

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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BASE HOSPITAL STANDARDS

I. PURPOSE

- A. To define the role of the Base Hospital within the EMS system.
- B. To establish operational, medical, and personnel standards for the Base Hospital.
- C. To provide procedures by which Base Hospital Physicians are approved by the Base Hospital Medical Director

II. AUTHORITY

- A. California Health & Safety Code, Division 2.5, Sections 1797.58, 1798.59, 1797.220, 1798 – 1798.3, 1798.100 – 1798.105
- B. California Code of Regulations, Title 22, Sections 100144 and 100169.

III. POLICY

- A. Base Hospital General Requirements:
 - 1. Comply with all applicable Federal, State, and local codes, statutes, ordinances, and rules with regards to hospitals, Base hospitals, and radio communications.
 - 2. Comply with all applicable EMS Agency policies and standards including Policy #5010 Receiving Hospital Standards and the requirements described in this policy.
 - 3. Have a written agreement with the EMS Agency identifying the hospital as an approved Base Hospital.
 - 4. Have a designated area within the Emergency Department for Base Hospital telecommunications equipment.
 - 5. Permit periodic announced and unannounced visits by EMS Agency staff to monitor compliance with any of the above.
- B. Roles and Responsibilities
 - 1. Provide on-line medical direction and consultation to prehospital personnel in accordance with EMS Agency Policies and Patient Treatment Protocols.
 - a) Medical direction shall include, but is not limited to, ordering interventions based upon patient presentation per EMS Agency Patient Treatment Protocols and medical consultation as requested by a prehospital provider.
 - 2. Collect data and keep records in accordance with the Base Hospital and EMS Agency Quality Improvement plans.
 - 3. Act as an educational resource for prehospital providers.

- a) Provide a collection of texts, journals, policies, and procedures along with an opportunity for educational consultation with prehospital personnel.
 - b) Periodically offer Continuing Education courses.
 - c) Develop and present any local policy or educational updates as required by the EMS Agency Medical Director for continued EMT-P accreditation in San Francisco.
4. Participate in the EMS system planning through:
- a) Base Hospital personnel representation at all stakeholder meetings including, but not limited to the EMS Advisory Committee and the Trauma System Audit Committee.
 - b) Prehospital research as approved by the EMS Agency.
- C. Personnel Requirements
- 1. Clerical Support
 - a) The Base Hospital shall employ such clerical support as necessary to meet the requirements of the Base Hospital.
 - 2. Base Hospital Coordinator
 - a) Minimum requirements:
 - (1) Experienced ED RN regularly assigned to the ED with patient care responsibilities.
 - (2) Thoroughly familiar with prehospital policies, procedures, and practices and a minimum of 1 year experience working directly with prehospital personnel in San Francisco.
 - b) Participate in a minimum of 24 hours direct observation of prehospital care each year, at least 12 hours of which must be on an Advanced Life Support Provider.
 - c) Collaborate with the Base Hospital Physicians and Medical Director to meet the requirements of the Base Hospital.
 - 3. Base Hospital Physician
 - a) Minimum requirements and orientation
 - (1) Current licensure to practice medicine in California.
 - (2) Current practice at the Base Hospital.
 - (3) Current participation in an Emergency Medicine Residency, or be Board Eligible or be Board Certified in Emergency Medicine.

(4) Completion of an approved orientation course that, at a minimum, includes the following:

- (a) Orientation to system issues relevant to Base Hospital Physician Medical Direction.
- (b) Radio communications.
- (c) Written examination testing knowledge of Advanced Life Support protocols and EMS Agency policy.
- (d) Direct observation of prehospital care (required for initial approval only)
 - (i) 8 hours and 4 ALS patient contacts, at least half of the experience must on a San Francisco Advanced Life Support Ambulance.

b) New Base Hospital Physicians shall have the first (3) three consultations reviewed by the Base Hospital Medical Director, who will provide written feedback to the physician.

- (1) The Base Hospital Medical Director or their designee shall perform ongoing review of consultations until the first (6) six consultations have been completed.

c) Maintenance of approval

(1) Full time physicians (0.5 FTE or greater):

- (a) Complete the didactic and exam portion of the orientation course every 4 years.
- (b) Eight hours of involvement in prehospital care each year. This may include direct observation at the 911 medical dispatches or via a ride along with an ALS ambulance crew.
- (c) Attend 2 hours of organized prehospital continuing education each year (field care audit, journal club, local EMS conference, etc.).
- (d) Educate prehospital personnel by one of the following methods:
 - (i) Facilitate formal field care audit session.
 - (ii) Perform clinical rounds/clinical preceptor.
 - (iii) Lecture on prehospital care at an educational seminar for ALS providers or at a locally approved paramedic training program.
- (e) Perform or assist with prehospital research.
- (f) Participate in medical disaster exercises.
- (g) Serve in a position of leadership on a state or local EMS advisory committee.

