

Subject: Administration – Quality Assurance

**Base Hospital / Modified Base Hospital / Alternative Base Hospital / Modified Alternative Base Hospital / Paramedic Receiving Hospital Designation**

Associated Policies:

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- I. Authority and Reference (incorporated herein by references)
  - A. Division 2.5 of Health and Safety Code
  - B. California Code of Regulations, Title 22
  - C. North Coast EMS Policies and Procedures
  
- II. Purpose

To establish a procedure for designation of Base / Modified Base /Modified Alternative Base /Paramedic Receiving Hospitals within the North Coast Emergency Medical Services (EMS) region.
  
- III. Definitions
  - A. “Advanced Life Support” or “ALS” means special services included in the scope of practice of Emergency Medical Technician-Paramedic (EMT-P), who is designed to provide definitive prehospital emergency medical care as defined in Division 2.5 of the Health and Safety Code and Title 22, Division 9, Chapter 4.
  - B. “Base Hospital” means one of a limited number of hospitals which, on designation by North Coast EMS, is responsible for providing immediate medical direction and supervision of EMT-II or EMT-P personnel in accordance with policies and procedures established by North Coast EMS.
  - C. “Modified Base Hospital” means one of a limited number of hospitals which, on designation by North Coast EMS, is responsible for providing immediate medical direction and supervision of EMT-II or EMT-P personnel in accordance with policies and procedures established by North Coast EMS. Modified Base Hospitals do not typically utilize MICN’s, but may choose to do so.
  - D. “Alternative Base Station/Hospital” means a facility or service operated and directly supervised by, or directly supervised by, a physician and surgeon who is trained and qualified to issue advice and instructions to prehospital emergency medical care personnel, which has been approved by the medical director of the local EMS agency to provide medical direction to advanced life support or limited advanced life support personnel responding to a medical emergency as part of the local EMS system, when no qualified basic or comprehensive hospital is available to provide that medical direction. An Alternative Base Hospital generally has a Standby Emergency Department.
  - E. “Modified Alternative Base Hospital” means one of a limited number of hospitals which, on designation by North Coast EMS, is responsible for providing immediate medical direction and supervision of EMT-II or EMT-P personnel in accordance with policies and procedures established by North Coast EMS. Modified Alternative Base Hospitals generally are Standby Emergency Departments that do not typically utilize MICN’s, but may choose to do so.

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- F. “Paramedic Receiving Hospital” is an approved or designated hospital with at minimum a Standby Emergency Department that has been approved by North Coast EMS to receive 9-1-1 emergency medical patients transported by North Coast EMS authorized ALS prehospital care providers.
- G. “Base Hospital Physician” means a physician who is currently licensed in California, who is assigned to the emergency department of a Base, Modified Base, Alternative Base, Modified Alternative Base and/or Paramedic Receiving Hospital, and who has been trained to issue advice and instructions to prehospital emergency medical care personnel consistent with treatment protocols and medical control policies established by North Coast EMS.
- H. “Basic Life Support” or “BLS” means emergency first aid and cardiopulmonary resuscitation services included in the scope of practice of EMT-I certified personnel.
- I. “Limited Advanced Life Support” or “LALS” means those services included in the scope of practice of EMT-II, who is an EMT-I who has been educated and trained in specified prehospital advanced life support topics and skills, whose scope of practice to provide limited advanced life support is in accordance with the standards prescribed in 2.5 of the Health and Safety Code and Title 22, Division 9, Chapter 3.
- J. “Mobile Intensive Care Nurse” or “MICN” means a registered nurse who has been authorized by North Coast EMS as qualified to issue instructions to prehospital emergency medical personnel consistent with treatment protocols and medical control policies established by North Coast EMS.
- K. “Prehospital Care Provider” means the ambulance service provider, fire service agency or any other emergency service provider that is authorized to provide prehospital care within the North Coast EMS region.

IV. Policy

A. Base / Modified Base Hospital Criteria:

In order to be eligible for base / modified base hospital designation in the North Coast EMS region the hospital shall meet the following criteria:

1. Be licensed by the State Department of Health Services as a general acute care hospital.
2. Be accredited by the Joint Commission on Accreditation of Healthcare Organizations or Healthcare Facilities Accreditation Program of the American Osteopathic Association.
3. Have a special permit for basic or comprehensive emergency medical service pursuant to the provision of Division 5, Health and Safety Code.
4. Agree to abide by the policies and procedures of North Coast EMS.
5. Agree to supervise prehospital treatment, triage, and transport, Advanced Life Support and Limited Advanced Life Support and monitor personnel program compliance by direct medical supervision.
6. Agree to accept for treatment any and all patients who are under the immediate care of prehospital emergency medical care personnel unless their

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transport is being redirected to another facility in accordance with North Coast EMS policies addressing triage, patient destination, or patient diversion.

