I. AUTHORITY:

Health & Safety Code, Division 2.5, Chapter 2, Section 1797.58; Chapter 5, Sections 1798, 1798.2; Chapter 6, Article 1, Sections 1798.100 through 1798.105. California Code of Regulations, Title 22, Division 9, Section 100168 and Section 100390.

II. APPLICATION:

In administering the EMS system, the local EMS agency may designate and contract with hospitals to provide medical direction of prehospital emergency medical care personnel, within its area of jurisdiction as base hospitals (BH) or alternative base stations. This policy defines the criteria and process for designation of Orange County BHs.

III. DESIGNATION:

A. Initial Designation

1. Hospitals meeting Title 22 requirements and designated as an Emergency Receiving Center (ERC) or Comprehensive Children's Emergency Receiving Center (CCERC) in Orange County that are interested in designation as a base hospital (BH) shall submit a request to Orange County Emergency Medical Services (OCEMS).

2. OCEMS shall evaluate the request and determine the need for an additional BH. If such need is identified, OCEMS shall request the hospital to provide evidence of compliance with all criteria in this policy.

3. OCEMS will review the submitted material, perform a site visit, and meet with appropriate hospital personnel.

4. Following review, OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for designation of up to three years as a BH.

5. If selected as a BH, hospital shall have a written agreement as described in Section X.A of this policy and shall agree to seek approval as an Orange County Prehospital Care Continuing Education Provider.

B. Continuing Designation

1. OCEMS shall review each designated BH's compliance to criteria at least every three years, or more often if deemed necessary by the OCEMS Medical Director. BHs will be required to submit specified written materials to demonstrate evidence of compliance to criteria. A site visit may be performed at the discretion of OCEMS.

2. OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for continuing designation of up to three years.

C. Change in Ownership / Change in Base Hospital Program Management Staff

1. In the event of a change in ownership of the hospital, continued BH designation will be at the discretion of the OCEMS Medical Director.

2. OCEMS shall be notified, in writing, at least 10 days prior to the effective date of any changes in the BH Medical Director and / or Base Hospital Coordinator (BHC).

D. Denial / Suspension / Revocation of Designation by OCEMS

1. OCEMS may deny, suspend, or revoke the designation of a BH for failure to comply with any applicable OCEMS policy and procedure, state and/or federal laws.

2. The process for appeal of suspension or revocation shall adhere to OCEMS Policy #640.00 and #645.00.

E. Cancellation of Designation by BH

1. Designation may be canceled by the BH upon 120 days written notice to OCEMS.

IV. HOSPITAL LICENSING and ACCREDITATION:

A. Hospital shall maintain designation by OCEMS as an Emergency Receiving Center or Comprehensive Children's Emergency Receiving Center. REFERENCE: OCEMS P/P #600.00 AND #680.00.

B. Hospital shall maintain approval as an Orange County Prehospital Continuing Education Provider. REFERENCE: OCEMS P/P #530.00.

C. Hospital shall notify OCEMS verbally and in writing any time the hospital is not in compliance with any applicable federal and/or state laws, and/or OCEMS policies, indicating the reason(s), date(s) and time(s) for non-compliance and corrective actions that are being taken. OCEMS shall determine whether the hospital may continue to function as a BH during the period that corrective actions are underway.

V. COMMUNITY RESOURCES:

The Base Hospital shall maintain a list of:

A. Names, addresses, telephone numbers and other contact information of the assigned ERCs and appropriate personnel.

B. Names, addresses, telephone numbers and other contact information of the assigned fire department ALS units and appropriate personnel.

VI. MEDICAL PERSONNEL / STAFFING:

A. Base Hospital Medical Director

1. The hospital shall designate a BH Medical Director who shall be:

a. A physician on the hospital staff and licensed in the state of California.

b. Certified by the American Board of Emergency Medicine (ABEM), American Osteopathic Board of Emergency Medicine (AOBEM) or the equivalent as determined by the OCEMS Medical Director.

c. Regularly assigned to the emergency department, with experience in and knowledge of base hospital radio operations and local EMS agency policies and procedures.

