Oakland County Medical Control Authority
Medical Control Hospital
2018 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. Verified by the American College of Surgeons as a Level 1, 2, or 3 Trauma Center. Please indicate level date of last inspection/verification.
   ADULT LEVEL: ___________ DATE: ___________
   PEDIATRIC TRAUMA LEVEL: ___________ DATE: ___________

5. Assure that the emergency facility has a full-time emergency medicine Board Certified/Eligible emergency physician director whose primary clinical responsibility is emergency medicine.

6. Assure that an emergency medicine Board Certified/Eligible emergency physician be available to handle ALS runs at all times.

7. 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.

8. 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.

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

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

11. Completion of Addendum Facility Survey (see addendum).
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)
   □ Stroke –
     o Primary Stroke Center
       Yes  No
     o Interventional
       Yes  No
     o Comprehensive
       Yes  No
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.