

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

M-E-M-O-R-A-N-D-U-M

Date: January 8, 2004

To: CQI Coordinators

From: Michael A. Modrich, R.N., Prehospital Care Coordinator

Subject: Communication with Base Hospital

The following is policy regarding communications with the base hospital's, NorthBay and Sutter Solano, at this time.

- **All ALS and BLS communications must be on the taped telephone lines and as soon as possible.** This will allow the receiving facility to prepare a place for the patient.
- All contact with the base must be done at the earliest possible moment during the call. This parameter will be audited.
- If a paramedic reaches the point in the protocol requiring further medical direction they **must** contact the Base Physician on a **taped telephone line**.
- For other communications with the Base, either the Paramedic or EMT can complete the contact, but it **must be on a tape telephone line**.
- When contacting the Base Hospital the initial statement should identify the reason.
 - Physician Orders – This will facilitate the Physician response.
 - AMA – Those calls which policy indicates will have physician direction for the AMA.
 - Destination – This allow a trained nurse to help with the decision.
- For Major Trauma or MCIs (greater than 5 patients) – The Base hospital (NorthBay or Sutter only), using a trained nurse, will continue to direct the call for patient care, destination and mode of transportation.

Cc: Physician's Forum

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EMERGENCY MEDICAL SERVICES

POLICY MEMORANDUM #7100

EFFECTIVE DATE: 05/01/92

APPROVED BY:

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SUBJECT: BASE HOSPITAL POLICY

AUTHORITY: CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, 1798.100 et seq.; CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 100127 et seq.; & SECTION 100167 et seq.

PURPOSE/POLICY:

The Solano County EMS Agency shall approve and designate advanced life support Base Hospital(s) to provide immediate medical direction and supervision of prehospital field personnel.

I. DEFINITIONS

The EMS Agency means the Solano County Emergency Medical Services Agency.

ALS means advanced life support, as defined in Section 1797.52, Division 2.5, of the California Health and Safety Code.

Base Hospital means a hospital approved and designated by the agency to provide immediate medical direction and supervision of EMT-P and/or field MICN personnel in accordance with policies and procedures established by the Agency as defined in Section 1797.58, Division 2.5, of the Health and Safety Code.

BLS means basic life support and refers to any EMS call that does not meet the definition of an ALS call as defined in Section 1798.60, Division 2.5, of the Health & Safety Code.

The County refers to Solano County.

Prehospital Care Provider refers to the ambulance service, fire service agency, or any other emergency service provider that is authorized by the County to provide prehospital advanced or basic life support in Solano County.

II. POLICY

A Base Hospital shall provide medical control for ALS and BLS patients destined for their facility or to non-base receiving hospitals in accordance with State and County policies and procedures.

Each designated base hospital shall have a written agreement with the EMS Agency and the County. This agreement shall:

- A. Include the criteria identified below regarding general eligibility for designation, communications, staff, continuing education, record keeping, supplies, as well as language addressing compliance on the part of all parties.
- B. Indicate the commitment on the part of hospital administration, medical staff and Emergency Department staff to meet the requirements for program certification.
- C. Be reviewed as needed by the EMS Agency and may be changed, renewed, canceled or otherwise modified if necessary. The Medical Director may deny, suspend or revoke approval of a base hospital for failure to comply with applicable policies, procedures and regulations.

III. BASE HOSPITAL RESPONSIBILITIES

A Hospital must 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 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.
 4. Agree to utilize triage policies as set forth by the EMS Agency to determine patient destination, including diversion to an alternate receiving facility when appropriate.
 5. Agree to adhere to all policies and procedures specified by County EMSA and to participate in local EMS system planning activities.
 6. Agree to abide by the transfer and patient destination policies adopted by the Agency.

7. Participate in the review of patient care records and in the critique of prehospital care with the personnel involved.
8. Agree to staff the Emergency Department with at least one physician experienced in emergency medical care, licensed in the State of California, who will be available to provide immediate on-line medical control and direction of MICNs and prehospital personnel.
9. Agree to staff the Emergency Department at all times with at least one MICN, certified according to County Policy, to provide immediate on-line direction of prehospital personnel.
10. Agree to provide a Base Hospital Liaison physician and nurse to be responsible for retrospective medical control and quality assurance as required by State Regulations and County Policy.
11. Agree to provide clerical support to facilitate the Base Hospital Liaison and nurse in the duties listed above.
12. Agree to be evaluated regularly by the County EMS Medical Director or their designees for the purpose of ensuring compliance with these criteria.

