

# SUPPLEMENTAL APPLICATION TO PROVIDE CRITICAL CARE TRANSPORT (CCT) SERVICES IN SOLANO COUNTY

SOLANO COUNTY EMERGENCY MEDICAL SERVICES (EMS) AGENCY  
275 BECK AVENUE, FAIRFIELD, CA 94533  
(707) 784-8155

Initial CCT Application     Renewal CCT Application

Does your organization have a current Agreement with Solano County EMS to provide Non-Emergency Services?  
 YES     NO    If no, contact Solano EMS immediately.

1. Company Name:

Company's Agent for County Permit Process:		
Address:		
Tel. Number:	Fax Number:	E-Mail Address:
Company's Alternate Agent for County Permit Process:		
Address:		
Tel. Number:	Fax Number:	E-Mail Address:

2. Attach written portfolio of company's experience in critical care transportation and care of patients. Detail operational and logistical resources to meet Solano EMS CCT staffing and response time standards.
3. Describe the qualifications of your organization's medical director as it relative to oversight of CCT care. (Attach a resume or curriculum vitae.)
4. Describe in detail the required qualifications and experience of CCT-RN personnel employed by your organization.
5. Explain in detail your organization's current plan for provision of **education, training, and competency assessment** for CCT-RN personnel ensuring their competence to provide: cardiovascular, respiratory, neurological, and neonatal/pediatric care to the critically injured or ill patient during a CCT call.
6. Describe in detail the quality assurance and improvement processes that are in place related to CCT. Provide the name and qualifications of the Quality Improvement Coordinator.
7. Describe in detail your organization's Performance Improvement (PI) Plan and how the requirements established in Resolution 12-001 will be complied with.
8. Describe in detail your organization's ability to electronically document and track patient care details for all CCTs.
9. What steps will your organization take to ensure the Solano EMS Agency has the ability to retrieve patient care reports on a daily basis?
10. Explain in detail the organizational structure and job functions of management and supervisory roles necessary to manage all aspects of CCTs.
11. Attach your most recent:
  - Patient Care Report (PCR) CCT template;
  - Copies of materials used to educate, train, and assess competence of CCT-RN personnel;
  - CCT clinical treatment and transportation order sets/protocols;
  - Quality assurance and improvement policies and procedures.

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Permit fees are approved by the Solano Emergency Medical Services Cooperative (SEMSC) Board of Directors. The current CCT ambulance permit fee is \$7,500.00. A CCT provider permit is valid for two (2) years.

Amount enclosed with this application is: \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

- 
- Requirements met, CCT application approved  
 Temporary CCT application approved  
 Application fee/renewal fee paid

Requirements not met, CCT application not approved

Notes: \_\_\_\_\_

\_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature of Permit Officer: \_\_\_\_\_ Date: \_\_\_\_\_