

# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 305

## SUBJECT: MODIFIED BASE HOSPITAL PROGRAM

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### **PURPOSE:**

To establish the requirements and responsibilities of an S-SV EMS approved Modified Base Hospital and the ALS service provider within the modified base hospital response zone.

To provide a policy/procedure for paramedics to render Prehospital care utilizing standing orders.

### **AUTHORITY:**

California Health and Safety Code, Division 2.5, Sections 1797.16, 1797.204, 1797.206, 1797.214, 1797.218, 1797.220, 1798.102 and 1798.104

California Code of Regulations, Title 22, Division 9.

### **POLICY:**

An S-SV EMS base hospital may operate as a modified base hospital upon submittal of a modified base hospital plan and approval by the S-SV EMS Agency.

Modified base hospitals do not utilize S-SV EMS authorized Mobile Intensive Care Nurses (MICN's) for "on-line" medical control. A Base hospital physician shall be immediately available to provide consultation and/or medical direction for ALS Prehospital care personnel as needed.

## **I. GENERAL PROVISIONS**

### **A. Modified Base Hospital Contact and Communication**

1. The paramedic, functioning within a modified base hospital response area, will render patient care based on S-SV EMS approved policy/protocol (standing orders) without "on-line" medical control

**EXCEPTION:** Paramedics shall contact the modified base hospital for procedures and/or medications which are identified in S-SV policy/procedure as "Base Hospital Order Only" or "Base Hospital Physician Order Only"

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**Approved:**

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**SIGNATURE ON FILE**  
**S-SV EMS Medical Director**

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**S-SV EMS Regional Executive Director**

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2. A paramedic may contact the modified base hospital for consultation and/or medical direction as needed. "On-line" medical control or consultation will be provided by the modified base hospital physician.

When a modified base physician issues "on-line" medical direction, the physician will advise the paramedic to contact the modified base for additional treatment orders or return to "Standing Orders"

3. A paramedic will notify the receiving facility and provide a brief patient status report and ETA

Any member of the emergency department staff may receive patient arrival notification. All calls will be logged

4. The Med-Net radio and dedicated paramedic telephone shall be maintained in the emergency department to allow for "on-line" medical control/consultation between paramedic personnel and the emergency department physician. Under no circumstances shall nursing personnel provide medical direction to paramedics.

5. All voice communications for all calls in which medical control or consultation is provided by the base hospital physician shall be recorded. Tapes or digital audio files of recorded conversations and written communication logs shall be maintained for a minimum of 100 days, in accordance with S-SV EMS policy. The tapes or digital audio files may be destroyed or deleted after 100 days, unless required for evidence or pending litigation. All communications shall be made available to the S-SV EMS Agency upon request.

**II. CONTINUOUS QUALITY IMPROVEMENT**

A. The Modified Base Hospital shall:

1. Provide a base hospital medical director to work collaboratively with the CQI coordinator and medical directors of the ambulance providers to ensure that quality Prehospital care is provided in accordance with S-SV EMS policies/protocols.
2. Maintain open communication with the service providers and provide support in problem solving as the needs arise.
3. Utilize a field care review form in the emergency department (ED). The form shall be available to ED staff and/or physicians to document concerns or provide feedback to the provider regarding Prehospital care. The completed form will be given to the ALS service provider CQI coordinator for review and follow-up if indicated.
4. Maintain the base hospital CQI committee, as required by S-SV EMS policy, "Continuous Quality Improvement Process", Reference No. 620.

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5. Provide an EMS orientation to the emergency department physicians to include base radio communications and S-SV EMS policies, procedures and protocols. A mechanism shall be in place to ensure that base physicians are informed of all S-SV EMS policy/protocol changes. The ED physician staff orientation and updates on policy/protocol shall be the responsibility of the modified base hospital medical director
- B. The ALS Service Provider in a modified base hospital program shall:
1. Have a qualified physician medical director.
  2. Be responsible for the review of all patient care report (PCR) forms.
  3. Designate a Continuous Quality Improvement (CQI) coordinator and maintain all other requirements of the S-SV EMS policy “Continuous Quality Improvement Process”, Reference No. 620.
  4. Maintain written records of CQI reviews, including but not limited to:
    - Meeting minutes
    - Findings
    - Recommendations
    - Corrective action
    - Focused audits
  5. Communicate and collaborate on CQI issues with the base hospital medical director and/or CQI coordinator.

**III. EDUCATION**

Run reviews (organized field care audits) will be the responsibility of the ALS service provider agency under supervision of the service provider medical director. The modified base hospital may provide run reviews that will be designed to meet the educational needs and interests of the paramedics.

- A. The ALS service provider agency shall maintain approval as an ALS/BLS Continuing Education (CE) provider.
- B. The Modified Base Hospital shall:
1. Act as an education resource for the providers.
  2. Maintain approval as an ALS/BLS continuing education (CE) provider.
  3. Provide clinical training for EMT and paramedic students.

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4. Provide clinical training for EMT and/or paramedics for remediation of skills as needed
- C. Paramedic field internship
1. When assigned to an ALS response vehicle in a modified base hospital response zone, the paramedic intern is authorized to provide care on “Standing Orders” as outlined in Section I above, providing that the paramedic intern is under the direct supervision of an S-SV EMS accredited field paramedic preceptor.
  2. The ALS service provider medical director shall be responsible for the oversight of the paramedic intern.

**IV. OTHER ISSUES**

A. S-SV EMS Relationship:

An approved modified base hospital shall participate in S-SV EMS regional committee meetings and other EMS activities that affect the region.

B. Patient Care Records

The modified base hospital shall participate in a collaborative manner with the S-SV EMS data collection program, as referenced in the S-SV EMS Base Hospital Contract, Section 5 (c) and (d).

The provider agencies will maintain copies of the Patient Care Report (PCR). Copies of the PCR are to be submitted to the receiving hospital at the time of the patient’s arrival, in accordance with S-SV EMS policy “Patient Care Report (PCR) Form”, Reference No. 605.

C. EMT/Public Safety AED Program

The modified base hospital shall participate in the S-SV EMS EMT/Public Safety AED Program.

The base hospital medical director, or designee, shall review all Patient Care Report (PCR) forms in which the defibrillator was applied. Follow-up action will be referred to the AED service provider and the S-SV EMS Agency as needed.

Other responsibilities include providing assistance with organized field care audits, periodic training, skill-proficiency demonstrations and/or structured clinical experience as needed.

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D. Controlled drugs resupply

The modified base hospital may restock controlled drugs and monitor the service provider's controlled drug records.

E. Control Facility (CF)

During a disaster and/or MCI in which a modified base hospital is the "Control Facility", a physician shall be available to participate in the CF responsibilities.

**CROSS REFERENCES:**

Prehospital Care Policy Manual

Recording Voice Communication and Maintenance of Records, Reference No. 306

Patient Care Report (PCR) Form, Reference No. 605

Continuous Quality Improvement, Reference No. 620