

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

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Medical Director

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BASE HOSPITAL CRITERIA

I. AUTHORITY:

Division 2.5, California Health and Safety Code, sections 1797.220, 1798., 1798.2, 1798.100, 1798.101, and; Title 22, California Code of Regulations, sections 100105, 100107, 100127, 100128, 100147 and 100168, 100169.

II. DEFINITION

- A. "Agency" - means the Mountain-Valley Emergency Medical Services Agency.
- B. "ALS" - means Advanced Life Support, as defined in Section 1797.52, Division 2.5 of the Health and Safety Code
- C. "Base-Hospital" - means a hospital approved and designated by the Agency to provide immediate medical direction and supervision of EMT-I, EMT-II, and EMT-P personnel in accordance with policies and procedures established by the Agency.
- D. "BLS" - means Basic Life Support and refers to any EMS call or procedure that does not meet the definition for Advanced Life Support.
- E. "LALS" - means Limited Advance Life Support as defined in Section 1797.92, Division 2.5 of the Health and Safety Code.
- F. "Pre-Hospital Care Provider" - means the ambulance service provider, fire service agency, or any other emergency service provider authorized by Mountain-Valley Emergency Medical Services Agency.
- G. "MICN" -means a registered nurse authorized by the medical director of the Agency as qualified to issue instructions to pre-hospital personnel according to EMS policy and procedures.

III. PURPOSE

- A. To establish standards for the designation, implementation and evaluation of base hospitals within the Agency's member counties.

IV. POLICY

A. Base Hospital Role

- 1. A base hospital shall provide medical control for patients destined for their facility, as well as those destined for receiving hospitals that are not base hospitals. A base hospital shall also provide medical control for BLS patients under special circumstances as outlined in Agency policy including, but not limited to, BLS special events.

B. Agreements

1. Each designated base hospital shall have a written agreement with the Agency. This agreement shall:
 - a. Include, at a minimum, the criteria identified below regarding communications, staff, education, record keeping, and supplies, as well as language addressing compliance on the part of all parties.
 - b. Indicate the commitment of hospital administration, medical staff, and Emergency Department staff to meet the requirements for program participation.
 - c. Be reviewed every two years by the Agency, and may be changed, renewed, canceled, or otherwise modified if necessary.

C. Designation Criteria

1. A hospital shall meet the following criteria to be eligible for base hospital designation:
 - a. Be licensed by the State Department of Health Services as a general acute care hospital.
 - b. Be accredited by the Joint Commission on Accreditation of Health Care Organizations.
 - c. Have a special permit for Basic or Comprehensive Emergency Medical Services pursuant to the provisions of Division 5, Title 22, unless waived pursuant to Section 1798.101 of Division 2.5 of the Health and Safety Code.

D. Base Hospital Responsibilities

1. Base hospitals shall:
 - a. General
 - (1) Agree to adhere to all Agency policies and procedures and to participate in local EMS system planning activities.
 - (2) Audit patient care records for compliance with Agency policy and procedure, and follow-up with hospital and pre-hospital personnel and providers as needed.
 - (3) Agree to be evaluated by the Agency Medical Director or their designee(s) for the purpose of ensuring compliance with these criteria.
2. Communications
 - a. Have and agree to utilize and maintain two-way telecommunications equipment as specified by the Agency to include the capability of direct two-way voice communication with the pre-hospital care providers in their assigned service area.

- b. Have a dedicated telephone line for ALS and LALS communication.
 - c. Assure that every LALS and ALS call conducted by radio or dedicated telephone line is recorded. Recordings shall be maintained for a minimum of one year. Recordings shall be made available upon request to Agency personnel. Recordings shall be used strictly for education or QI purposes.
 - d. Provide timely reports of any reoccurring radio/telephone/telemetry problems to the appropriate maintenance contractor and provide written documentation of same to the Agency.
 - e. Maintain a base hospital data log approved by the agency, separate from the emergency room patient log, of all ambulance calls.
3. Staffing
- a. Designate a Base Hospital Medical Director who shall be a physician on the hospital staff, licensed in the State of California who is certified or prepared for certification by the American Board of Emergency Medicine. The requirement of board certification or prepared for certification may be waived by the medical director of the EMS agency when the medical director determines that an individual with these qualifications is not available. This physician shall be regularly assigned to the emergency department, have experience in and knowledge of base hospital radio operations, Agency policies and procedures, and shall be responsible for overall medical control and supervision of the pre-hospital program within the base hospital's area of responsibility.
 - (1) The Base Hospital Medical Director shall perform the following duties:
 - (i) Ensure that all base hospital physicians are knowledgeable in the radio operations, the Agency policy and procedures, and local EMS resources.
 - (ii) Ensure that new physicians are precepted for first radio calls.
 - (iii) Review all cases where the use of standing orders or protocols in the field are in question.
 - (iv) Review all reports involving pre-hospital care providers in association with the base hospital in accordance with Agency QI policy 620.10.
 - (v) Develop or approve all EMS continuing education presented by the base hospital.
 - (vi) Ensure representation at relevant EMS meetings.
 - (vii) Ensure ongoing evaluation of MICN's, pre-hospital personnel, and base hospital physicians.
 - (vii) Be available for consultation with hospital and pre-hospital personnel.
 - (viii) Ensure that all required paperwork is completed and sent to the Agency as required in Agency policies.

