

## Free-standing Emergency Center Typing

Type:	Type I: Special Hospital Model CMS rules	Type II: Satellite or a Department of a General Hospital CMS rules	Type III: Freestanding Emergency Center (Not a Licensed Hospital) Texas rules	Type IV: Special Hospitals / Surgery Centers CMS rules
			<b>(will not receive EMS)</b>	
<b>Definition:</b>	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.
<b>Examples:</b>	Baptist Emerus Overlook Parkway	Methodist Boerne Methodist Metropolitan@ Quarry CSR Alon NW Military CSR Creekside CHofSA Emergency Ctr Westover Hills	Elite Care	Spine Hospital Foundation Surgical Hospital MASH CSR Alamo Heights
<b>Capabilities:</b>	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, Physicians	Primarily a Surgery Center and some emergency capability
<b>EMS Patients that may be transported from scene:</b> (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
<b>EMS Patient Transport Exclusions:</b>	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
<b>EMS Reimbursed for CMS?</b>	Yes	Yes	Not at this time	Yes
<b>EMS Reimbursed for Tricare?</b>	Yes	Yes	Not at this time	Yes
<b>EMTALA Obligation?</b>	Yes	Yes	No, DSHS FEC law.	Yes

### STRAC Priority 1, 2, 3 Criteria

- > **Priority 1 - Critical:** patient has an acutely life-threatening illness or injury and is unstable.
- > **Priority 2 - Urgent:** patient is currently stable, but is felt to have a condition that may become unstable or life-threatening if not evaluated and treated rapidly.
- > **Priority 3 - Non-urgent:** patient does need to receive medical evaluation, but does not have a potentially life-threatening illness or injury at the time of transport.