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New Haven Sponsor Hospital Program (NHSHP) Guidelines

PURPOSE: To identify the elements, roles, and responsibilities of the New Haven Sponsor Hospital Program, and to provide guidelines to be used in meeting those responsibilities.

I. Mission of the NHSHP

Emergency Medical Services (EMS) system is a vital component of the care of many patient requiring hospital services. State of Connecticut legislation mandates that EMS providers work through the auspices of a "Sponsor Hospital". In light of the legislation and to assure a high level of pre-hospital care to the greater New Haven area, the Hospital of Saint Raphael and Yale-New Haven Hospital jointly operate a sponsor hospital program, which combines the financial, clinical, and managerial resources for both hospitals. The major goals of the hospitals in establishing the New Haven Sponsor Hospital Program are as follows:

1. to ensure standardization of pre-hospital care;
2. to offer the highest quality of training and continuing medical education for all professionals involved in EMS; and
3. to maintain a comprehensive system which will aid pre-hospital personnel in providing high quality professional patient care services.

II. Elements of the NHSHP

a. General Requirements

- i. The hospital is licensed under C.G.S. Sec. 19-a-490 through Sec. 19a-493 inclusive.
- ii. Appoint an emergency department staff member as liaison to the EMS personnel.
- iii. Have two-way radio communications system interface with the capability to provide prehospital direct medical oversight.
- iv. Appoint an MIC Medical Director who shall be responsible for the following:
 1. Appropriateness of current operating protocols.
 2. Assurance of medical supervision and training of EMS personnel.
 3. Review of EMS personnel medical performance.



4. Withholding of medical authorization and the recommendation of suspension of EMS personnel from the system when in the interest of patient care, in accordance with Sec. 19a-179-15 (b) of the regulations on licensure and certification.

b. Medical Oversight

i. Direct Medical Oversight

Direction medical oversight is provided directly to pre-hospital providers by the medical director or designee either on-scene or by direct voice communication. Ultimate authority and responsibility for direct medical oversight rests with the MIC Medical Director.

ii. Indirect Medical Oversight

Indirect medical oversight is the administrative promulgation and enforcement of accepted standards of pre-hospital care. This can be accomplished through both prospective and retrospective methods. Prospective methods include, but are not limited to, training, testing, and certification of providers; protocol development; operational policy and procedures development; and legislative activities. Retrospective activities include, but are not limited to, medical audit and review of care, direction of remedial education, and limitation of patient care functions if needed. Various aspects of prospective and retrospective medical direction can be handled by committees functioning under the MIC Medical Director with representation from appropriate medical and EMS personnel.

iii. Role of the MIC Medical Director

The MIC Medical Director has authority over all clinical and patient care aspects of the EMS system.

iv. Responsibilities of the Medical Directors

To optimize medical oversight of all pre-hospital emergency medical services, physicians functioning as medical directors should, at a minimum:

1. Serve as patient advocates in the EMS system.
2. Set and ensure compliance with patient care standards including communications standards and dispatch and medical protocols.
3. Develop and implement protocols and standing orders under which the pre-hospital care provider functions.
4. Develop and implement the process for the provision of direct medical oversight.
5. Ensure the appropriateness of initial qualifications of pre-hospital personnel involved in patient care and dispatch.

6. Ensure the qualifications of pre-hospital personnel involved in patient care and dispatch are maintained on an ongoing basis through education, testing, and credentialing.
7. Develop and implement an effective quality improvement program for continuous system and patient care improvement.
8. Promote EMS research.
9. Maintain liaison with the medical community including, but not limited to, hospitals, emergency departments, physicians, pre-hospital providers, and nurses.
10. Interact with regional, state, and local EMS authorities to ensure that standards, needs, and requirements are met and resource utilization is optimized.
11. Arrange for coordination of activities such as mutual aid, disaster planning and management, and hazardous materials response.
12. Promulgate public education and information on the prevention of emergencies.
13. Maintain knowledge levels appropriate for an EMS medical director through continued education.

c. Training/Education

The New Haven Sponsor Hospital Program has responsibility for the training and continuing education of EMS personnel. Continuing education programming for sponsored services includes provision of a published schedule that provides adequate educational opportunities for an individual to complete continuing education requirements. Educational programming shall include basic skills requirements, advanced and basic performance evaluations, review of core content and new advances in pre-hospital care. For more information, refer to the CME policy in this manual.

d. Continuous Quality Improvement

The continuous quality improvement function of NHSHP ensures the systematic evaluation of components of the EMS system in order to measure the quality of care provided in the field and to improve the patient care and clinical performance of EMS personnel. (See the Continuous Quality Improvement Policy in this manual.)