

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **PARAMEDIC BASE HOSPITAL STANDARDS**

REFERENCE NO. 304

PURPOSE: To establish minimum standards for the designation of a paramedic base hospital in the Los Angeles County Emergency Medical Services (EMS) system.

AUTHORITY: Health & Safety Code, Division 2.5, 1797.56, 1797.58, 1797.59
California Code of Regulations, Title 22, Section 100169 and 100170
Specialty Care Center Paramedic Base Hospital Designation Agreement

DEFINITIONS:

Base Hospital Medical Director (BHMD): A physician currently licensed to practice in the State of California, Board Certified in Emergency Medicine, and appointed by the hospital to provide medical oversight of the Base Hospital Program.

Board Certified (BC): Successful completion of the evaluation process through one of the Member Boards of the American Board of Medical Specialists (ABMS) or American Osteopathic Association (AOA) including an examination designed to assess the knowledge, skills, and experience necessary to provide quality patient care in a particular specialty.

Board Eligible (BE): Successful completion of a residency training program with progression to board certification based on the timeframe as specified by the ABMS or AOA for a specific specialty.

Emergency Department Approved for Pediatrics (EDAP): A licensed basic or comprehensive emergency department (ED) that is designated by the Emergency Medical Services (EMS) Agency to receive pediatric patients via the 9-1-1 system. These EDs provide care to pediatric patients by meeting specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies and procedures, as per the guidelines outlined in Ref. No. 316, Emergency Department Approved for Pediatric (EDAP) Standards.

Mobile Intensive Care Nurse (MICN): A registered nurse who has been authorized by the medical director of the EMS Agency as qualified to provide prehospital advanced life support or to issue instructions to EMS personnel within the Los Angeles County EMS system in accordance with standardized procedures that are consistent with statewide guidelines.

Paramedic Base Hospital (PBH): A paramedic base hospital, herein referred to as base hospital, is one of a limited number of hospitals which, upon designation by and completion of a written contractual agreement with the EMS Agency, is responsible for providing online medical direction, prehospital education, and quality improvement activities within the Los Angeles County EMS system that is consistent with state guidelines.

Prehospital Care Coordinator (PCC): A Registered Nurse currently licensed to practice in the State of California, currently certified as a MICN in Los Angeles County, and appointed by the hospital to coordinate all prehospital activities sponsored by that base hospital, assist the BHMD in the medical direction and supervision of prehospital emergency medical care personnel, and to maintain the daily operations of the Base Hospital.

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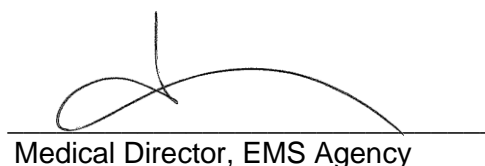
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REVISED: 10-01-24

SUPERSEDES: 04-01-24

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

POLICY:

I. General Requirements

- A. Licensed by the State of California Department of Public Health (CDPH) as a general acute care hospital, and
 - 1. Have a special permit for Basic or Comprehensive Emergency Medicine Service; and
 - 2. Be accredited by a Centers for Medicare and Medicaid Services (CMS) recognized Hospital Accreditation Organization.
- B. Be designated by the EMS Agency as an EDAP.
- C. Have a fully executed Specialty Care Center PBH Designation Agreement with the EMS Agency.
- D. Appoint a Base Hospital Medical Director and a Prehospital Care Coordinator.
- E. Notify the EMS Agency, in writing, of any changes in the status of the Base Hospital Medical Director or Prehospital Care coordinator by submitting Ref. No. 621.2, Notification of Personnel Change Form.
- F. Subscribe and have access to ReddiNet® and VMED28 communications system.

