



Dear CALS Hospital:

The CALS Hospital Program was developed to honor rural hospitals and their communities for their commitment to quality rural emergency medical care. Enclosed you will find information on the CALS Hospital RENEWAL Program and how your hospital can continue the CALS Hospital designation.

Benefits of a CALS Hospital:

- Enhanced awareness within the community of your hospital's commitment to excellence in emergency medical care; and visible documentation of that commitment in the form of a certificate.
- Increased visibility within your state and region
- Public recognition of your providers, nurses and other clinical staff for their achievement in completing a CALS training program.
- Future educational offerings designed for rural hospital and staff
- Future CALS educational products
- Membership in a community of like-minded institutions.
- Designation functions as a magnet for attracting and retaining the finest clinical staff.
- May fulfill criteria for designation as a level III or IV trauma center. Check your state trauma system requirements.

Your hospital now is eligible for RENEWAL if it continues meet the equipment and training requirements. The equipment must be stocked, maintained and available for use by the Emergency Care Team (see enclosed list). The *minimum* requirement of the training component requires that 2/3 of provider and clinical staff combined has successfully completed the CALS Provider Course and Benchmark lab or Trauma Module.

I invite you to review the enclosed application materials and your own records to determine if your hospital continues to meet the criteria for CALS Hospital designation. If you have any questions or concerns please feel free to contact me.

Sincerely,

Paul E. Lakeman, MHA, FACHE
CALs Executive Director
717 Delaware St SE, Ste. 508
Minneapolis, MN 55414

Financed through a grant administered by the Office of Rural Health and Primary Care, Minnesota Department of Health



Administrative Statement of Purpose for CALS Hospital

The Comprehensive Advanced Life Support (CALs) Program is a National Program dedicated to enhancing rural emergency medical care.

The CALs educational program includes the following components: a two day course for hospital staff and providers, a three hour trauma module, a full day Benchmark Skills Lab in emergency procedures, and extensive print and electronic resources.

The CALs Hospital designation represents an institutional commitment to quality rural emergency medical care. This includes:

- CALs training for hospital staff and providers
- Provision of medical equipment required for effective emergency care
- Leadership in providing excellent emergency care.
- Collaboration with other programs, institutions and individuals in support of rural emergency medical care
- Participation in CALs outcome and data collection within the prescribed boundaries of confidentiality.

Upon achievement of CALs Hospital designation, the applicant hospital shall become a member of the CALs Hospital Consortium, reflecting leadership in rural emergency medical care.



Application Process for CALS Hospital Designation

1. Administration and Board of applicant hospital must support participation in the CALS Hospital program, including:
 - CALS training for hospital staff and providers,
 - Provision of appropriate equipment,
 - Interaction with components of the rural emergency medical care system (i.e. state trauma system, EMS, referral centers, public safety)
 - Participation in assessment of CALS training by questionnaires, surveys and outcome studies. See Administrative Statement of Purpose attached.
2. Applicant hospital must verify achievement of training criteria.(see CALS Training Criteria). Applicant hospital must also attest to possession and availability of standard emergency equipment. (see Equipment Requirements for CALS Hospitals)
3. Complete application and send with the fee to the CALS office. The application will be reviewed at the next meeting of the Executive Board of Directors.
4. The hospital will be notified by the CALS Hospital Coordinator of the Executive Board Decision. The new CALS Hospital shall be presented with a certificate reflecting their achievement. The CALS Hospital Coordinator and a member of the CALS Board shall be available to present this certificate.
5. The initial CALS Hospital designation shall have an expiration date of 4 years from date of certification; recertification shall be dependent on fulfillment of criteria in effect at the time of re-application. The CALS Program reserves the right to modify certification criteria.
6. Upon designation as a CALS Hospital, the hospital shall become a member of the CALS Hospital Consortium, which shall be convened to address issues common to rural emergency facilities

Instructions for completing application

1. Complete the application form and return to the following address.
CALs
Attn: CALS Hospital Program
717 Delaware St. S.E., Suite 508
Minneapolis, MN 55414
Fax: 612-626-2352
2. Enclose the \$300 application fee. This fee helps defray the expenses related verification and processing of the application. If the application is denied, the hospital will be refunded \$200.
3. The hospital will be notified of application status by CALS hospital coordinator within one month of receipt.

