

10-0101 – Base Hospital and Alternative Base Hospital Designation

Authority

California Health & Safety Code, Division 2.5, Sections 1797.16, 1797.107, 1797.171, 1797.195, 1797.204, 1797.206, 1797.214, 1797.218, 1797.220, 1798.102, 1798.104, 1798.2. California Code of Regulations, Title 22, Division 9; Chapters 3 & 4.

Purpose

To establish the minimum requirements for a Base Hospital and Alternative Base Hospital in the Nor-Cal EMS region, which shall provide medical control of prehospital emergency medical care provided for the area defined by the local EMS agency in accordance with policies and procedures established by Nor-Cal EMS.

Definitions

Base Hospital

A hospital that meets the requirements of this policy and utilizes Mobile Intensive Care Nurses authorized by Nor-Cal EMS or physicians. Base Hospitals shall have a current Base Hospital agreement in place with Nor-Cal EMS in order to operate as such. The hospital must be licensed with an emergency department classified by CDPH as a basic or comprehensive emergency department.

Alternative Base Hospital

A hospital that meets the requirements of this policy and utilizes physicians to provide medical direction and supervision to prehospital personnel in the Nor-Cal EMS Region. Alternative Base Hospitals shall have a current Alternative Base Hospital agreement in place with Nor-Cal EMS in order to operate as such. The hospital must be licensed with an emergency department classified by the CDPH as at least a standby emergency department.

Emergency Medical Services Quality Improvement Program (EQIP)

Methods of evaluation that are composed of structure, process and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these cause and take steps to correct process and recognized excellence in performance and delivery of care, pursuant to the provisions of California Code of Regulations, Title 22, Chapter 12 and Nor-Cal EMS policies. Base Hospitals and Alternative Base Hospitals shall work with the EMS provider agencies to meet their obligations in both statute and regulations.

Policy

1. All hospitals whether Base Hospitals or Alternative Base Hospitals are required to provide immediate electronic access (computer or cell phone application) for the purpose of accessing the Nor-Cal EMS policies and procedures.
2. Nor-Cal EMS shall designate Base Hospitals and Alternative Base Hospitals to receive ambulance patients and provide medical direction and supervision to prehospital personnel in the Nor-Cal EMS Region.
3. The Base Hospital and Alternative Base Hospital function within the local EMS system to provide destination and prehospital on-line decision-making support without interruption, twenty-four (24) hours per day, seven (7) days a week.
4. The Base Hospital and Alternative Base Hospital work in partnership with local EMS stakeholders in accordance with the California Emergency Medical Services Authority (EMSA) and LEMSA requirements.
5. The LEMSA designates a Base Hospital or Alternative Base Hospital.
6. The application and agreement process are defined by the LEMSA in compliance with EMSA requirements.
7. The designation period will coincide with the period covered in a written agreement between the Base Hospital or the Alternative Base Hospital and the LEMSA.

Procedure

1. Be licensed by the California Department of Public Health as a general acute care hospital.
2. Be accredited by Centers for Medicare and Medicaid Services approved deeming authority.
3. For Base Hospitals have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of California Code of Regulations, Title 22, Division 5, or have been granted approval by the California EMS authority for utilization as a Base Hospital pursuant to the provisions of Section 1798.101 of the California Health and Safety Code.
4. For Alternate Base Hospitals have a special permit for standby emergency medical service pursuant to the provisions of California Code of Regulations, Title 22, Division 5, or have been granted approval by the California EMS authority for utilization as an Alternative Base (standby) Hospital (standby) pursuant to the provisions of Section 1798.101 of the California Health and Safety Code.
5. Have and agree to utilize and maintain two-way telecommunications capable of recording direct two-way voice radio and telephonic communications with prehospital personnel.
6. Maintain a record of all online medical direction between the prehospital provider and the Base Hospital / Alternative Base Hospital as specified in the Recording and Maintenance of EMS Patient Care Communications section below.
7. Have a written agreement with Nor-Cal EMS to be reviewed every three (3) years indicating the concurrence of hospital administration, medical staff and emergency department staff to meet the requirements for program participations as specified in this policy.
8. Designate appropriate personnel to support and oversee Base Hospital functions including:
 - a. A Base Hospital/Alternative 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 or Osteopathic equivalent. The requirement of board certification or prepared for certification may be waived by the Nor-Cal EMS Medical Director. The base/alternative base hospital medical director shall be regularly assigned to the emergency department, have experience in and knowledge of base/alternate base hospital radio operations and Nor-Cal EMS policies, procedures and protocols and shall be responsible for functions of the base/alternative base hospital including the EQIP
 - b. A Base Hospital / Alternative Base Hospital Prehospital Care Coordinator (PCC) who is a California licensed Registered Nurse with experience in and knowledge of base/alterative base hospital operations and Nor-Cal EMS policies, procedures and protocols to act as a prehospital liaison to the local EMS system. A paramedic may be utilized in this position with approval by the Nor-Cal EMS Medical Director.
 - c. Assurance that nurses giving medical direction to prehospital personnel are trained and authorized as MICNs by Nor-Cal EMS. Note that only Base Hospitals may utilize MICNS for prehospital medical direction. MICN advice must be within the local scope of practice for that LEMSA.
 - d. Having a physician licensed in the state of California, experience in emergency medical care, assigned to the emergency department, available at all times to provide immediate medical direction to the MICN or prehospital personnel. This physician shall have experience in and knowledge of base/alternate base hospital radio operations and Nor-Cal EMS policies, procedures and protocols.
 - e. The Nor-Cal EMS Medical Director has the ultimate decision-making authority in matters regarding designation for Base Hospital and Alternative Base Hospital.

