MERCED COUNTY

Department of Public Health
Emergency Medical Services Agency

John Volanti, M.P.H.
Director of Public Health

James Andrews, M.D.

260 E. 15th Street
Merced, CA 95340
(209) 381-1250
(209) 381-1259 Fax
www.co.merced.ca.us/health/ems

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This policy supersedes any other existing policy on this subject.

Subject: **BASE HOSPITAL CRITERIA**

Authority: California Health and Safety Code, Division 2.5, Sections 1797.220, 1798., 1798.2,1798.100, 1798.101 and California Code of Regulations, Title 22, Division 9, Sections 100105, 100107, 100127, 100146, and 100167.

Definitions: Agency - Means the Merced County Department of Public Health, designated by the Merced County Board of Supervisors as the Merced County EMS Agency.

ALS - Means Advanced Life Support, as defined in the California Health and Safety Code, Division 2.5, Section 1797.52.

Base Hospital - Means a hospital approved and designated by the Agency to provide immediate medical direction and supervision of prehospital personnel in accordance with policies and procedures established by the Agency.

BLS - Means Basic Life Support as defined in the California Health and Safety Code, Division 2.5, Section 1797.60.

IRP, or Investigative Review Panel - Means an impartial advisory body, the members of which are knowledgeable in health care systems, which may be convened to review facts in a case of negative action against a base hospital designation and provide it's findings to the Agency.

Prehospital Care Provider - Means the ambulance service provider authorized by the Agency to provide ALS service within the jurisdictional boundaries of Merced County.

Purpose: To establish standards for the designation, implementation and evaluation of a base hospital(s) within Merced County.

Policy: A base hospital shall provide medical control for prehospital patients destined for their facility, as well as those destined for receiving hospitals in accordance with State and Agency Policies and Procedures.

APPROVED: ON-FILE

John Volanti, MPH
Director of Public Health

James Andrews, MD
EMS Medical Director

1. A designated base hospital shall have a written agreement with the Agency. This Agreement shall:

   A. Include, at a minimum, the criteria identified below regarding general eligibility for designation, 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 as necessary. The Agency may deny, suspend or revoke approval of the base hospital for failure to comply with applicable policies, procedures and regulations.

2. Base Hospital Responsibilities. A hospital shall meet the following criteria to be eligible for base hospital designation:

   A. General

      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 Health Care Organizations.

      3) Have a special permit for Basic or Comprehensive Emergency Medical Services pursuant to the provisions of California Code of Regulations, Title 22, Division 5, unless waived pursuant to the Health and Safety Code, Division 2.5, Section 1798.101.

      4) Agree to utilize Agency triage protocols for the determination of patient destination.

      5) Agree to adhere to all policies and procedures specified by the Agency and to participate in local EMS system planning activities.

      6) Agree to accept for treatment and not transfer to another facility any patient who has been treated by prehospital personnel, unless or until, in the judgment of a physician, such a patient is medically able to be transferred and/or such a transfer is in the best medical interest of the patient.

      7) Agree to abide by the patient destination policy adopted by the Agency.

      8) Participate in the review of patient care records and in the critique of prehospital care with the involved personnel.

   B. Communications

      1) Have and agree to utilize and maintain two-way telecommunications equipment as specified by the Agency, to include the capability of two-way voice communication with the prehospital care providers within the base hospital's service area.

      2) Have a dedicated, recorded telephone line for on-line medical control with the prehospital care providers.

3) Assure that every prehospital call conducted by radio or dedicated telephone line is recorded. Recordings shall be maintained for a minimum of 100 days to be accessed strictly for educational purposes, audits and case reviews, or to be made available to Agency staff upon request for quality improvement/assurance purposes.

4) Provide timely reports of reoccurring radio/telephone problems to the appropriate maintenance contractor and provide written documentation of same to the Agency.