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CALS Hospital RENEWAL Certification Application

Name of Hospital: _____

Address of Hospital _____

Phone: _____ Fax: _____ Email: _____

Name of Hospital Administrator: _____

Name of Medical Director: _____

Name of Director of Nurses: _____

CALS Training Criteria:

Applicant Hospital must fulfill at least one requirement from column **A (providers)** and one from column **B (hospital staff)**, or must fulfill criteria listed in **C**. Please provide medical staff and hospital staff rosters with dates of CALS training. **Training must have been completed within 4 years of application**

A Providers
<input type="checkbox"/> 100% of Emergency Care Team Leaders (Physicians, PA's, NP's) have completed the CALS 2 day Provider Course plus either the Benchmark Lab or the Trauma Module <p style="text-align: center;">OR</p> <input type="checkbox"/> 75% of all providers on staff (Physicians, NP's, PA's) have completed CALS 2 day Provider Course plus either the Benchmark Lab or the Trauma Module

B Hospital Staff
<input type="checkbox"/> 100% of RN's providing emergency care have completed the CALS 2 day Provider Course <p style="text-align: center;">OR</p> <input type="checkbox"/> 75% of all clinical staff (RN's LPN's, CRNA, Paramedics) have completed the CALS 2 day Provider Course

OR

C
<input type="checkbox"/> 66 % of combined provider and clinical staff have taken the CALS 2 day Provider Course plus either the Benchmark Lab or the Trauma Module



Equipment Requirements for CALS Hospitals

Equipment for all age groups, newborn through adult, must be stocked, maintained and available for use by the Emergency Care Team.

Airway / Breathing	Circulation	Lab/Xray	OB/Peds	Miscellaneous
<input type="checkbox"/> Oral/Nasal airways <input type="checkbox"/> Bag-valve mask <input type="checkbox"/> Endotracheal intubation equipment <input type="checkbox"/> Rescue airways (LMA / Combitube / King/ etc.) <input type="checkbox"/> Large bore suction <input type="checkbox"/> Pulse oximeter <input type="checkbox"/> End tidal CO2 detector/monitor <input type="checkbox"/> Cricothyrotomy Kit (surgical and needle-jet) <input type="checkbox"/> Transtracheal needle ventilation kit	<input type="checkbox"/> Standard IV fluids and administration sets <input type="checkbox"/> Mechanism for IV flow-rate control <input type="checkbox"/> IV catheters <input type="checkbox"/> Central venous catheters <input type="checkbox"/> Intraosseous access device <input type="checkbox"/> Rapid infuser system (e.g., pressure bag) <input type="checkbox"/> Thermal control for patients and fluids/blood	<input type="checkbox"/> Standard analysis of blood, urine and other body fluids <input type="checkbox"/> Coagulation studies <input type="checkbox"/> Blood typing and cross matching <input type="checkbox"/> Radiographic capabilities (plain film and CT) in house or 30 minute call	<input type="checkbox"/> Precipitous delivery pack <input type="checkbox"/> Umbilical catheter kit <input type="checkbox"/> Meconium aspirator <input type="checkbox"/> Pediatric length-based resuscitation tape or other reference <input type="checkbox"/> Size- appropriate pediatric equipment	<input type="checkbox"/> Monitor/defibrillator <input type="checkbox"/> Nasogastric/orogastric tubes <input type="checkbox"/> 1st line resuscitation drugs <input type="checkbox"/> Urinary catheters <input type="checkbox"/> Supplies for thoracostomy(chest tube) <input type="checkbox"/> Spinal immobilization boards and c-collars <input type="checkbox"/> Easily accessible references for emergency algorithms, standard orders, and transfer procedures

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Attestation:

We, as representatives of the above named hospital, attest that the hospital meets the criteria for CALS Hospital designation. Furthermore, we support the principles and practices as outlined in the Administrative Statement of Purpose:

Hospital Administrator:	_____	Date:	_____
Medical Director:	_____	Date:	_____
Director of Nurses:	_____	Date:	_____

Please designate a CALS Hospital Liaison _____

This CALS Hospital application was reviewed by the National CALS Executive Board of Directors on:

Date _____

CALS Hospital RE-Certification was: granted
 not granted

(reason)

Chair, CALS Board of Directors

Executive Director, CALS

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Staff Roster for CALS Hospital Designation

Name	Title	Date of CALS Provider Course mm/dd/yy	Date of Benchmark Lab mm/dd/yy	Date of Trauma Module mm/dd/yy

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CALS Comprehensive
Advanced Life Support
RURAL EMERGENCY MEDICAL EDUCATION

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717 Delaware St. SE, Ste. 508 ♦ Mpls, MN ♦ 55414-2959 ♦ 612-624-8776 ♦ Fax 612-626-2352
www.calsprogram.org