


Sierra – Sacramento Valley EMS Agency Program Policy

**Base/Modified Base/Receiving Hospital Contact**

	Effective: 06/01/2023	Next Review: 01/2026	<b>812</b>
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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. HSC, Division 2.5, § 1797.220, 1798, 1798.2, 1798.102.
- B. CCR, 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 for these purposes if available.

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**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 (Reference No. 850).
  3. For destination consultation on the following types of patients:
    - Burn patients who require destination consultation as required by S-SV EMS Burns Treatment Protocol (Reference No. T-5).
    - 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 as defined in S-SV EMS Chest Discomfort/Suspected Acute Coronary Syndrome (ACS) Protocol (Reference No. C-6): 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 as defined in S-SV EMS Stroke Protocol (N-3): If a suspected stroke patient is within the authorized catchment area of a designated stroke receiving center, contact shall be made directly with the stroke receiving center.
      - Patients who meet Field Trauma Triage Criteria, when required/directed by S-SV EMS General Trauma Management Protocol (Reference No. T-1).
  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.