C. Staffing

1) 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 board certification may be waived by the Agency Medical Director when s/he 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 and Agency policies and procedures, and shall be responsible for overall medical control and supervision of the prehospital program within the hospital's area of responsibility, including review of patient care records and critique with the involved personnel. This Base Hospital Medical Director should be available for hospital liaison meetings and Agency planning sessions.

2) Designate a base hospital MICN, knowledgeable in Agency policies and procedures for prehospital care who shall be regularly assigned to the emergency department as the Base Hospital Nurse Liaison to assist in medical control and supervision of the prehospital personnel within the base hospital's areas of responsibility. The Base Hospital Nurse Liaison shall assist the Base Hospital Medical Director in assuring that all required paperwork is completed and sent to the Agency as required in this policy and shall be available to attend regularly scheduled hospital liaison meetings and Agency planning sessions.

3) 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 and oriented in the Agency policies, procedures and treatment protocols, who will be available to provide immediate on-line medical direction to the MICN and prehospital personnel as well as assist in off-line medical control.

4) Agree to staff the emergency department at all times with at least one MICN, authorized in accordance with Agency policy, to provide immediate medical direction to prehospital care personnel.

D. Education

1) Assure that all emergency department employees are oriented to the base hospital role and pertinent Agency policies and procedures.

2) Provide clinical experience with supervision for MICN, EMT-P and EMT-1 trainees, both during initial training and for continuing education. Clinical experience shall include direct patient care experience and/or observation and include the following specialty areas (as available and appropriate):

a) Surgery/Anesthesia

b) Recovery
c) Obstetrics
d) ICU/CCU
e) IV Team
f) Emergency Department
g) Pediatrics
h) Respiratory Therapy
i) Clinical Laboratory

4) Ensure that a mechanism exists for the replacement of non-disposable supplies and equipment used by advanced life support personnel during prehospital treatment of patients according to policies and procedures of the Agency (e.g., MAST, traction splints, etc.)

E. Record Keeping

1) Maintain and release to the Agency all relevant records for program monitoring and evaluation of the EMS system.

2) Include the base hospital report form, the prehospital report form and triage tags, as appropriate, in the medical record.

3) Prepare periodic reports on base hospital activities and submit said reports to the Agency for review in monitoring base hospital compliance.

4) Keep complete records on facility MICN's including CE and ACLS status. These records shall be made available to the Agency upon request.

F. Trauma Receiving Hospital Requirements

1) Maintain trauma registry data for selected trauma patients in accordance with Agency policy. Hospital shall be afforded the opportunity to review and offer revision to said policy through the usual Policy and Procedure Committee review process.

2) Assign medical staff representation on the Trauma Audit Committee and ensure attendance at regularly scheduled meetings of said committee, in accordance with Agency policy.

3) Maintain the confidentiality of its patient records in accordance with all applicable state and federal laws relating to confidentiality. Agency agrees that any patient specific medical records or hospital quality improvement documents submitted by HOSPITAL and reviewed by the Trauma Audit Committee shall be maintained in confidence under the provisions of Evidence Code 1157.7. Further, Agency agrees it will use all reasonable diligence to prevent disclosure except to its necessary personnel. HOSPITAL does not waive its right pursuant to Evidence Code sections 1157 et. seq. This confidentiality provision shall remain in effect notwithstanding any subsequent termination of this Agreement. This obligation shall exclude material or information that is in the public domain by public use, publication, general knowledge or the like.

4) Enter into interfacility transfer agreements with the Merced County designated Trauma Centers. Said agreements shall articulate the expectations of the parties regarding the transfer and acceptance of trauma patients without regard to a patient's ability to pay for

said services. Such expectations should include both those patients requiring higher level of care services and those Merced County residents being repatriated following Trauma Center care, once that level of care is no longer necessary.

3. Agency Responsibilities

   A. Designation

   The Agency shall designate a Base Hospital, either through the designation of an existing Base Hospital, or through an appropriate request for proposal process using the criteria established in this document.