- (h) Perform special projects approved by the Base Hospital Medical Director.
 - (2) Part time physicians (0.5 FTE or less)
 - (a) Meet the same requirements listed above for full-time physician except for 1(a) and 1(b).
 - 4. Base Hospital Medical Director
 - a) Minimum requirements:
 - (1) Maintain all requirements for Base Hospital Physician.
 - (2) Maintain current Board Certification in Emergency Medicine.
 - (3) Participate in an additional 16 hours of direct prehospital care observation per year, 8 hours of which must take place on an ALS ambulance.
 - b) Roles and responsibilities
 - (1) Oversight of Base Hospital Physicians:
 - (a) Perform reviews and audits as required or necessary.
 - (b) Be available, or designate an alternate of equal qualifications, at all times to provide direction and supervision.
 - (c) Represent EMS Issues to the Base Hospital Disaster Committee,
 - (d) Ensure Base Hospital Physicians comply with all requirements.
 - (2) Oversight of Base Hospital Quality Improvement and administrative activities.
 - (3) Liaison to the EMS Agency and ambulance provider Medical Directors.
- D. Quality Improvement
 - 1. The Base Hospital shall develop a Quality Improvement plan approved by the EMS Agency.
 - a) Plan will meet the requirements of EMS Agency Policy #6000, Quality Improvement Program.
 - b) Plan will work to support EMS System Quality Improvement Plan.
 - c) Must contain the following:
 - (1) Prospective educational component.
 - (2) Concurrent observation and evaluation component.
 - (3) Retrospective examination of identified Quality Indicators.
 - (4) Clearly designed method of using knowledge gained to influence ongoing education of Base Hospital staff and prehospital personnel.
 - (5) Remediation contingencies for individuals who consistently fail to meet expectations.

2. Base Hospital policies and procedures shall support the plan and require personnel to participate in Quality Improvement.
 3. Plan must be reviewed and revised as necessary at least every 2 years.
 4. Data and patient information, as determined necessary by the EMS Agency Medical Director, shall be provided in a form determined by the EMS Agency for the purposes of system wide quality improvement, case review, or individual case investigation:
 - a) Whenever possible data will be requested without patient identifying information and shall be the minimum amount of information necessary to achieve the goals of a given project.
 5. Base Hospital report:
 - a) Bi-annual preparation to coincide with fiscal year of City and County of San Francisco.
 - b) Due no later than 60 days following close of every second fiscal year.
 - c) Will detail the previous 24 month's activities.
 6. All deficiencies in prehospital care shall be forwarded, in a timely fashion, to the provider's Medical Director or QI representative for investigation:
 - a) Situations that remain unresolved after contacting the provider shall be reported to the EMS Agency using the reporting procedures outlined in EMS Agency Policy #6020, Incident Reporting.
 - b) Incidents that, in the opinion of Base Hospital personnel, represent an act of gross negligence or an ongoing threat to public health and safety shall also be reported to the provider field supervisor and the EMS Agency.
- E. Prehospital Education:
1. The Base Hospital shall develop and present Continuing Education programs with a specific goal of improving the quality of care and knowledge of prehospital and Base Hospital personnel.
 2. Offer programs of structured clinical experience with Continuing Education credit to prehospital providers
 3. Provide resources for supervised remediation of prehospital personnel.
 4. The Base Hospital may act as a clinical site for paramedic training programs, subject to hospital and school policies.
- F. Base Hospital Communications:
1. The Base Hospital will maintain a dedicated radio and telephone line for prehospital personnel to consult with the Base Hospital Physician.
 2. All voice communications between the Base Hospital Physician and prehospital personnel shall be recorded:
 - a) Recorded consultations are not considered part of the patient record.
 - b) Confidentiality shall be maintained during all communications.
 - c) Recorded consultations shall be made available to the EMS Agency within 10 days of request.

- d) Recorded consultations shall be kept on file, protected from accidental erasure, and unaltered for a minimum of 100 days:
 - (1) Copies of recordings used for public presentation may be edited to remove patient and personnel identifying information.
 - e) Recordings may be used for educational and investigative purposes.
3. The Base Hospital will maintain a dedicated telephone line to the Emergency Communications Department.

IV. PROCEDURE

- A. Radio communications and consultations shall be conducted in accordance with EMS Agency Policy #3020, Field to Hospital Communications.
- B. The Base Hospital will maintain a record of all calls that includes:
 - 1. EMT-P and physician identities.
 - 2. Prehospital assessment.
 - 3. Interventions prior to contact.
 - 4. Medical direction given.