PURPOSE
1. To define the criteria that shall be met by Prehospital Receiving Centers in Riverside County for Base Hospital designation.
2. To define the role of the Base Hospital within the EMS system in Riverside County.
3. To establish operational, medical, and personnel standards for the Base Hospital in Riverside County.

AUTHORITY
California Health & Safety Code - Division 2.5, Chapter 2, Section 1797.58
California Health & Safety Code - Division 2.5, Chapter 5, Section 1798 and 1798.2
California Health & Safety Code - Division 2.5, Chapter 6, Article 1, Sections 1798.100 through 1798.105
California Code of Regulations - Title 22, Division 9, Chapter 4, Article 7, Section 100169
California Code of Regulations - Title 22, Division 9, Chapter 11, Article 1, Section 100390
California Code of Regulations - Title 22, Division 9, Chapter 12, Article 1, Section 100400 through Article 5, Section 100405

Designation
Initial designation
1. Hospitals meeting Title 22 requirements and designated as a Prehospital Receiving Center in Riverside County that are interested in designation as a Base Hospital shall submit a request to the Riverside County EMS Agency (REMSA).
2. REMSA shall evaluate the request and determine the system need for an additional Base Hospital. Hospital shall provide evidence of compliance with all criteria in this policy.
3. REMSA will review the submitted material, perform a site visit, and meet with appropriate hospital personnel.
4. Following a review, REMSA shall provide its findings to the Emergency Medical Care Committee (EMCC) for recommendations on Base Hospital designation.
5. If selected as a Base Hospital, hospital shall have a written agreement as described on page five of this policy (Hospital Policies / Agreements) and shall agree to seek approval as a Riverside County EMS Continuing Education Provider.

Continuing Designation
1. REMSA shall review each designated Base Hospital’s compliance to criteria at least every three years or more often if deemed necessary by the REMSA Medical Director. Hospital shall provide evidence of compliance with all criteria in this policy. A site visit may be performed at the discretion of REMSA.
2. REMSA shall provide its findings to the EMCC for recommendations on Base Hospital designation.

Change in Ownership / Change in Base Hospital Program Management Staff
1. In the event of a change in ownership of the hospital, continued Base Hospital designation will be at the discretion of REMSA.
2. REMSA shall be notified, in writing, within ten (10) days of any changes in the Base Hospital Medical Director and/or the Prehospital Liaison Nurse (PLN).

Suspension / Revocation of designation by REMSA
1. REMSA may suspend or revoke the designation of a Base Hospital for failure to comply with any applicable REMSA policy and procedure, state and/or federal laws.
**Base Hospital Obligations**

The Base Hospital shall:

1. Maintain approval as a REMSA Continuing Education Provider; offer at least two (2) EMS CE events annually.
2. Notify REMSA immediately any time the Base Hospital is unable to perform the basic functions of a Base Hospital (i.e., Internal Disaster necessitating the closure of the hospital or any part of it, malfunction of communications equipment such that communication with prehospital personnel is no longer possible, no qualified personnel available at the hospital to communicate with prehospital personnel).
3. Participate in research studies as requested and approved by REMSA.
4. Implement procedures for notifying the EMS Duty Officer of issues and incidents that affect or may affect the EMS system, including but not limited to:
   a. Activation of internal disaster procedures.
   b. Safety issues for patients or prehospital providers.
   c. Disruption of emergency medical care capability or ability to receive patients.
   d. Need for hospital evacuation.
   e. Disruption in communications capability with the field, Base Hospital, or the REMSA Communications Center.
   f. Excessive delay in transfer of care time leading to the holding of 9-1-1 ambulances.
5. Participate in all HA/BED or other polls as requested by REMSA.
6. Provide appropriately authorized or certified personnel 24 hours per day in sufficient numbers to provide uninterrupted on-line medical direction.
7. Hospital shall make every effort to accept ambulance patients and free the ambulance to be available to respond to other calls within thirty (30) minutes of arrival at the Hospital.
8. Hospital shall implement processes to work cooperatively with ambulance providers and REMSA staff to return ambulances to service as soon as possible when multiple ambulances are being held in the Emergency Department (ED) for extended periods.

**Medical Personnel / Staffing**

**Base Hospital Medical Director**

1. The hospital shall designate a Base Hospital Medical Director who shall be:
   a. A physician in good standing on the hospital staff and licensed in the State of California.
   b. Certified or eligible for certification by the American Board of Emergency Medicine or the Advisory Board for Osteopathic Emergency Medicine.
   c. Regularly assigned to the emergency department, with experience in and knowledge of Base Hospital radio operations and REMSA policies and procedures.
   d. Responsible for functions of the Base Hospital, including the CQI plan as designated by REMSA.