2. The BH Medical Director or his/her physician designee shall be responsible for:

   a. Overall medical direction and supervision of the EMT-P program within the BH's area of responsibility.

   b. Establishing a quality improvement program that monitors EMS operations.

   c. Reviewing appropriateness and adequacy of ALS clinical procedures as initiated including adherence to OCEMS ALS Standing Orders and Base Hospital Treatment Guidelines.

   d. Accepting responsibility for ongoing evaluation of EMT-Ps and MICNs within the BH region and making recommendations for performance reviews as appropriate.

   e. Reporting deficiencies in patient care to the local EMS agency, including review of patient care records and critique with personnel involved. OCEMS shall be notified verbally and in writing within 10 business days of "unusual occurrences" or EMS events that may have potential to result in legal action.

   f. Reporting any action of licensed/certified prehospital personnel which may potentially constitute a violation under Section 1798.200 of the Health & Safety Code.

   g. Ensuring that at least one BH physician (as defined below) is on duty 24 hours/day, 7 days/week.

   h. Assuring that emergency department physicians new to the BH are provided with a thorough orientation to the Orange County EMS system.

   i. Serving as chair of the BH's Regional Emergency Advisory Committee (REAC).

   j. Attending ≥50% of the BH's REAC meetings.

   k. Attending ≥75% of the BH Physician Directors' Committee meetings.

   l. Attending ≥50% of the County Paramedic Advisory Committee (CPAC) meetings.

B. Base Hospital Physicians

Base Hospital Physicians responsible for providing immediate (on-line) medical control to prehospital personnel and base hospital mobile intensive care nurses (MICNs) shall:

1. Have an EMS orientation with the Base Hospital Coordinator (BHC) prior to being assigned responsibility for providing on-line medical control.

2. Annually provide one (1) hour of EMS education or bedside case reviews.). The BH Medical Director may impose additional requirements to fulfill the responsibilities of the base.

3. Annually attend ≥50% of BH REAC meetings, or attend ≥50% of other BH ED meetings where minutes and attendance are taken and OCEMS topics are presented and discussed.

4. BH physicians working clinically less than 80 hours per month (averaged) must receive an update by the BHC to review changes in OCEMS policies, procedures, ALS standing orders, clinical procedures and Base Hospital Treatment Guidelines on an as-needed basis, but at least annually.

C. Base Hospital Coordinator

1. The hospital shall designate a Base Hospital Coordinator (BHC) who shall have experience in and knowledge of base hospital radio operations and local EMS policies and procedures. The BHC shall serve as a prehospital liaison to assist the base hospital medical director in the medical direction and supervision of the paramedics and MICNs.

2. The Base Hospital Coordinator shall be a registered nurse and meet all of the following minimum qualifications:
   a. Employed full time by the BH in the emergency/trauma or prehospital department.
   b. Current Orange County authorization as a mobile intensive care nurse (MICN).
   c. Five (5) years emergency/critical care nursing experience.
   d. Three (3) years MICN experience.
   e. Meet the requirements of Program Director for the hospital's Prehospital Care Continuing Education Provider Program. REFERENCE: OCEMS P/P #530.00.
   f. Performance improvement experience *(desirable).*

3. The Base Hospital Coordinator shall be responsible for:
   a. Acting as a liaison between the BH, OCEMS, fire departments, ERCs, CCERC's, transport providers, Orange County Communications (OCC), and paramedic training programs.
   b. Participating in performance improvement activities (*e.g.,* internal base activity audits and systemwide audits).
   c. Providing continuing education to EMS Personnel, based upon identified needs or quality improvement audits, including mandatory education programs required by OCEMS.
   d. Selecting appropriate nursing staff for MICN authorization, and assisting those staff in preparing for MICN authorization.
   e. Completing an annual competency-based MICN evaluation for all MICN staff.
   f. Ensuring that all MICNs meet OCEMS requirements for authorization/ reauthorization.
   g. Notifying OCEMS of a change in sponsorship of BH physicians and MICNs.
   h. Reviewing all calls directed by the BH and calls performed under approved ALS standing order criteria, for compliance with OCEMS policies, ALS standing orders and base hospital treatment guidelines, medical appropriateness, and appropriate documentation. Review shall include the Base Hospital Report (BHR) and the Prehospital Care Report (PCR).
   i. Reviewing basic life support (BLS) calls performed by units assigned to the BH.
   j. Evaluation and appropriate follow-up with involved personnel for deviations in practice from OCEMS protocols, with OCEMS notification.
   k. Maintaining a file for each BH physician and MICN (see Section IX for file contents).
   l. Ensuring that all OCEMS required data for system analysis is reviewed for accuracy and completeness.

D. Mobile Intensive Care Nurses

1. BH emergency department registered nurses assigned to the Base Hospital console shall maintain Orange County Authorization as a MICN. REFERENCE: OCEMS POLICY #400.00.

2. At least one MICN shall be on duty within the ED 24 hours/day, 7 days/week, to provide on-line medical direction to prehospital personnel.