General Provisions for Approved Base or Alternative Base Hospital

1. Comply with Nor-Cal EMS Interfacility Transfer policies.
2. Education – Hospital shall:
 - a. Act as an education resource for prehospital provider agencies according to Health and Safety Code and Nor-Cal EMS policy.
 - b. Maintain approval as an EMS Continuing Education (CE) provider.
 - c. Provide formal education programs for prehospital personnel.
 - d. Assist in providing special and mandatory training programs deemed necessary by Nor-Cal EMS.
3. Assist with the dissemination, training, and implementation of new and revised Nor-Cal EMS policy and procedures.

- a. Provide supervised clinical experience for prehospital care students/trainees in accordance with California Code of Regulations, Title 22 and Nor-Cal EMS policies and procedures.
 - b. Provide clinical skills remediation training for prehospital personnel as determined by the provider agencies, hospital liaisons, and/or Nor-Cal EMS.
4. Performance Improvement – Hospital shall:
- a. Maintain a written Base Hospital QI (Quality Improvement) policy or plan. This shall be submitted to Nor-Cal EMS on a yearly basis with an update.
 - b. Assure EMS quality improvement plan (EQIP) shall interface with the Nor-Cal EMS EQIP.
 - c. Participate on the Nor-Cal EMS Medical Advisory Committee (MAC) and other appropriate prehospital committees or advisory groups.
 - d. Participate in the Nor-Cal EMS QI process.
 - e. Participate in the California OES Region III event report process.
 - f. Provide in a timely manner data and statistical reports as may reasonably be required by Nor-Cal EMS and as allowed under HIPAA.
 - g. Maintain and oversee Base Hospital physician and MICN authorization and CE tracking system.
5. Staff Records
- The Base/Alternative Base Hospital shall notify Nor-Cal EMS of any staff changes in the Medical Director or PCC within two weeks of the change.
6. Patient Care Records
- A Nor-Cal EMS approved Base/Alternative Base Hospital shall participate in a collaborative manner with Nor-Cal EMS data collection programs.
7. Multi Casualty Incidents/Disaster Planning and Response
- a. An approved Base/Alternative Base Hospital shall reasonably participate in local and regional disaster drills, including utilization of EMResource or current program. Hospitals shall work cooperatively with the designated regional Control Facilities.
 - b. An approved Base/Alternative Base Hospital shall actively participate in local and regional disaster related planning efforts.
 - c. During a Multi Casualty Incident (MCI) or disaster, the procedures indicated in the applicable California OES Region III MCI plan and Nor-Cal EMS policies shall be followed.

Recording and Maintenance of EMS Patient Care Communications:

1. Base Hospitals and Alternative Base Hospitals shall record all telephone and radio EMS patient care communications with prehospital personnel. Audio files shall be maintained for a minimum of three (3) calendar year.
2. Base Hospital and Alternative Base Hospital personnel shall document all telephone and radio EMS patient care related communications with prehospital personnel on an appropriate hospital developed report/log. EMS patient care records and hospital communication reports/logs shall be maintained for a minimum of seven (7) years, or, if for a minor, one (1) year past the age of majority, whichever is greater.
3. All communication records shall be maintained in such a manner to allow for medical control and continuing education of prehospital personnel. Quality Improvement records shall be maintained for a minimum of (3) three calendar years.
4. In the event of pending litigation or evidence requests, all audio files and written records shall be maintained until completion/resolution of all issues arising therefrom.

Basis for Loss of Designation

Base Hospital designation may be denied, suspended or revoked by the Nor-Cal EMS Medical Director for failure to comply with state and Nor-Cal EMS policies, procedures or regulations.