II. PBH Leadership Requirements

- A. Base Hospital Medical Director (BHMD)
 - 1. Qualifications:
 - a. Board eligible or board certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine in Emergency Medical Services or in Emergency Medicine with proof of significant experience and practice in EMS.
 - b. Has experience and knowledge of base hospital operations, and local EMS Agency policies and procedures.
 - c. Engaged at the base hospital in the field of emergency medicine as a full-time emergency physician as defined by spending a monthly average of at least ninety-six (96) hours in the practice of emergency medicine at the base hospital. These hours may include administrative hours spent in meeting BHMD responsibilities.
 - d. Familiar with the prehospital care environment by performing ride-a-longs with assigned ALS units, a minimum of 16 hours during the first 12 months as a BHMD.
 - e. Complete an orientation to the PBH's prehospital care program.
 - f. Attend the EMS Agency's Orientation Program within twelve (12) months of assuming the position of BHMD.

- g. Attend the EMS Update Train the Trainer sessions or complete EMS Update annually.
2. Responsibilities:
- a. Directs and coordinates the medical aspects of prehospital care and related medical activities of all base hospital and EMS personnel assigned to base hospital.
 - b. Ensures a physician, licensed in the State of California and BC or BE in Emergency Medicine, is assigned to the emergency department and available at all times to provide immediate medical direction to MICNs or paramedic personnel.
 - c. Ensures the provisions of appropriate medical direction given by base hospital personnel is within the Paramedic Scope of Practice and adheres to the current policies, procedure, and protocols of the EMS Agency.
 - d. Ensures the development and provision of formal prehospital education programs for base hospital physicians, MICNs, and EMS provider personnel and trainees.
 - e. Ensures the development and implementation of a quality improvement (QI) program approved by the EMS Agency to include a written plan describing the program objectives, authority, organization, scope, and mechanisms for overseeing the following:
 - 1) Compliance with all current policies, procedures, treatment protocols, and medical control guidelines of the EMS Agency; and
 - 2) Standards of care and quality improvement indicators that measure quality of prehospital care issues.
 - f. Ensures the participation of the base hospital in the EMS Agency's system wide QI program.
 - g. Participates as needed with appropriate EMS committees and the local medical community. Attend at least 50% of the Medical Advisory Council meetings and delegate a designee for the remaining 50% of the meetings.
 - h. Ongoing liaison with EMS provider agencies, local medical community, and the EMS Agency
 - i. Collaborates with the PCC to ensure adherence to these standards and the Specialty Care Center Paramedic Base Hospital Designation Agreement.
 - j. When notified of the possible deviation from medical guidelines, the BHMD shall:

- 1) Ensure efforts are made to gather accurate facts, and that a determination is made as to whether a deviation in medical care has occurred.
 - 2) Provide, in writing, the referral of these facts to the EMS Agency for its review when the seriousness of the medical care warrants such a referral or constitutes a violation under Section 1798.200 of the Health & Safety Code.
 - 3) Notify, in writing, the appropriate EMS provider agency of the referral of facts to the EMS Agency regarding substandard medical care rendered by its employee.
 - 4) Make efforts to preserve the confidential nature of the referral.
- k. In the event the BHMD questions the medical impact of a policy of the EMS Agency, the BHMD shall submit a written statement to the Medical Director of the EMS Agency requesting a review of the policy.
- B. Prehospital Care Coordinator (PCC)
1. Qualifications:
 - a. Have experience and knowledge of base hospital operations and EMS Agency policies and procedures.
 - b. Be familiar with the paramedic scope of practice.
 - c. Be familiar with the requirements of the Specialty Care Center PBH Designation Agreement.
 - d. Attend the EMS Agency's Orientation Program within six (6) months of assuming the position as PCC.
 2. Responsibilities:
 - a. Serves as a liaison by maintaining effective lines of communication with base hospital personnel, EMS Agency, EMS provider agencies, and local 9-1-1 receiving facilities.
 - b. Be sufficiently available during normal County business hours to meet the responsibilities of the PCC.
 - c. Evaluates the performance of MICN candidates and submits recommendations for certification to the EMS Agency.
 - d. Collaborates with the BHMD and the EMS provider agencies to provide ongoing evaluation of assessment, reporting, communication, and technical skills of assigned ALS units. Such evaluation shall include, but not limited to:
 - 1) Audit of audio recorded communication;
 - 2) Review of patient care records;

