address Line 2:			
City, State, Zip:			
Phone Number:		**EMS Patient Report Number:**	

	Name	Email	Business Number	Cell Number
CEO:				
Medical Director:				
Nurse Manager:				

Our facility is applying to participate in the STRAC Regional Emergency Healthcare System and will follow the requirements listed in this application, including committee meeting participation, data submission and process improvement efforts. Further, our facility agrees to receive EMS patients as stipulated in the latest Hospital Selection Guide as published by the SAFD Office of Medical Director and STRAC Regional EMS Medical Directors Committee.

CEO signature: _____

CEO Name (Printed): _____ Date: _____

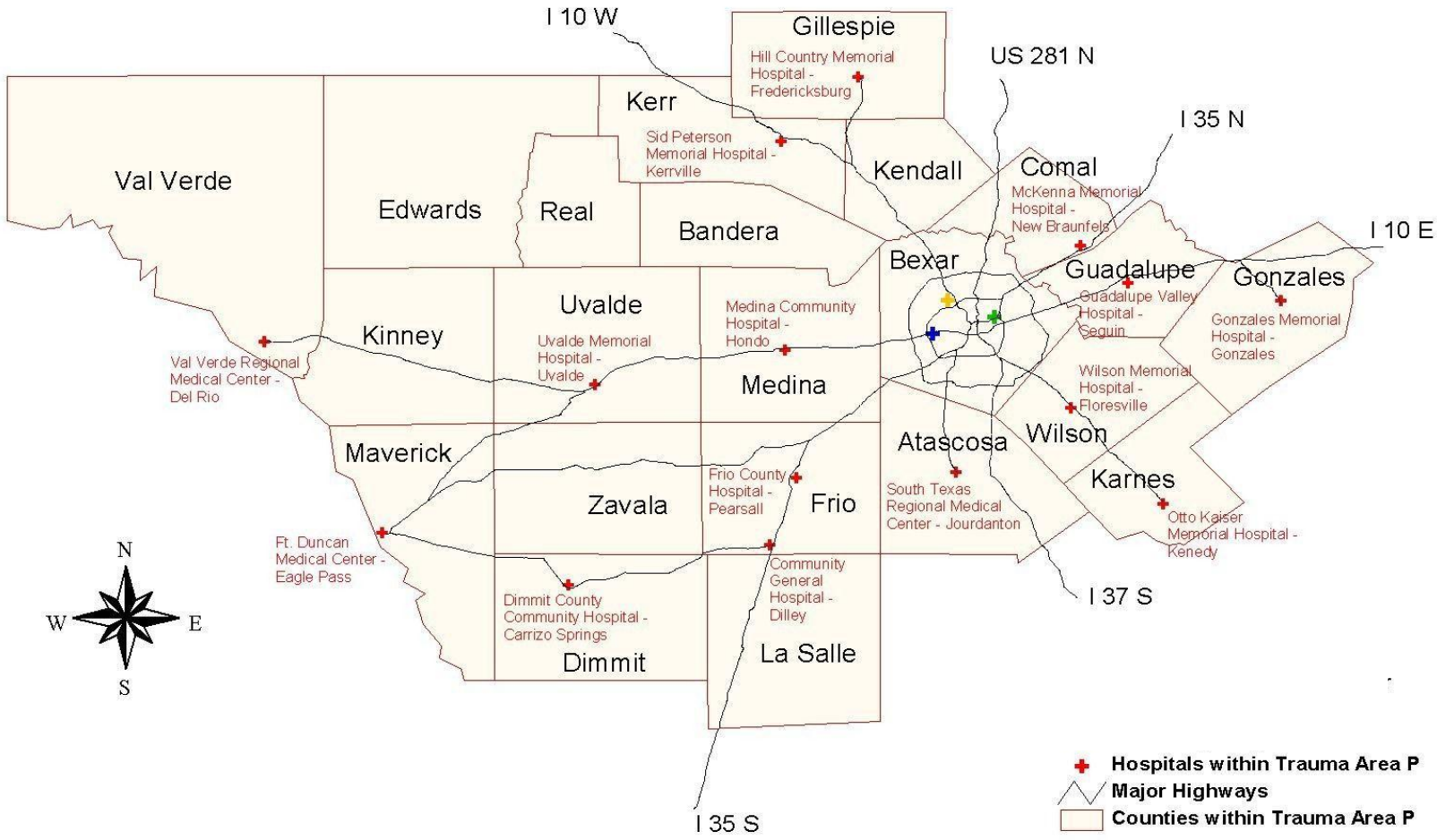
FEC Medical Director Signature: _____

FEC Medical Director Name (Printed):_____ Date: _____

STRAC
Southwest Texas Regional Advisory Council

Appendix A

State Trauma Service Area P



STRAC
Southwest Texas Regional Advisory Council

Appendix B
Free-standing Emergency Center Typing and EMS patient Matrix

STRAC Southwest Texas Regional Advisory Council	**Free-standing Emergency Center Typing**			*Original: January 2013* *Revised: June 2015*
Type:	**Type I:** **Special Hospital Model** **CMS rules**	**Type II:** **Satellite/Department of General Hospital** **CMS rules**	**Type III:** **Freestanding EC** **(Not licensed hospital)** **Texas rules** **(will not receive EMS)**	**Type IV:** **Special Hospitals / Surgery Centers** **CMS rules** **(will not receive EMS)**
Definition:	*Stand-alone DSHS-licensed special facility, with a separate CMS NPI #*	*Facility that is tethered to a DSHS-licensed general hospital, generally within 30 miles of the main facility and operates under the main facility's CMS NPI #*	*DSHS-licensed Free-standing Emergency Center (FEC) but does not have CMS NPI #.*	DSHS-Licensed special hospital that has not applied to participate in the Regional EMS system.
Example:	Baptist/Emerus	Methodist Boerne Methodist Metropolitan @ Quarry CSR Alon NW Military CSR Creekside	Elite Care	Spine Hospital Foundation MASH CSR Alamo Heights
