


Sierra – Sacramento Valley EMS Agency Program Policy

Base/Modified Base/Receiving Hospital Contact

	Effective: 12/01/2016	Next Review: 07/2019	812
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PURPOSE:

To define the circumstances under which prehospital personnel shall establish base, modified base, and/or receiving hospital contact for medical control, patient destination and/or patient notification purposes.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, § 1797.220, 1798, 1798.2, 1798.102.
- B. California Code of Regulations, Title 22, Division 9, Chapters 2, 3 and 4.

POLICY:

- A. Prehospital personnel shall make appropriate hospital contact in a timely manner according to the requirements contained in this policy.
- B. Base/modified base hospital contact is required by prehospital personnel to perform procedure(s) and/or administer medications(s) that are identified in S-SV EMS policies/protocols as 'Base/Modified Base Hospital Order Only'. In the event of communication failure, those procedures/medications may still be utilized if the patient's condition warrants such treatment.
- C. Base/modified base hospital contact is required by prehospital personnel to perform procedure(s) and/or administer medications(s) that are identified in S-SV EMS policies/protocols as 'Base/Modified Base Hospital Physician Order Only'. In the event of communication failure those procedures/medications shall not be utilized.
- D. When requesting to speak directly to a base/modified base hospital physician, prehospital personnel shall advise the hospital staff member who initially answers the telephone or radio of the reason for the request.
- E. Prehospital personnel may provide minimum necessary patient identifying information (name, DOB, MR#, etc.) when requested by the receiving hospital. A secured communication line (e.g. landline, cellular telephone) shall be used if available.

PROCEDURE:

- A. Prehospital personnel shall contact the base/modified base hospital that is in closest proximity to the incident for any of the following circumstances:
1. For authorization to perform procedures and/or administer medications that are indicated in S-SV EMS policies/protocols as 'Base/Modified Base Hospital Order Only' or 'Base/Modified Base Hospital Physician Order Only'.
 2. For patients refusing assessment, treatment and/or transportation as required by S-SV EMS Refusal Of EMS Care Policy (850).
 3. For destination consultation on the following types of patients:
 - Burn patients who require destination consultation as required by S-SV EMS Burns Thermal & Electrical Treatment Protocol (T-10).
 - When there is initiation of an ALS/LALS protocol and transport to a facility other than the most accessible is being considered, except for the following types of patients meeting criteria for transport directly to a designated specialty care facility:
 - STEMI patients – If a STEMI patient is within the authorized catchment area of a designated STEMI receiving center, contact shall be made directly with the designated STEMI receiving center.
 - Stroke patients – If a patient is identified as meeting stroke symptom criteria and the patient is within the authorized catchment area of a designated stroke receiving center, contact shall be made directly with the stroke receiving center.
 - Trauma patients – If a patient meets Anatomic and/or Physiologic Trauma Triage Criteria, or meets Mechanism of Injury Trauma Criteria and is within the authorized catchment area of a designated trauma center, contact shall be made with the appropriate designated trauma center.
 4. For any patient who, in the opinion of the prehospital provider, requires the additional input or judgment of the base/modified base hospital for appropriate management.
- B. Prehospital personnel shall make contact directly with the destination facility, in a timely manner, for any patient who does not meet the above criteria or when base/modified base contact is made and the patient is authorized/directed to be transported to a facility other than the base/modified base hospital initially contacted.

CROSS REFERENCES:

- A. Patient Destination (505).
- B. Hospitals Capabilities (505-A).
- C. STEMI Receiving Centers (506).
- D. Stroke System Triage and Patient Destination (507).
- E. Refusal Of EMS Care (850).
- F. Trauma Triage Criteria (860).
- G. Communication Failure (890).
- H. Chest Pain or Suspected Symptoms of Cardiac Origin (C-8).
- I. Suspected CVA/Stroke (N-3).
- J. Burns Thermal & Electrical (T-10).