

Hospital Affiliation Agreement

This agreement is made and entered into on the ____ day of _____, 20__ between the Southern Berkshire Volunteer Ambulance Squad, Incorporated (hereinafter referred to as “the Ambulance Service”) and Fairview Hospital (hereinafter referred to as “the Hospital.”)

Witness:

Whereas, the Ambulance Service is licensed to provide pre-hospital advanced life support emergency medical services, and

Whereas, a component of the pre-hospital emergency medical services is advanced life support services provided by Emergency Medical Technicians (“EMTs”) certified by the Massachusetts Department of Public Health and employed by the Ambulance Service, and

Whereas, the Hospital agrees to provide medical control services as described herein to the Emergency Medical Technicians employed by the Ambulance Service for the provision of pre-hospital basic and advanced life support services, and

Whereas, the Department of Public Health’s regulations for the implementation of MGL Chapter 111C and 105 CMR 170, which govern ambulance services and coordinate emergency medical care, require that an affiliation agreement exist between an ambulance service licensed to provide advanced life support services and a hospital with an emergency department staffed by physicians 24 hours per day.

Now, therefore, the parties to this agreement do mutually agree as follows:

The Ambulance Service agrees:

1. To staff with, or have available on call, EMTs fully trained and certified at the Intermediate level to provide advanced life support services.
2. To equip all ALS ambulances with communication, treatment, and monitoring equipment required by the Commonwealth of Massachusetts and the hospital in order to provide appropriate emergency medical care.
3. To obtain all controlled substances required to be carried on the aforementioned ambulances from third party vendors (non-hospital sources).
4. To provide the Hospital with a copy of any pre-hospital patient care report (aka “run report,” or “trip record”) in paper form immediately after ambulance transport of a patient.
5. To conduct monthly review of patient care reports (aka “run reports,” or “trip records”), for the purpose of quality assurance and improvement, in those cases where ALS interventions were performed.

The Hospital agrees:

1. To provide medical direction to the Ambulance Service's EMTs via two-way radio as well as telephone seven (7) days a week, 24 hours per day. Such medical control will be in accordance with Massachusetts Statewide Treatment Protocols.
2. To provide insurance data ("a face sheet"), if available, for every patient the Ambulance Service transports to the Hospital.
3. To store Ambulance Service equipment, such as backboards, straps, collars, head blocks, and other emergency equipment, in an accessible area where Ambulance Service personnel may retrieve same when Hospital staff is done using these items.
4. To provide for the storage and ultimate disposal of biohazardous material, (including sharps and other medical waste) that Ambulance Service EMTs shall bring to the Hospital for storage, pursuant to established Ambulance Service and Hospital policies on the transfer of such biohazardous material.
5. To provide training opportunities to Ambulance Service EMTs where such EMTs are required to perform patient assessments and/or establish peripheral intravenous (IV) lines while on Hospital premises pursuant to the clinical requirements of an advanced life support course. (Opportunities for the performance of other advanced life support procedures by students, such as endotracheal intubation, shall be at the discretion of the attending physician unless other arrangements are made.)
6. To provide physician oversight to Ambulance Service EMTs for any supplemental or ongoing training mandated by Statewide Treatment Protocols. (This oversight shall be conducted in a manner and at an interval that Fairview Hospital Medical Control deems appropriate. This oversight shall include the periodic evaluation of the use of an automated defibrillator, the oral administration of aspirin in cases of suspected myocardial infarction, the subcutaneous administration of Epinephrine in cases of anaphylaxis, the administration of nebulized Albuterol (as applicable to the Ambulance Service) and the determination of blood Glucose level by such monitoring devices as approved for prehospital provider use at the Intermediate level (only if applicable to the Ambulance Service).
7. To provide physician oversight to Ambulance Service EMTs enrolled in or taking part in any approved special project or waiver program requiring physician oversight where the Ambulance Service has been authorized by the Department of Public Health to participate in a special project, or has been granted a waiver from a requirement or requirements.
8. To arrange for non-emergent transport via some means other than transport by the Ambulance Service.

Both parties agree:

1. To abide by Statewide Treatment Protocols in the provision of emergency medical services.
2. To establish a point of entry plan using guidelines promulgated by the Department of Public Health or an agent thereof, taking into account the central location of the Hospital in the Ambulance Service's operating zone and the available resources at the Hospital at the time of an emergency.
3. To exchange, on a one-for-one basis, sheets, pillowcases, blankets, and other linens.
4. To participate in consultations between medical staff and Ambulance Service EMTs to review periodically various aspects of the performance of pre-hospital emergency care provided by the Ambulance Service.
5. To be responsive to the other party's concerns and needs, acting in a timely manner to resolve all problems and meet all reasonable needs.

Ambulance Service Administrator

Date

Hospital Administrator

Date

Hospital Director of Emergency Services

Date

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