- b. Designate an MICN, knowledgeable in Agency policies and procedures for pre-hospital care who shall be regularly assigned to the Emergency Department as the Nurse Liaison to assist in medical control and supervision of the pre-hospital personnel within the base hospital's areas of responsibility.
 - (1) The designated nurse liaison shall perform the following duties:
 - (i) Assist the Base Hospital Medical Director in his/her duties.
 - (ii) Participate in EMS Agency data collection and QI efforts.
 - (iii) Review field and hospital patient care forms for medical appropriateness and follow-up with documentation to Agency.
 - (iv) Provide field care audits for hospital and pre-hospital personnel.
 - (v) Ensure that only physicians or authorized MICN's provide online medical control or consultations.
 - (vi) Be available for consultation with hospital and pre-hospital personnel.
 - (vii) Assure that all required paperwork is completed and sent to the Agency.
 - (viii) Attend regularly scheduled liaison meetings and planning sessions.
 - (ix) The MICN Liaison shall be present at the base hospital for a minimum of ____* hours/month of time scheduled for the purpose of providing the above services.
*(*Number of scheduled hours for the nurse liaison services to be determined by advanced life support call volume for each hospital in consultation with Agency.)*
 - c. Provide clerical support for the Nurse Liaison and Base Hospital Medical Director.
 - d. Agree to staff the emergency department at all times with at least one physician experienced in emergency medical care, licensed in the State of California, who has knowledge of Agency policy and procedures and local EMS resources, and who will be available to provide immediate on-line medical direction to the MICN and pre-hospital personnel, as well as to assist in off-line medical control.
 - e. Agree to staff the emergency department at all times with at least one MICN, authorized according to Agency policy, to provide immediate medical consultation to pre-hospital personnel.
4. Education
- a. Provide training and C.E. for E.D. and pre-hospital personnel.
 - b. Assure that all Emergency Department employees are oriented to the base hospital role and pertinent Agency policies and procedures.
 - c. Provide clinical experience with supervision for trainees and certified MICN's, EMT-I's, EMT-II's and EMT-P's, both during initial training and for continuing education. Clinical experience shall include direct patient care and include the following specialty

areas (where available):

- (1) Surgery/Anesthesia
- (2) Recovery
- (3) Obstetrics
- (4) ICU/CCU
- (5) IV Team
- (6) Advanced Airway Management Experience
- (7) Emergency Department
- (8) Pediatrics
- (9) Respiratory Therapy
- (10) Clinical Laboratory

- d. Provide Emergency Department physician participation in EMT-II/EMT-P/MICN during educational activities.

5. Record Keeping

- a. Agree to maintain and provide to the Agency, electronic base hospital data for all calls included in the base hospital log. This data shall include:
 - (1) Date hospital record first created
 - (2) Login name of last user to edit record
 - (3) Count of number of times record has been edited
 - (4) Date of EMS call
 - (5) Unique number assigned to each Pre-hospital Care Report
 - (6) Unique number assigned to each medical record by receiving hospital
 - (7) Mode of arrival for patient being brought to hospital (e.g. ambulance, air ambulance, private auto, etc.)
 - (8) Type of primary insurance covering patient
 - (9) Emergency Department Diagnosis (ICD-9 codes separated by commas)
 - (10) Emergency Department disposition of patient (e.g.) Admitted to OR, discharged home, dead in ED)
 - (11) Time patient was discharged from, or otherwise left, the ED
 - (12) Name of ED physician that attended the patient
 - (13) Final diagnosis (ICD-9 codes separated by commas)
 - (14) Final discharge disposition (e.g. home, rehab facility)
 - (15) Patient's hospital discharge date
 - (16) Unique number assigned (usually pre-printed on form) to each inter-facility transport record. NOTE: Field is only used when documenting an inter-facility transfer.
 - (17) Medical facility to which the patient was transferred
 - (18) Reason patient is being transferred from the original medical facility.
 - (19) Authorization/certification number of MICN providing on-line medical control
 - (20) Yes or No answer to the question, "Was this call audited by the base hospital?"
- b. Agree to maintain and release to the Agency all relevant records for program monitoring and evaluation of the EMS system.
- c. Agree to include the Pre-hospital Care Report (PCR) in the hospital patient's medical record.

- d. Document, upon request of the Agency, the additional operating costs of the base hospital service, identifying direct and indirect costs separately, and identifying personnel costs as separate line items over and above current costs.
- e. Prepare reports as requested and submit to the Agency for review in monitoring base hospital compliance.

6. Equipment and Supplies

- a. Ensure that a mechanism exists for the storage and return of non-disposable supplies and equipment used by advanced life support personnel during treatment of patients (e.g., backboards, traction splints, cervical collars, etc.)

V. Agency Responsibilities

A. Designation

1. The Agency may designate base hospital(s), through an appropriate request for proposal process using the criteria listed in this document.

B. Review

1. The Agency shall review base hospital agreements, at least, every 2 years and may change, cancel or otherwise modify these agreements based upon EMS system needs.

C. Denial, Suspension and Revocation

1. The Agency may deny, suspend or revoke a base hospital designation for failure to comply with the applicable policies, procedures or regulations as outlined in the written agreement.
2. The agency shall notify the base hospital of the prescribed action in writing. The notification shall be by registered mail and shall include the reason for the action being taken and the date the action shall become effective.

D. Appeals Process for Denial, Suspension or Revocation

1. Appeals will be conducted according to the Agency's appeals policy (MVEMSA Policy 161.00).

VI. PROCEDURE

- A. Based upon request for proposal process and documentation of eligibility, base hospitals will be selected and written agreements shall be executed between the Agency and facility.
- B. The base hospital shall abide by the communication, education, staffing, record keeping, and equipment and supplies policies contained in this document.