   B. Denial, Suspension and Revocation

   The Agency may deny, suspend or revoke Base Hospital designation for failure to comply with the applicable policies, procedures or regulations outlined in the written agreement. 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.

   C. Appeals Process for Denial, Suspension or Revocation

   Should a base hospital's designation be denied, suspended or revoked, said hospital may, within fifteen (15) calendar days of the date that written notification of that action is received, request, in writing to the agency that an investigative review panel (IRP) be convened. The agency shall, within twenty one (21) calendar days of receipt of the requests, convene an IRP.

   The IRP shall consist of at least three (3) persons knowledgeable in the health care system, at least one of whom shall be a physician. One (1) member of the IRP shall be mutually agreed upon by the said appealing hospital, and the agency. The IRP shall not include any staff member from either the agency or appealing hospital or anyone who was directly involved in any incident which was included in the investigation that brought about the action.

   The IRP shall hear all of the facts in the case and, within ten (10) calendar days following the completion of the IRP, provide, in writing, their findings and recommendation to the agency.

   Upon receipt of the written findings and recommendation of the IRP, the agency shall make a decision regarding the action taken and notify the appealing hospital of the findings and recommendation of the IRP as well as their decision no more than sixty (60) calendar days following receipt of the initial base hospital written request for an IRP.

Procedure:

1. If an existing Base Hospital, under contract for the services as defined in this policy, submits a request for a continuation of the services provided, a written agreement shall be executed between the Agency and Facility, pursuant to the requirements herein.

2. If an existing Base Hospital does not request designation, the Agency shall pursue an appropriate request for proposal process and documentation of eligibility. A Base Hospital will be selected and a written agreement shall be executed between the Agency and Facility.

3. The base hospital shall abide by the communication, education, staffing, record keeping, and equipment and supplies policies contained in this document.

4. The designated Base Hospital Medical Director with the assistance of the Base Hospital Liaison Nurse shall perform the following duties:

   A. Formally orient all new physicians to the radio operations and the Agency prehospital treatment guidelines.

   B. Review all cases where questionable uses of standing orders and/or protocols in the field are identified.

   C. Review all unusual occurrence reports involving prehospital care in association with the base hospital.

   D. Ensure representation of that facility at appropriate Agency/County EMS meetings.

   E. Ensure ongoing evaluation of MICNs, prehospital personnel, and base hospital physicians.

   F. Ensure that all full-time and part-time base hospital physicians have completed an Orientation on Agency prehospital EMS policies within 30 days of beginning practice in the County. Base hospital physicians are strongly encouraged to have ACLS, (Advance Cardiac Life Support), ATLS (Advanced Trauma Life Support), PALS (Pediatric Advanced Life Support) and ABEM (American Board of Emergency Medicine) certifications.

   G. Be available for consultation with base hospital and prehospital personnel.

5. The designated MICN liaison shall perform the following duties:

   A. Base Station Review- assist with planning and coordination of an educational platform for the paramedics and nurses regarding EMS care issues.

   B. Ensure that ED staff are oriented to state and county rules, regulations, policies and procedures.

   C. Educate staff on new trends, care, and equipment related to EMS.

   D. Perform prehospital and hospital patient care audits, to include all deaths, code 3 responses, major traumas, and interfacility transfers.

   E. Attendance and participation with quality care audit committees such as Trauma Audit, EMS System CQI, and EMCC.

   F. Sit on the ED Committee to act as liaison between care committees and base hospital physicians.

   G. Participate in focus studies as deemed appropriate by the hospital and EMS Agency.

   H. Maintain Trauma Log with the ability to run necessary reports for the agency and the hospital.

I. Assure that tapes are reviewed and properly maintained for 100 days.

J. Assist the Base Hospital Medical Director in his/her duties.

K. Participate in EMS planning activities.

L. Ensure functional radio equipment for communication and recording with field personnel.

M. Represent the ER for injury and other prevention activities.

N. Maintain regular, posted office hours for the purpose of providing counseling and feedback to prehospital personnel.