2. The Base Hospital Medical Director or his/her designee shall:
   a. Be responsible for the medical direction and supervision of the prehospital program within the Base Hospital’s catchment area, including review of patient care records and evaluation of personnel.
   b. Establish a continuous quality improvement (CQI) program that complies with the requirements of California Title 22, Division 9, Chapter 12, with REMSA policies, and approved by REMSA.
   c. Review patient care initiated in the field for adherence to REMSA policies, protocols, and procedures.
   d. Maintain ongoing evaluation of EMTs, AEMTs, paramedics and MICNs within the Base Hospital catchment area and making recommendations for performance reviews.
   e. Report deficiencies in patient care to REMSA, including review of patient care records and critique with personnel involved. REMSA shall be notified of unusual occurrences according to the REMSA Policy for the CQI System.
   f. Report any action of licensed/certified prehospital personnel which may potentially constitute a violation under Section 1798.200 of the California Health & Safety Code.
   g. Ensure that at least one (1) Base Hospital Physician (defined below) is on duty 24 hours per day, seven (7) days per week.
   h. Assure that Emergency Department Physicians new to the Base Hospital are provided with a REMSA-approved orientation to the Riverside County EMS system.
i. Attend at least two (2) of Riverside County’s Prehospital Medical Advisory Committee (PMAC) meetings per year.

j. Annually provide a one (1) hour education offering at a base sponsored class.

Base Hospital Physicians
1. Base Hospital Physicians responsible for providing Base Hospital Orders to prehospital personnel and medical direction to Base Hospital MICNs shall:
   a. Have an initial EMS orientation with the PLN or Base Hospital Medical Director prior to being assigned responsibility for providing Base Hospital Orders and medical direction.
   b. Annually attend at least two (2) of Riverside County PMAC meetings, Emergency Medical Care Committee (EMCC) meetings, or attend at least 50% of other internal Base Hospital Emergency Department where minutes and attendance are taken and REMSA topics are presented and discussed.
   c. On an as-needed basis, but at least annually, Base Hospital Physicians working less than 80 hours per month (averaged) must receive an update by the PLN or the Base Hospital Medical Director to review changes in REMSA policies, protocols, and procedures.
   d. The Base Hospital Medical Director may impose additional requirements to fulfill the responsibilities of the Base Hospital.

Prehospital Liaison Nurse (PLN)
Base Hospitals that are also designated as specialty care centers (i.e., STEMI, Stroke and/or trauma) will employ a nurse, on a full-time basis, to fill the role of PLN. “Full-time” is defined as forty (40), or more, hours per week.

1. The Base Hospital shall designate a PLN who shall have experience in, and knowledge of, Base Hospital radio operations and local EMS policies and procedures. The PLN shall assist the Base Hospital Medical Director in his/her duties.
2. The PLN must be a Registered Nurse and must meet all of the following employment and experience qualifications:
   a. Employed full-time, in the Emergency Department, within the Base Hospital.
      i. The role of PLN is time-consuming yet critical; task saturation can happen quickly and frequently if/when duties outside of this role are assigned. REMSA requires that all PLNs remain dedicated to the tasks listed below (#3) and that the assignment of other duties outside of the PLN role occur rarely, if ever.
   b. Current REMSA authorization as a Mobile Intensive Care Nurse (MICN).
      i. A minimum combined experience of three (3) years in any of the following disciplines: emergency department nursing, prehospital EMS, critical care transport, or specialty care program management. One (1) of the three (3) years of experience must be as an MICN in Riverside County.
   c. In the event that an interim PLN is needed in the absence of a full-time PLN, a current MICN from within the base hospital that meets the PLN minimum employment and experience qualifications will be selected to fulfill the obligations and duties of the role for no more than one hundred-eighty (180) days.
      i. REMSA will be notified of changes in PLN staffing within ten (10) calendar days.
      ii. Should a full-time PLN not be assigned by the conclusion of the interim period, REMSA will perform an evaluation of the position and program to ensure compliance with state regulation(s), REMSA policy, and contract language.
3. The PLN shall, in conjunction with the Base Hospital Medical Director:
   a. Act as a liaison with other EMS system participants on behalf of REMSA and the Base Hospital.
   b. Participate in continuous quality improvement activities (e.g., internal base activity audits, system wide audits, participation on REMSA CQI committees and other ad-hoc groups as requested by REMSA, and development of the Base Hospital CQI plan).
   c. Provide CQI rounds, continuing education, and training to EMTs, AEMTs, paramedics, MICNs and Emergency Department staff, based upon identified needs or continuous quality improvement audits, including mandatory education required by REMSA policies, procedures, and protocols.
   d. Select appropriate nursing staff for MICN authorization and ensure that these nurses are prepared for MICN authorization.
   e. Complete competency-based MICN evaluations for all MICN staff once per reauthorization cycle.
   f. Ensure that staff providing base hospital guidance to EMS personnel have current MICN authorization.
g. Notify REMSA of any change in staffing of the hospital, such as PLN, ED Manager, Base Hospital Medical Director, Chief Executive Officer, Chief Nursing Officer, Chief Operating Officer, or Disaster Coordinator within ten (10) days of change.