- 3) Coordination of structured field observation experience including transfer of patient care upon arrival at the receiving facility; and
 - 4) Coordination of direct observation of performance during scheduled clinical hours in the emergency department.
- e. Coordinates, in conjunction with the BHMD, a base hospital meeting or other process, which should include representation from hospital administration, MICNs, base hospital physicians, and EMS providers for:
- 1) Providing updates on policies, procedures, and protocols.
 - 2) Providing orientation to field and base hospital operations.
 - 3) Providing a forum for problem-solving.
- f. Reports to the EMS Agency, in conjunction with the BHMD, any action of certified or licensed personnel, which results in apparent deficiencies in medical care or potentially constitutes a violation under Section 1798.200 of the Health & Safety Code.
- g. Maintain records of communication with base hospital personnel which may be inclusive of, but not limited to, base hospital meetings, e-mail communications, newsletters, or other communication related materials.
- h. Collaborates with the BHMD to ensure compliance to these Standards and the Specialty Care Center PBH Designation Agreement.
- i. Represents the base hospital at system-wide and/or regional meetings sponsored by the EMS Agency that address prehospital care issues and participates in committees and other task forces that may be developed.

III. Base Hospital Personnel Requirements

- A. Base Hospital Physicians – Hospital shall ensure that at least one (1) full-time emergency department physician is on duty at all times who shall be responsible for prehospital management of patient care and patient destination.
1. Qualifications:
 - a. BC or BE in Emergency Medicine.
 - b. Complete the hospital's Base Hospital Orientation Program within thirty (30) days of assuming base physician responsibilities.
 2. Responsibilities:
 - a. Provide online medical direction and supervision of prehospital triage, treatment, advance life support, and patient destination.

- b. Shall be immediately available for consultation by an MICN providing online medical direction to paramedics.
 - B. Mobile Intensive Care Nurses (MICN) – Hospital shall ensure that at least one (1) MICN is on duty at all times.
 - 1. Qualifications:
 - a. Currently certified as a MICN in Los Angeles County.
 - b. Current Advanced Cardiac Life Support (ACLS) Provider or Instructor by the American Heart Association or American Red Cross.
 - c. Employed and sponsored by one of the following: Base Hospital, EMS Agency, Paramedic Training Program, or Paramedic Provider Agency.
 - 2. Responsibility: provide online medical direction and supervision of prehospital triage, treatment, advance life support, and patient destination under the direction of the base hospital physician on duty.
 - C. Data Entry Personnel – Hospital shall assign a primary and qualified back-up personnel (excluding PCC) to enter data into the County’s base hospital data collection system – Trauma and Emergency Medicine Information System (TEMIS).
- IV. Paramedic Communication System (PCS)
 - A. Hospital shall ensure that base hospital paramedic communication equipment is always staffed and operational by personnel who are properly trained and certified in its use according to the policies, procedures, and protocols of the EMS Agency.
 - B. Hospital shall comply with the specifications for hospital-owned PCS equipment as outlined in the Specialty Care Center PBH Designation Agreement.
 - C. Hospital shall provide a mechanism to record, retain, and retrieve audio recordings of all voice field communications between the base hospital and receiving facilities and the paramedics.
- V. Educational Requirements
 - A. Hospital shall have an EMS Agency approved Continuing Education (CE) program as outlined in Ref. No. 1013, EMS Continuing Education (CE) Provider Approval and Program Requirements.
 - B. Develop and institute prehospital care education programs for MICNs, paramedics, paramedic trainees, and base hospital physicians (in collaboration with the BHMD). Programs shall be relevant to and enhance the practice of emergency medical care and include specific issues identified by quality improvement activities. Education requirements of the Specialty Care Center Paramedic Base Hospital Designation Agreement include the provision of:
 - 1. An accumulative average of twelve (12) hours of education per year, of which an average of six (6) hours per year are field care audits. A base

