Categorization Introduction

Within the Central Arizona Region, Categorization is a voluntary process of assessing and categorizing the relative preparedness and capabilities of hospitals (or other healthcare facilities, such as satellite emergency centers) and their medical staffs to provide emergency medical care and associated health care services to patients with various types of medical and surgical emergencies. This concept was first proposed in 1966 by the National Academy of Sciences' National Research Council in its report, "Accidental Death and Disability: The Neglected Disease of Modern Society," as a mechanism for matching critically ill or injured patients with the appropriate health care facilities.

Hospitals are not equal in size, capability, or commitment. Categorization serves as a guideline to better help understand and rationally arrange scarce and/or expensive hospital resources via an objective and voluntary evaluation process. The end result is the Categorization Matrix which is utilized as a guideline for the field triage of patients. The Categorization Matrix is NOT intended to be all-inclusive. It is understood that General Emergency Departments and Satellite Emergency Centers should be able to initially evaluate and stabilize patients with emergency medical conditions. At any time there is an EMS concern as to the appropriate destination for the patient, medical control should be contacted.

A great deal of time and effort has been committed to the development of the Central Arizona Region’s Categorization Guidelines and Matrix. The resource information cited in this Categorization Matrix is compiled by AEMS with the assistance of hospitals and satellite emergency centers that self-categorize by voluntarily completing the Categorization Questionnaire. Additionally, AEMS relies on information, experience, expertise, and the source documents of various health organizations including, but not limited to: STAB, Arizona Stroke Initiative/Phoenix Stroke Initiative, SHARE, American Burn Association, Arizona Perinatal Trust, and the Arizona Chapter of the American Academy of Pediatrics.

On behalf of Arizona Emergency Medical Systems, Inc. (AEMS), we would like to thank those committee members who worked diligently to ensure the guidelines most appropriately reflected the needs of the Central Arizona Region. Lastly, a special thanks to all the hospitals and satellite emergency centers that participate in this voluntary process. Your participation enhances emergency medical care for the Central Arizona Region.
Instructions, Reference Key, and Disclaimer

1. Categorization Questionnaire Instructions

Please provide all information requested. Please check all items that are applicable to your facility – even those that are identified as desirable. If you should have any problems completing this checklist, please contact Peggy Baker at pbaker@cemso.org OR 623-847-4100

Thank you for your anticipated cooperation and participation.

2. Reference Key

Throughout this questionnaire, you may need to refer to the below Reference Key – which, when needed, will also be provided at the bottom of each page of any questions that may require your use of the Reference Key.

REFERENCE KEY

Medical Staff Organization / Administration

X = Present on Medical Staff

D = Desirable

Personnel Availability

I = Immediately Available In House 24 Hours

30 = 30-Minute Call Back, 60-Minute Arrival

60 = 60-Minute Call Back

Equipment Availability

A = Immediately Available

30 = Available In House, Must be WI 30 Minutes

D = Desirable

Hospital Facilities

X = Available or Utilized at the Facility 24/7

D = Desirable

3. Disclaimer

This Matrix is to be utilized as a guideline for field triage of patients. It is NOT intended to be all-inclusive. It is understood that General Emergency Departments should be able to initially evaluate and stabilize patients with emergency medical conditions. At any time there is an EMS concern as to the appropriate destination for patient, medical control should be contacted.
HC 3 - Demographic Information

Facility Name: Maryvale Hospital

Basic Information: (check all that are applicable)

- General Hospital Based Emergency Department
- Level 1 Trauma
- Level 3 Trauma
- Level 1 Pediatrics
- Pediatric Prepared Emergency Care Centers
- Prepared Care
- Prepared Plus Care
- Prepared Advanced Care
- Perinatal
- Burn
- Toxicology
- Primary Stroke Center
- Cardiac Arrest Receiving Center or Referral Center through the State
- Other (please specify):

Date Questionnaire Completed: 3.6.19

Name and Title of Person(s) Completing Checklist: Barbara Bovee RN Pre-hospital Coordinator

Contact Person: Barbara Bovee

Contact Email: barbara.bovee@mihs.org

Contact Phone: 602 344-5814

Contact Mailing Address: 2601 E Roosevelt, Phoenix, AZ 85008
HC 4 - Categorization Criteria General Hospital Based Emergency Departments

4.1 Question

Hospital Organization - All physician/staff members listed shall be either board certified or board eligible and actively seeking certification. This standard includes subspecialty boards/certificates where applicable. Each member of the institution's medical staff shall be credentialed by the facility for the appropriate specialty.

☐ Yes ☐ No

4.2 Question

The hospital that offers emergency medical services in the AEMS area participates in community planning for emergency services through active membership and involvement in the AEMS standing committees.

XX ☑ Yes ☐ No

4.3 Question

The hospital participates in the regional EMS system.