B. Communications

1. Have and maintain at Hospital's expense and agree to utilize two-way telecommunications equipment to include the capability of direct two-way voice communication with prehospital providers in their assigned service areas, and include a minimum of one phone line for telephone access, and a separate dedicated phone as a County Civil Defense Line.
2. Assure that every ALS call conducted by radio or phone line is tape recorded. Tapes shall be maintained for a minimum of 100 days to be used for audited case reviews, continuing education, or to be available on request to Agency personnel for review.
3. Keep reports of any recurring radio/telephone/telemetry problem(s) and provide documentation of same to the County.
4. Maintain a base hospital communication log as specified by the County, separate from the patient log, of all ALS calls.

C. Staffing

1. Base Hospital Physician Liaison
 - a. A Physician Liaison shall be designated 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. This may be waived by the EMS Agency Medical Director if an individual with these qualifications is not available.

- b. This individual will be regularly assigned to the emergency department, have experience and knowledge of prehospital systems and County Policies and Procedures.
 - c. This individual shall have overall responsibilities for medical control and supervision, review of patient care records, and will report deficiencies in patient care to the EMS Agency as necessary.
 - d. This individual shall be able to attend scheduled base station meetings and Physicians' Forum Meetings.
 - e. This individual shall be responsible for the orientation of all new emergency department physicians to the County EMS System and shall perform the following duties:
 - (1) Formally orient new physicians to the radio operations and Solano County treatment guidelines.
 - (2) Ensure that new physicians are precepted and capable of handling their EMT-P radio calls.
 - (3) Review all cases where questionable use of protocols in the field are identified.
 - (4) Review all unusual occurrence reports involving prehospital care in association with the base hospital.
 - (5) Supervise all EMS continuing education presented at that facility.
 - (6) Ensure ongoing evaluation of MICNs, pre-hospital personnel and base hospital physicians.
 - (7) Ensure that all full and part time base hospital physicians have current ACLS certification. In addition they are encouraged to have ATLS certification and ABEM (American Board of Emergency Medicine) certificates.
2. Base Hospital MICN Liaison;
- a. The Hospital shall designate a Base Hospital Liaison, knowledgeable in Agency and County policies and Procedures for prehospital care who shall be regularly assigned to the emergency department as MICN Liaison.
 - b. The MICN Liaison shall assist the Physician Liaison in medical control and supervision of prehospital personnel in the Hospital's control area. The MICN Liaison shall assure that all required paperwork is completed and sent to the Agency as required in this document, and be available to attend regularly scheduled meetings and planning sessions.
 - c. The MICN Liaison shall perform the following duties:
 - (1) Assist the Physician Liaison in assigned duties (except Death Audits).

- (2) Gather appropriate data per County EMS policy.
- (3) Assure that taped field reports are audited for education and quality assurance.
- (4) Assure that formal tape reviews and continuing education lectures are presented.
- (5) Keep complete records on Hospital MICN's.
- (6) Be available for consultation with base hospital and prehospital personnel.

D. Education

1. Continuing education shall be provided in accordance with the written Base Hospital agreement.
2. The Hospital shall assure that all Emergency Department employees will be oriented to the base hospital role and pertinent EMS Agency policies and procedures.
3. The Hospital shall provide clinical experience with supervision for MICN and EMT-P trainees and recertifying MICNs and EMT-Ps. Where available, experience shall include direct patient care in the following specialty care areas:
 - a. Emergency Dept.
 - b. Surgery
 - c. Recovery
 - d. Obstetrics/Neonatal
 - e. ICU or specialized Critical Care Units
 - f. Pediatrics

E. Record Keeping

1. Agree to maintain the base hospital communication log.
2. Agree to maintain and release to the County all relevant records for program monitoring and evaluation of ALS prehospital care.
3. Agree to include the prehospital report form in the medical record.
4. Document the annual operating costs of the Base Hospital service, identifying direct and indirect costs separately and identifying personnel costs as separate line items. This report is to be submitted to the County within 3 months of the end of the hospital's fiscal year.
5. Prepare periodic reports on base hospital activities and submit them to the Agency on a regular basis.

F. Equipment and Supplies

1. Ensure that a mechanism exists for replacing disposable medical supplies and equipment used by ALS providers during treatment.

2. Ensure that a mechanism exists for the replacement of narcotics and other controlled substances used by advanced life support personnel during treatment.

IV. COUNTY RESPONSIBILITIES

A. Designation

The County may designate Base Hospitals through an appropriate request for proposal (RFP) process using the criteria listed in this document.

B. Denial, Suspension and Revocation

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

The County 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 taken and the effective date.