E. Prehospital Care Support Staff

The BH shall assure a dedicated administrative staff member employed for a minimum of 32 hours per week for fulfilling the BHC's role, subject to audit by OCEMS. Support staff duties shall include:

1. Assist with the evaluation and analysis of data elements and CQI indicators for prehospital patient care directed by the BH and ALS standing order calls performed by Paramedics assigned to the BH.

2. Assist with Orange County Medical Emergency Data System (OC-MEDS) administration and compliance by performing compliance audits, variance reports and other administrative reports as indicated by OCEMS.

3. Administrative Support; including record keeping, base hospital communications to staff and other agencies, educational records and file management.

VII. EQUIPMENT:

A. Have and agree to utilize and maintain two-way telecommunications equipment, as specified by the local EMS agency, capable of direct two-way voice communication with the paramedic field units assigned to the hospital.

B. Have and agree to utilize and maintain computer equipment and data software, as specified by the local EMS agency, for the purpose of data entry and data collection for monitoring EMS activities within the base hospital's scope of responsibility.

VIII. SYSTEM COORDINATION & COMMUNICATION:

A. Regional Emergency Advisory Committee

The BH shall designate a regional emergency advisory committee (REAC). The REAC shall meet at least four (4) times per year with a meeting schedule provided to all assigned system participants and invited guests listed below.

1. The REAC shall perform the following functions:

   a. Serve as a forum for information, communication, and continuing education.

   b. Identify and discuss system problems and make recommendations for improvement.

   c. Advise OCEMS, in writing, of regional problems and deficiencies.

   d. Advise the County Paramedic Advisory Committee (CPAC) on items regarding prehospital patient assessment and treatment.

2. The BH Physician Director or his/her physician designee shall be the chair of the REAC. The BHC shall serve as co-chair.

3. Attendees of the REAC shall include,:

a. The medical director or physician designee and nurse manager or nurse designee from the emergency department of each affiliated ERC and CCERC.

b. MICNs, BH physicians, and ED nurses of the BH.

c. Paramedics and EMTs from each of the ALS service providers assigned to the BH.

d. The EMS coordinator from each of the ALS service providers assigned to the BH.

e. EMS system transport providers.

4. Other members may include representatives from OCEMS, Orange County Communications, EMS training program(s), and public safety personnel.

B. The BH physician(s) and MICNs providing prehospital coordination of medical care and transport shall have immediate access to information posted on the emergency medical communications network.

IX. DATA COLLECTION / RECORDS:

The Base Hospital shall:

A. Ensure that MICN's Complete and post an Electronic Base Hospital Report (eBHR) for each base contacted call to the Orange County Medical Emergency Data System (OC-MEDS), adhering to current documentation standards.

B. Ensure data entered on the eBHR by base hospital personnel is validated in OC-MEDS through regular documentation review.

C. Maintain a digital recording of each base contacted call for a minimum of 90 days.

D. Perform all relevant data analysis for EMS system program monitoring and evaluation. Data analysis will include OCEMS identified quality improvement indicators and other data as requested.

E. By January 15th of each year, ensure the following is current in OC-MEDS: the name, OCEMS-assigned identification number and authorization expiration date for each MICN sponsored by the BH.

F. By January 15th of each year, ensure the following in current in OC-MEDS: the name and OCEMS-assigned BHP identification number of each physician sponsored by the BH.

G. Maintain a file for each BHP sponsored by the BH; information to be included:

1. Letter of sponsorship and reply from OCEMS.

2. Evidence of compliance to requirements for BHPs (as per this policy) for the current BH designation period.

3. Unusual occurrences, issues identified through the QI process, anecdotal observations specific to the BHP.

4. Correspondence and other information as appropriate.

H. Maintain a file for each MICN sponsored by the BH; information to be included:

1. Evidence of compliance to initial MICN authorization (new MICNs only).

2. Current authorization paperwork, including copy of MICN application.

3. Evidence of compliance to requirements for MICN authorization (as per Policy #400.00) for the current BH designation period.

4. Unusual occurrences, issues identified through the QI process, anecdotal observations specific to the MICN.

5. Correspondence and other information as appropriate.

6. Annual performance evaluations for the current BH designation period.

X. HOSPITAL POLICIES / AGREEMENTS:

A. Have a written agreement with the local EMS agency indicating the concurrence of hospital administration, medical staff, and ED staff to meet the requirements for program participation as specified in Title 22 and by the local EMS agency's policies and procedures.

B. Have a performance/quality improvement plan, incorporated into the hospital's quality improvement program, which monitors EMS operations. Such plan shall be approved by OCEMS and reviewed at least annually. Changes to the plan must be submitted to OCEMS. A summary of QI findings relative to the prehospital program must be submitted to OCEMS upon completion of a study.