h. Review selected calls directed by the Base Hospital for compliance with REMSA policies and protocols, medical appropriateness, and documentation. Review shall include, but not be limited to, review of the patient care reports and any audio recordings of such calls.

i. Monitor protocol compliance by field personnel and report deviations from REMSA protocols to the appropriate prehospital provider agency(s) and REMSA.

j. Concurrent evaluation of field personnel. This may include ride-along, mega codes, and scenario-based simulations.

k. Investigate and perform appropriate follow-up with involved personnel for deviations in practice from REMSA protocols and performance standards, with REMSA notification when indicated per the REMSA Policy for the CQI System, in collaboration with other involved organizations.

l. Be responsible for developing an internal policy or process that delineates remedial pathways for MICNs that are disallowed from functioning as an MICN in the hospital.

m. Maintain a file for each MICN (refer to the section: Data Collection / Records).

n. Coordinate with prehospital care providers for presenting reviews/field care audits/Base Hospital meetings a minimum of two times per year per Base Hospital.

Mobile Intensive Care Nurses (MICNs)
1. Base Hospital Emergency Department Registered Nurses assigned to provide Base Hospital Orders shall maintain REMSA authorization as a MICN.

2. At least one (1) MICN shall be on duty and immediately available within the Emergency Department 24 hours/day, seven (7) days/week, to provide Base Hospital orders to prehospital personnel. One (1) MICN per shift shall be the dedicated MICN, a position which will have primary responsibility for providing Base Hospital Orders to prehospital personnel. Additional MICN staffing is necessary to provide back up to the dedicated MICN.

3. MICN shall meet the criteria in MICN Authorization (REMSA Policy 1209) and/or MICN Reauthorization (REMSA Policy 1210).

4. The Base Hospital shall maintain a file for each MICN sponsored by the Base Hospital including:
   a. Evidence of compliance with requirements for MICN authorization per the REMSA Policy for MICN Authorization for the current Base Hospital designation period, as defined by Base Hospital contract.
   b. Unusual occurrences, issues identified through the CQI process
   c. Performance evaluations once per MICN reauthorization cycle.
   d. Other appropriate documentation.

Equipment
The Base Hospital shall:
1. Have and agree to maintain telecommunications equipment, as specified by REMSA, capable of direct voice communication with prehospital personnel.

2. Have and agree to utilize and maintain, computer equipment and data software, as specified by REMSA, for the purpose of data entry and data collection for monitoring EMS activities within the Base Hospital’s scope of responsibility.

3. Record all radio and telephone medical communication directions, maintain such recording for a minimum of one (1) year, and use such recordings exclusively for auditing, continuing education and review approved by REMSA.

4. Have and agree to utilize and maintain, an inter-hospital communications system such as ReddiNet, or other such system approved by REMSA.

5. Equip the Emergency Department with any additional equipment as may be specified by REMSA as it relates to emergency preparedness.

Data Collection / Records
The Base Hospital shall:
1. Adhere to all Federal, State, and County regulations, policies, and protocols concerning the confidentiality of patient/medical records.
2. Complete a Base Hospital log, utilizing a REMSA approved form. Retain the original record as required by applicable state and federal laws.

3. Agree to maintain and provide upon request to REMSA, within sixty (60) days after the end of the preceding month, all relevant data for program monitoring and evaluation of the EMS system. Such data may include, but not be limited to:
   a. ST Segment Elevation Myocardial Infarction (STEMI) data
   b. CARES
   c. Stroke Data
   d. Airship utilization
   e. Volume indicators, such as the total number of Base Hospital contacts, multi-casualty incident (MCI)/ multi-patient incident (MPI) calls managed by the Base Hospital, or specialty center designation calls (e.g., trauma, STEMI) managed by the Base Hospital.
   f. Core Measures, as required by the state or REMSA
   g. Other data as requested, including copies of Base Hospital reports pertaining to specified incidents.

4. By April 30 of each year, submit to REMSA a list of physicians authorized to provide Base Hospital Orders to prehospital personnel who have been oriented to EMS policies, and the date(s) of such orientation.

5. Actively participate in REMSA’s data system

**Hospital Policies / Agreements**

1. The Base Hospital shall have a written agreement with REMSA indicating the concurrence of hospital administration, medical staff, and emergency department staff to meet the requirements for program participation as specified in Title 22 and by REMSA’s policies.

2. The Base Hospital shall have a continuous quality improvement (CQI) plan, which assists REMSA with monitoring of EMS operations. Such plans shall be approved by REMSA and shall be submitted for re-approval one (1) year after the initial plan has been submitted, then every five (5) years thereafter. An annual update shall be submitted to REMSA, to include but not be limited to:
   a. Indicators monitored
      i. Key findings/priority issues identified
      ii. Improvement action plans/plans for further action
      iii. Follow-up needed, or noted if goals were met
      iv. Recommendations for changes needed in the CQI plan for the coming year