- hospital may require additional hours of field care audits for MICN sponsorship.
2. A mechanism for providing and evaluating structured clinical experience for EMS field personnel/students, if requested.
 3. A mechanism to schedule structured field observation experience for MICNs.
 4. Special and mandatory training programs deemed necessary by the EMS Agency. Mandatory classes shall be given and scheduled, at a minimum, three (3) sessions so as to provide continuing education to the majority of the ALS Units assigned to the base hospital.
 5. Facilitate the education of new MICNs by providing instructors to lecture, perform radio simulation or assist as needed at any MICN Development Course.
- C. The following documents shall be submitted to the EMS Agency, Certification and Program Approvals:
1. Fourteen (14) days prior to the beginning of a planned course, submit all advertisements or training schedules to the EMS Agency.
 2. Annually (by January 31 of each year) – a summary of the CE classes provided during the previous year to include: date, course title, category, and number of CE hours.
 3. Within 30 days – rosters of courses mandated by the EMS Agency.
- VI. Quality Improvement (QI)
- A. Base hospital shall have a current prehospital QI plan approved by the EMS Agency and ensure participation in the EMS Agency's system wide QI program by designating a representative for the meetings.
 - B. Base hospital shall have a process developed, with input from the BHMD, base hospital physicians, PCC, MICNs, paramedics, and hospital administration to:
 1. Identify important aspects of prehospital care and develop related QI indicators;
 2. Evaluate prehospital care and service, including trends, to identify opportunities for improvement;
 3. Review Base Physician orders to ensure field care standards are met and provide feedback as needed.
 4. Implement corrective action to improve prehospital care and service delivery, or to solve problems; and evaluate the effectiveness of those actions;
 5. Identify relevant topics for the CE program; and
 6. Document audio communications and records reviewed, actions recommended and/or taken, and problem resolution.

VII. Data Collection

- A. Participate in the data collection process outlined in Ref. No. 644, Base Hospital Documentation Manual and the Specialty Care Center PBH Designation Agreement.
- B. Ensure that appropriate accountability and confidentiality are maintained for:
 - 1. Patient care records (i.e., Base Hospital Forms, EMS Report Forms, logs, and audio communications);
 - 2. QI records;
 - 3. CE records; and
 - 4. Records pertaining to investigations or review of possible provision of substandard medical care.
- C. Ensure compliance with requirements for retention and release of audio recordings, Base Hospital Forms, logs, and information sheets, and maintain retrieval system in collaboration with the hospital's medical record department.

CROSS REFERENCE

Prehospital Care Manual

- Ref. No. 201, **Medical Management of Prehospital Care**
- Ref. No. 204, **Medical Council**
- Ref. No. 214, **Base Hospital and Provider Agency Reporting Responsibilities**
- Ref. No. 316, **Emergency Department Approved for Pediatrics (EDAP) Standards**
- Ref. No. 606, **Documentation of Prehospital Care**
- Ref. No. 608, **Retention and Disposition of Prehospital Patient Care Records**
- Ref. No. 612, **Release of Emergency Medical Services (EMS) Records**
- Ref. No. 620, **EMS Quality Improvement Program**
- Ref. No. 621.2 **Notification of Personnel Change Form Hospital Programs**
- Ref. No. 644, **Base Hospital Documentation Manual**
- Ref. No. 716, **Paramedic Communications System**
- Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**
- Ref. No. 1010, **Mobile Intensive Care Nurse (MICN) Certification**
- Ref. No. 1013, **EMS Continuing Education (CE) Provider Approval and Program Requirements**
- Ref. Nos. 1200, **Treatment Protocols**
- Ref. Nos. 1300, **Medical Control Guidelines**

Specialty Care Center Paramedic Base Hospital (PBH) Designation Agreement