

CORPORATE POLICY

Manual/Library Name: Law	No: L-20
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Title: Relationships with Ambulance and EMS Providers	Effective Date: 12-3-2021
	Previous Versions: 10-05-20; 7-30-18; 02-25-16
	Approved By: Executive Leadership Team
	Approval Date: 12-2-2021

I. Scope:

This policy applies to Tenet Healthcare Corporation and its subsidiaries and affiliates other than Conifer Holdings Inc. and its direct and indirect subsidiaries (each, an “Affiliate”), any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of greater than 50%, and any entity in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a “Tenet Entity”) (collectively, “Tenet”).

II. Purpose:

To provide direction to facilities operated by Tenet Entities (each a “Facility”) with respect to acceptable arrangements it may engage in with ambulance companies and emergency medical services providers (collectively, “EMS”).

III. Definitions:

Staff Space: Break rooms, desk space, and other types of workspace and amenities generally available to employees of the Facility.

IV. Policy:

A Facility may provide benefits to EMS providers which are incidental to the delivery of transportation services for patients in the Facility’s community. No provision of benefits shall be conditioned upon or intended to induce an EMS provider to select a Tenet hospital for the provision of services to a patient.

V. Procedure:

A. Accommodations

1. A Facility may allow EMS access to Staff Spaces, but may not create space exclusively for EMS use.
2. If the Facility has free or discounted food or drinks of modest nature available to its employees in the Staff Space, EMS may partake of it under the same rules and conditions as the Facility employees.
3. The Facility may provide food and beverage of modest value outside the Staff Space consistent with Tenet’s Code of Conduct for vendors as a part of meetings to discuss coordination of care, continuous quality improvement activities for EMS and hospital

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service to patients, and promotion of services available at the Facility.

4. The Facility shall maintain a log of items provided to EMS stations or personnel as part of promotional events for the Facility’s services.

B. Medical Direction

1. The Facility may provide EMS with physician-directed out-of-hospital care through a combination of off-line and on-line medical direction methods detailed below.
 - a. Off-Line (Prospective and Retrospective) Medical Direction
 - i. Off-line medical direction includes setting standards for out-of-hospital care and can be accomplished through both prospective and retrospective methods.
 - ii. Examples of prospective medical direction include training, testing and certification of providers, protocol development and operational policy, and procedures development.
 - iii. Examples of retrospective activities include medical audit and review of care (process improvement), and direction of remedial education.
 - b. On-Line (Concurrent) Medical Direction.

On-line medical direction is provided directly to out-of-hospital providers by direct voice communication. This contact may be by radio, telephone, applications, or other means as technology develops that relies primarily on person-to-person communication of patient status and direction of care.
2. Medical Direction provided by a Facility, directly or indirectly, may include the following examples:
 - a. Developing and implementing protocols and standing orders for EMS agencies for all patient care activities from dispatch through triage, treatment, transport, and/or non-transport.
 - b. Developing and implementing a process improvement program.

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- c. Arranging for coordination of activities for mutual aid, disaster planning and management, and hazardous materials response including weapons of mass destruction and terrorism. Providing training related to the above activities.
- d. Establishing criteria for determining patient destination in a non-discriminatory manner.

C. Technology

1. The Facility may provide technology to EMS in the form of access to smart phone/tablet applications (app) if all of the requirements are met:
 - a. The Facility will make the app available to any EMS provider that requests it;
 - b. Neither the app or Facility imposes any limit on transmission of data to any hospital at the election of EMS, subject to the other Facilities' license of the application; and
 - c. The primary purpose of the app is promotion of quality patient care for EMS's patients.
2. The Facility may not provide EMS with other software or hardware without approval from Operations Counsel, including a determination that Facility is legally permitted to share the app.

D. EMS Appreciation Week

1. During the one week each year designated as National EMS Week by the National Association of EMT's, the Facility may provide EMS with:
 - a. Items branded with the Facility's name and logo of nominal value.
 - b. Food or beverages, modest in value, outside the Staff Space.
2. The Facility shall maintain a log of these items provided to EMS personnel.

E. Ambulance Restocking

1. The Facility may only restock ambulances that are regularly used for emergency transportation. An ambulance is considered to be regularly used for emergency transportation if it responds to emergencies, on average, three times per week. Restocking is not limited to emergency calls.

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2. The Facility must also comply with the L-20.PR.01 Ambulance Restocking.
3. So long as the restocking program complies with this Policy, no written agreement between the Tenet Entity and EMS is required to accomplish this restocking.

D. Other Arrangements with EMS

1. A Facility may contract for EMS stand-by services upon demonstration of a reasonable need to have available ambulance services on an emergent basis, such as a free-standing emergency facility which may need to transport patients to another Facility for stabilizing services. Generally, a Facility which is an acute care hospital or a medical clinic is unlikely to require stand-by services.
2. In no event shall a Facility accept a benefit from an ambulance provider that may relieve the Facility of any duty or expense which would otherwise be the responsibility of the Facility. For example, a Facility shall not allow placement of a transportation coordinator in its facility for the purpose of arranging inter-hospital or post-discharge transportation for patient who have not already selected the ambulance provider to deliver the service.
3. A Facility may contract for ambulance transportation services if the Facility is responsible for the transport under applicable law or managed care arrangements, or for discharge transportation permitted under Tenet policy. The fee for such contracted service shall be consistent with fair market value, but shall not be less than the then-current Medicare fee schedule amount for the Facility's service area.

VI. Enforcement:

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VII. References:

[L-20.PR.01 Ambulance Restocking](#)