Hospital Provider-based Emergency Departments

Definition
Hospital Provider-based ED is a term used by CMS to describe an Emergency Department operated by a Medicare-participating hospital at an off-campus location. Services provided at the off-site ED are included under the hospital’s Medicare Provider Agreement and must comply with all Hospital Conditions of Participation found in 42 CFR 482.1 – 482.45, which include, but are not limited to the following:

- Medical staff and nursing personnel practicing at the off-campus ED must be part of the hospital’s medical staff/nursing service.
- Hospital’s Governing Body is responsible for the services and activities of the off-campus ED.
- Emergency laboratory services must be available onsite to the off-campus ED 24/7.
- Off-campus ED must be integrated into the hospital’s quality assessment/performance improvement program as well as medical records system.
- Policies and procedures regarding medical care provided at the off-campus ED are the responsibility of the hospital’s medical staff, and must operate under the same general policies and procedures when practical.

Guidelines for Participation

A. Responsibilities
1. The facility must agree to comply with the Medical Control and Participating Hospital Policy (see System Protocols).
2. The facility must agree to complete the OCMCA Letter of Compliance each year.
3. Emergency care must be available 24 hours-a-day and 7 days-a-week.
4. The facility must agree to comply with any appropriate policies or protocols established by the OCMCA.
5. Radiological (CT Scan and Plain Film Radiograph) and typical emergency department laboratory services shall be immediately available onsite 24 hours a day to provide diagnostic evaluation of patients with life-or-limb threatening conditions.
6. The facility will have Medication Boxes and A-Packs, with contents as approved by the OCMCA and MDCH, available for replacement of supplies used by approved ALS Units. Replacement Boxes/Packs will be maintained in a locked area, under the control of facility staff, and made available 24 hours a day, 7 days a week.

B. Responsibilities for the Continuity of Patient Care
1. Patients should be transported to the nearest appropriate facility in accordance with the Oakland County MCA protocols.
2. The facility must comply with the State’s Medcom Plan, as well as the Oakland County Radio System for notice of arrival or advance information concerning critically ill or injured patients, and to give medical control.
3. Emergency facility personnel shall be familiar with the OCMCA Protocols.
4. The facility must have available a plan for transfer of patients by EMS vehicle or other conveyance with appropriate life support capabilities when necessary. Transfers must be EMTALA compliant.

C. Transportation

1. Priority one patients are not appropriate for hospital provider-based emergency departments. Unstable priority two patients are not appropriate for hospital provider-based emergency department unless, in the opinion of the on-line medical control physician, transporting the patient to a further facility could have an adverse effect on the patient’s outcome.

2. Stable Patients
   a. Stable Medical Patients – If no preference, transport to the closest approved Oakland County Emergency Facility (see Transportation Protocol).
   b. Stable Trauma Patients -- Only patients with minor injuries (e.g. injured ankle from stumble, injured wrist from a fall, etc.) may be transported to a hospital provider-based emergency department (see Transportation Protocol).

3. EMS will communicate to the patient or patient’s family of the hospital provider-based facility’s abilities that they are an emergency department, but not a hospital emergency department with the ability to admit.