Oakland County Medical Control Authority
Medical Control Hospital
2022 Letter of Compliance

Hospital/Facility Name:_____
(Print Name)

		YES	NO
1.	Licensed by the Michigan Department of Health and Human Services (MDHHS) as: (check one) A. Hospital _____ B. Free Standing Facility _____ C. Hospital Provider-based ED _____	____	___
2.	If a hospital/facility makes a permanent change in their categorization, the facility shall notify the Oakland County Medical Control Authority (OCMCA) 30 days in advance of the change.	____	____
3.	Hospital has 24/7 interventional cardiac catheterization capabilities.	____	____
4.	Trauma Levels: A. Verified by the American College of Surgeons as a Level 1, 2, or 3 Trauma Center.	____	____
	B. Verified by the State of Michigan as a Level 3 or 4 Trauma Center	____	____
	C. Designated by MDHHS as a Level 1 through 4 Trauma Center. Please indicate level and date of last inspection/designation. ADULT LEVEL: _____ DATE: _____ PEDIATRIC TRAUMA LEVEL: _____ DATE: _____	____	____
5.	Stroke Levels: Certified as a Stroke Center.	____	____
	A. Indicate the facility's certifying body: _____		
	B. Level I Comprehensive Stroke Center	____	____
	Level II Thrombectomy Stroke Center	____	____
	Level III Primary Stroke Center	____	____
	Level IV Acute Stroke Ready	____	____
	C. Please indicate date of last inspection/verification. DATE: _____		
6.	Assure that the emergency facility has a full-time emergency medicine Board Certified/Eligible emergency physician director whose primary clinical responsibility is emergency medicine.	____	____
7.	Assure that an emergency medicine Board Certified/Eligible emergency physician be available 24/7 to provide online medical direction and handle ALS runs at all times.	____	____
8.	Accept the responsibility for replenishing medication and medical supplies, expended by ALS personnel during treatment of a patient, as per the Regional Drug Box Policy and IV Auxiliary Supply Policy.	____	____

9. This facility designates the OCMCA (including its PSRO) to perform professional practice review functions on behalf of the facility, including review of pre-hospital medical direction furnished in Oakland County and recommendations for improvement of such care. ____ ____

10. Facility will participate in the EMS system quality assurance program, and will supply data on outcome of patients as agreed to by the OCMCA. ____ ____

11. MEDICAL CONTROL HOSPITALS WITH LSA OVERSIGHT

A. Facility will provide education activities for LSAs, additional activities agreed upon by the LSA and the facility, activities as directed by the OCMCA PSRO, and activities that may include EMS run report review. ____ ____

B. Facility agrees to allow and encourage the Medical Control Physician the ability to be an advisor to EMS personnel. Educate and communicate with hospital medical staff on issues concerning the EMS community, including all protocols and protocol updates. This may include: auditing the medical direction given by the Medical Control Hospital; and assist in developing EMS educational programs. The Hospital shall report all EMS agency and personnel incidents or concerns to the OCMCA office. ____ ____

12. Facility follows the OCMCA Medical Control and Participating Hospital Policy, and the Epi-Auto Injectors Exchange Policy. ____ ____

13. Hospital/facility will enter CARES data, as necessary. ____ ____

14. Completion of Addendum Facility Survey (see addendum). ____ ____

OAKLAND COUNTY
MEDICAL CONTROL AUTHORITY

Addendum to Letter of Compliance
Facility Survey

1. Helicopter Pad
   On-site _____ Off-site _____

Indicate Number

2. Estimated number of hospital personnel, including full/part time and volunteers. _____

3. Patient bed capacity. _____

4. EMS entrance code. _____

5. Please indicate the specialties that are available at your facility:

   ☐Cardiac – Cooling
   ☐Cardiac – Open heart
   ☐Cardiac - 24/7 interventional cardiac catheterization capabilities
   ☐Neonatal
   ☐NICU Level III II I
   ☐OB/Labor
   ☐Pediatrics
   ☐PICU Level I II
   ☐Adult Burn (severe)
   ☐Pediatric Burn (severe)

6. Select which Special Studies/Programs that your Hospital participates:
   Community Paramedicine Study
   Stroke Systems of Care Study
   Emergency Triage, Treat, and Transport (ET3) Special Study
   eComs/eBridge Study

OCMCA Hospital
Emergency Contact Information

In the event that the Oakland County Emergency Operations Center (EOC) is activated due to disasters/emergencies, additional county resources may be required. Please provide the following information:

Hospital:_____ **Address:**_____

ED 24/7 #: _____ ***ePCR Fax #:*** _____

ePCR E-mail Address_____ **EMS Recorded Line:**_____

CEO:_____ ***E-mail address*** _____

Work # _____ ***Cell #*** _____

Hospital EMS Coordinator/Liaison:_____ ***E-mail address*** _____

Work # _____ ***Cell #*** _____

ED Director:_____ ***E-mail address*** _____

Work # _____ ***Cell #*** _____

MCC Physician:_____ ***E-mail address*** _____

Work # _____ ***Cell #*** _____

MCC Physician Alternate:_____ ***E-mail address*** _____

Work # _____ ***Cell #*** _____

Pharmacy Director:_____ ***E-mail address*** _____

Work # _____ ***Cell #*** _____

Trauma Program Coordinator:_____ ***E-mail address*** _____
(if applicable)
Work # _____ ***Cell #*** _____

Please let the staff at the OCMCA know of any changes throughout the year.

Electronic Signature needed

ED Director (Signature)

ED Director (PRINT)

Date

Note: MCC Physician Member and Member Alternate Physician serve as the Medical Control Physician on behalf of Life Support Agencies represented by your facility, in accordance with the OCMCA Medical Control and Participating Hospital Policy.