XX ☑ Yes ☐ No

4.4 Question

The hospital has a procedure whereby all or injured individuals who seek emergency care are assessed by qualified individuals and as indicated are either treated or referred according to AEMS Triage Guidelines.

XX ☑ Yes ☐ No

Additional Comments: ____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
HC 5 - Medical Staff Organization / Administration

Use the Reference Key to assist with YOUR completion of the following questions.

Medical Staff Organization with Specialties Consisting Of: (check all that are applicable)
✓ Anesthesiology -- X
✓ Cardiology -- X
✓ Cardiovascular Surgery (Transfer Agreement) -- D
✓ Emergency Medicine -- X
✓ Primary Care: Family Practice/Internal Medicine -- X
✓ Gastroenterology -- D
✓ General Surgery -- X
✓ Hand Surgery -- D
✓ Infectious Disease -- D
✓ Maxillofacial Surgery -- D
✓ Neurology -- X
✓ Neurosurgery (Transfer Agreement) -- D
✓ OB/GYN (Transfer Agreement see Perinatal Matrix) -- X
✓ Ophthalmologic Surgery -- D
✓ Orthopedic Surgery -- X
✓ ENT Surgery (Otolaryngology) -- D
✓ Pathology -- D
✓ Pediatrics -- X
✓ Perinatologist -- D
✓ Plastic Surgery -- D
✓ Psychiatry (Agreement with Psych Outpatient Crisis Service Providers) -- X
✓ Radiology (In-house or Telemetry) -- X
✓ Urology -- D
✓ Other (please specify): 

Availability of Physicians Specializing In: (check all that are applicable)
✓ Anesthesiology -- 30
✓ Neurology -- 30

Additional Comments: Both available for consults – not treatment at this facility
**HC 6 - Special Facilities, Resources, and Capabilities**

Use the Reference Key to assist with YOUR completion of the following questions.

**Emergency Department**

**Personnel: (check all that are applicable):**

- Designated Physician Director (or appropriate on/call coverage) - - 60
- Emergency Physician - - 1
- Designated Nursing Director (or appropriate on/call coverage) - - 60
- Respiratory Therapist - - 1
- Laboratory Technician - - 1
- Radiology Technician - - 1
- Registered Nursing Staff - - 1
- Other (please below)

**Equipment: (check all that are applicable):**

- Portable Monitor / Defibrillator / External Pacer - - A
- Portable 02 Delivery Devices - - A
- 12-Lead EKG Machine - - A
- Portable X-Ray Equipment - - 30
- Slit Lamp - - A
- Precipitous Delivery - - A
- Non-Invasive Monitoring - - A
- Invasive Monitoring - - D
- Airway Rescue Equipment (including Cricothyroidotomy) - - A
- Pericardiocentesis - - A
- Thoracotomy - - A
- ACLS Drugs (Code Cart) - - A
- Pulse Oximetry - - A
- End-Tidal CO2 Detector / Monitor - - A
- Bedside Portable Ultrasound - - D
- Video Laryngoscopy - - D
- Hypothermia Capability - - D
- Communication Equipment with EMS System - - A
- Special Considerations - - A
- Translation Services On-Site / Phone - - A
- ECMO - - D
- Hyperbaric Chamber - - D

**Hospital Facility: (check all that are applicable):**
XX  Radiology -- X
[ ]  Angiography -- D
[ ]  CT Scanner Full-body -- X
[ ]  Nuclear Scanning -- X
[ ]  Sonography -- X

☐ MRI Scanning -- D
☐ Helicopter Landing Zone -- X
☐ Transfer Protocols -- X
☐ Hospital Wide Established QA / QI -- X
☐ Other (please specify below)

Other (from above):

__________________________________________________________

__________________________________________________________

HC 7 - Cardiac Receiving and Referral Centers

Are you a Cardiac Arrest Receiving or Referral Center through the State of Arizona? (check all that are applicable)

☐ Receiving Center
☐ Referral Center
☑ Not Applicable

Additional Comments:

__________________________________________________________

__________________________________________________________

__________________________________________________________

HC 8 - Certification

By completing or updating this categorization questionnaire and then signing below, I attest that:

1. I am authorized on behalf of the facility to respond to this questionnaire.
2. The responses provided accurately reflect the capabilities of the facility, to the best of my knowledge.
3. AEMS will rely on the responses to categorize the facility for the purpose of providing EMS providers with guidance in the selection of proper destinations for patients that have accessed the EMS system.
4. Should facility's capabilities substantially change to the extent that these responses no longer accurately reflect the facility's capabilities, AEMS will be notified, in writing, in a timely manner.

5.

[Signature]

______________________________
Barbara Bovee

______________________________
Printed Name

______________________________
3/6/19

______________________________
Date

Thank you for your cooperation in completing AEMS’ Categorization Questionnaire and for your hospital’s support of this process!