7. Agree to all other requirements as specified in Section C of this document.
- B. Alternative Base / Modified Alternative Base / Paramedic Receiving Hospital Criteria:  
In order to be eligible for Alternative Base / Modified Alternative Base / Paramedic Receiving Hospital designation in the North Coast EMS region the hospital shall meet the following criteria:
  1. Be licensed by the State Department of Health Services as a critical access hospital.
  2. Possesses a special permit for Standby Emergency Medical Care pursuant to the provision of Section 1798.101 of the Health and Safety Code.
  3. Is located in a rural area where use of a hospital having a basic emergency medical services special permit is precluded because of geographic and other extenuating circumstances.
  4. Possesses the adequate staff and equipment to provide basic emergency medical services.
  5. Possesses internal policy and protocol to ensure that use of HOSPITAL is in the best interests of patient account, including:
    - a. The medical staff, and availability of the staff at all times to care for patients requiring emergency medical services and provide immediate medical control and direction to paramedics.
    - b. The ability of staff to care for the degree and severity of patient injuries.
    - c. The equipment and services available at HOSPITAL necessary to care for patients requiring emergency medical services and the severity of their injuries.
    - d. The availability of more comprehensive emergency medical services and the distance and travel time necessary to make alternative emergency medical services available.
    - e. The time of day and any limitations which may apply for a nonpermit facility to treat patients requiring emergency medical services.
    - f. Be approved by North Coast EMS to receive 9-1-1 emergency medical patients by authorized ALS prehospital providers.
  6. Agree to all other requirements as specified in Section C of this document.
- C. Meet all of following requirements:
  1. Have a written agreement with the North Coast EMS indicating the concurrence of hospital administration, medical staff, and emergency department staff to meet the requirements for program participation as specified in this policy.
  2. Communications:
    - a. Have and agree to utilize and maintain two-way telecommunications equipment as specified by North Coast EMS, capable of direct two-way voice communications with ambulances in the North Coast EMS region.
    - b. Have and agree to utilize and maintain a dedicated telephone line in the emergency department for medical control communications with prehospital emergency medical personnel.
    - c. Agree to tape record, either digitally or analog, all radio and telephone medical control communications in a format that permits easy referencing to individual calls. Such recordings shall be maintained for

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a minimum of ninety (90) days, and used exclusively for auditing, continuing education, or review by North Coast EMS.

3. Personnel:
  - a. Have a physician licensed in the State of California, board certified or experienced in emergency medicine, available at all times to provide immediate medical direction to MICN or prehospital emergency medical care personnel. This physician shall be experienced in and have knowledge of base hospital radio operations and North Coast EMS procedures and protocols.
  - b. (\*\*Base Hospital Criteria Only) Have an MICN authorized by North Coast EMS available at all times to provide immediate medical direction to prehospital emergency medical care personnel.
  - c. Designate a Prehospital Care Medical Director (PCMD) 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. Upon receipt of a written request by the Base Hospital administration, the Medical Director of North Coast EMS may waive the requirement for board certification when he/she determines that an individual with these qualifications is not available. The PCMD shall be regularly assigned to the emergency department, have experience and knowledge of base hospital radio operations and North Coast EMS policies and procedures, and shall be responsible for overall medical control and supervision of the prehospital program within the base hospital's area of responsibility, including review of patient care records and critique with personnel involved. The PCMD shall be responsible for assuring that all required paperwork is completed and sent to North Coast EMS as required in this document, and placed in the base hospital manual as well as for reporting deficiencies in patient care to North Coast EMS. The PCMD shall be available to attend regularly scheduled meetings and planning sessions.
  - d. (\*\*Required Only for Base / Modified Base / Modified Alternative Base Hospitals utilizing MICN's, unless special variance has been granted by NCEMS) Designate a Prehospital Care Nurse Coordinator (PCNC) who is authorized as an MICN by North Coast EMS to assist the PCMD in the quality improvement, medical control and supervision of prehospital emergency medical care personnel within the base hospital's area of responsibility. The PCNC shall assist the PCMD in assuring that all paperwork is completed and sent to North Coast EMS as required in this document and placed in the base hospital manual. The PCNC shall be available to attend regularly scheduled meetings and planning sessions. Upon receipt of a written request by the Base Hospital administration, the Medical Director of

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North Coast EMS may waive the PCNC requirement. Waiver approval is at the discretion of the Medical Director of North Coast EMS. If the Medical Director of North Coast EMS waives the PCNC requirement, the PCMD must perform all the duties assigned to the PCNC by this policy. This waiver may be rescinded by the Medical Director of North Coast EMS at any time he/she determines that the duties of the PCNC are not being accomplished to his/her satisfaction. Upon receipt of a rescission of the waiver to the PCNC requirement, the Modified Base Hospital may request one 60 day extension in which to rectify deficiencies noted by the Medical Director of North Coast EMS. Should the Medical Director of North Coast EMS determine that the deficiencies have not been rectified to his/her satisfaction, the modified base hospital must assign the PCNC duties to a qualified MICN within 30 days of the decision of the Medical Director of North Coast EMS