Capabilities:	EM Physicians, ED nurses, CT Scan inspected by TJC on an ongoing basis	EM Physicians, ED nurses, CT Scan inspected by TJC on an ongoing basis, shares call roster with system hospitals	CT Scan nurses, docs	Primarily a Surgery Center and some emergency capability
EMS Patients that may be transported from scene: (Precludes transfers from home health or other non-911 situations)	Priority 3 patients, including psychiatric patients in need of medical screening (see attached Priority definitions) and Priority 1 Override - Unstable Airway patients. In general, PRI-3 patients are defined as patients that have stable vitals and no signs of conditions that would require admission to a hospital for a medical condition	Priority 3 patients, including psychiatric patients in need of medical screening (see attached Priority definitions) and Priority 1 Override - Unstable Airway patients. In general, PRI-3 patients are defined as patients that have stable vitals and no signs of conditions that would require admission to a hospital for a medical condition	Not at this time	Not at this time
EMS Patient Transport Exclusions	Heart Alert, Stroke Alert, Priority 1 (exception priority 1 override - unstable airway), Red/Blue Trauma Alert, violent patients, OB>20 weeks with 4cm or more dilated, contractions less than every 5 min, prolapsed cord, vaginal bleeding.	Heart Alert, Stroke Alert, Priority 1 (exception priority 1 override - unstable airway), Red/Blue Trauma Alert, violent patients, OB>20 weeks with 4cm or more dilated, contractions less than every 5 min, prolapsed cord, vaginal bleeding.	EMS will not transport to non-CMS licensed hospitals	Type IV facilities will not receive EMS patients under normal conditions unless and until they apply to participate in Regional EMS system
EMS reimbursed for CMS Patients?	Yes	Yes	Not at this time	Yes
EMS reimbursed for Tricare?	Yes	Yes	Not at this time	Yes
EMTALA obligation?	Yes	Yes	No, DSHS FEC law.	Yes