- e. The PCMD and/or PCNC shall conduct or assist in conducting case review as deemed necessary by North Coast EMS.
  - f. (\*\*Modified Base Only Not Utilizing MICN's) Clerical support to the PCMD is strongly recommended to assist in completing all tasks and functions associated with PCMD role and responsibilities related to education, CQI, and record keeping.
10. Education:
- a. Provide, or cause to be provided, continuing education, open to all prehospital medical care personnel in the form of one (1) hour field care audit (tape review) at least once per month or through an alternative process approved by North Coast EMS. The base/modified base hospital PCNC and/or PCMD must attend and participate in these continuing education sessions.
  - b. Assure that all emergency department employees are oriented to the base / modified base hospital role and pertinent North Coast EMS policies and procedures.
  - c. Provide emergency department physician participation in base hospital continuing education activities.
  - d. Agree to provide clinical training for students of Paramedic and EMT-II Training programs approved by North Coast EMS.
  - e. Participate in peer review as directed by North Coast EMS.
11. Record Keeping:
- a. Agree to include the prehospital care report in the patient's hospital medical record.
  - b. Agree to maintain hardware and software, including telephone modem or internet connectivity, for the completion of electronic prehospital care reports by North Coast EMS prehospital personnel as determined by North Coast EMS.

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- c. Agree to have, utilize, and maintain a base hospital log separate from the emergency department log, of all ALS/LALS calls.
  - d. Agree to maintain and release to North Coast EMS, all relevant records for monitoring and evaluation of the ALS/LALS system.
  - e. Prepare periodic reports on base hospital activities and submit to North Coast EMS for review in monitoring base hospital compliance.
12. Equipment and Supplies:
  - a. Ensure that a mechanism exists for replacing disposable and non-disposable medical supplies and equipment used by ALS/LALS personnel during treatment of patients, according to the policies and procedures of North Coast EMS.
  - b. Ensure that a mechanism exists for the initial supply and replacement of narcotics and other controlled substances used by paramedics/EMT-IIs during treatment of patients according to the policies and procedures of North Coast EMS.
13. North Coast EMS Responsibilities:
  - a. North Coast EMS may designate a base / modified base / alternative base / modified alternative base / paramedic receiving hospital through an appropriate request for proposal process using the criteria listed in this document.
  - b. North Coast EMS may limit the number of base / modified / alternative/ modified alternative base / paramedic receiving hospitals based upon volume of patients, identified need, geography, or other factors as determined by North Coast EMS.
  - c. The North Coast EMS Joint Powers Governing Board will approve the plan regarding base/ modified base / alternative base / modified alternative base / paramedic receiving hospital designation by North Coast EMS.
  - d. North Coast EMS may deny, suspend, or revoke base / modified base / alternative base / modified alternative base / paramedic receiving hospital designation for failure to comply with the applicable policies, procedures or regulations outlined in the written agreement with the hospital.
  - e. North Coast EMS shall notify the base / modified base / alternative base / modified alternative base / paramedic receiving 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.
14. Method of Evaluation:
  - a. Periodic site surveys will be utilized as staff and funding permit as a major method of determining compliance by the base / modified base hospital with the base hospital standards; obligations stipulated in procedures; State and Federal regulations, the North Coast EMS base

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- hospital/ modified base / alternative base / modified alternative base / paramedic receiving hospital contract and any other procedure or regulations applicable to the operations of base hospitals.
- b. The base / modified base / alternative / modified alternative / paramedic receiving hospital shall be provided with the criteria for site surveys and, as determined by the Medical Director of North Coast EMS, clarifications of the requirements included in this, associated policies and the North Coast EMS base hospital/ modified base / alternative / modified alternative / paramedic receiving hospital contract.
  - c. If the base / modified base / alternative / modified alternative / paramedic receiving hospital fails to satisfy the requirements of this, during the site survey, North Coast EMS shall notify the base hospital in writing of deficiencies and may re-survey the base hospital in no less than ninety (90) days from the date of notification.
  - d. Failure to correct deficiencies as determined by the Medical Director of North Coast EMS will be cause for North Coast EMS to suspend, probate, or revoke the designation.
15. Quality Improvement Program:
- a. Agree to participate in and utilize the North Coast EMS Quality Improvement Program (QIP) and provide quarterly and annual reporting to North Coast EMS as required by the associated North Coast EMS policies.
16. Reconsideration Process:
- a. If hospital designation is denied, probated, suspended, or revoked, or requirements are imposed by North Coast EMS Medical Director for any reason, the hospital may request reconsideration of that decision in writing, to the North Coast EMS Executive Director.
  - b. If after the Executive Director makes a decision, further reconsideration is requested, the hospital may appeal, in writing, to the North Coast EMS Joint Powers Governing Board.
  - c. If necessary, the hospital staff who requested reconsideration of a prior decision may need to appear and testify in person to either the Executive Director and/or the Joint Powers Governing Board.

Approved: 

Date: 11-6-08

Approved as to Form: 

Date: 10-22-08