



# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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## BASE HOSPITAL DESIGNATION

### I. PURPOSE

To establish standards for the designation of an acute care hospital as a base hospitals.

### III. POLICY

- A. ICEMA will utilize the following criteria for the selection and designation of base hospitals:
1. The ICEMA Medical Director or designee shall evaluate existing and potential base hospitals, following the criteria established and recommended to the ICEMA Medical Director. All hospitals desiring potential base hospital designation must submit a request in writing to ICEMA expressing their desire to be evaluated and documenting adherence and acceptance of the requirements as outlined in this document.
  2. **Minimum Requirements**
    - a. Be licensed by the State Department of Health Services as a general acute care hospital.
    - b. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.
    - c. Have a special permit for Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5, or have been granted approval by the California Emergency Medical Services Authority (EMSA) for utilization as a base hospital pursuant to the provisions of Section 1798.101 of the California Health and Safety Code.
    - d. Have a written agreement with ICEMA indicating the concurrence of hospital administration, the medical staff and the Emergency Department (ED) staff, to meet the requirements for program participation as defined in the California Health and Safety Code, Division 2.5, and ICEMA.
    - e. Agree to abide by the letter and intent of California Health and Safety Code, Division 2.5, and/or subsequently chaptered laws of the State of California, and criteria established by ICEMA.
    - f. Accept such treatment guidelines for advanced life support (ALS) procedures as may be developed and implemented by ICEMA.
    - g. Agree to acquire, utilize and maintain two-way telecommunications equipment as specified by ICEMA, capable of direct two-way voice communication with ALS field units assigned to the hospital. (This may include monetary contributions to a communications fund to maintain base hospital repeaters, etc.)
    - h. Maintain written policies and procedures pertinent to the EMS program within the ED with documentation that these policies and procedures were reviewed and approved by the hospital's Interdisciplinary Committee.

- i. Agree not to transfer from one hospital to another any patient who has been treated by an EMT-P unless or until, in the judgment of the base hospital ED physician, such a patient is medically stable to be transferred and/or such transfer is in the best interest medically of the patient. Such transfers must be accepted by the receiving hospital in accordance with deeming authority, the California Code of Regulations (Title 22) and ICEMA policies and protocols.
- j. Agree to maintain the ReddiNet system providing the necessary ICEMA required documentation.
- k. Notwithstanding the hospital's capabilities to comply with the provisions of these criteria, ICEMA shall designate base hospitals only after considering the overall objectives to minimize duplication of elements of the EMS system that result in needless expenditure of health care or associated resources.

### III. OPERATING PRINCIPLES

1. The following principles shall guide coordination of base hospital components of the local EMS system:
  - a. The ICEMA Medical Director may update base hospital criteria as necessary.
  - b. No base hospital shall advertise that it is a base hospital, nor shall it use its base hospital designation for the purpose of circumventing effective and efficient patient flow patterns.
  - c. Patient designation will be directed by the base hospital ED physician or the MICN in conjunction with the base hospital ED physician (**unless otherwise requested by the patient or the patient's family**).
  - d. It is the responsibility of the base hospital ED physician or MICN to contact the receiving hospital ED physician/nurse as soon as possible during the direction of ALS intervention to provide the receiving hospital with information regarding patient condition and ALS interventions, when the ALS provider is unable themselves to do so due to time constraints, patient condition, radio communication failure.
  - e. The attending physician at the receiving hospital where a patient is transported may request copies of voice records maintained on a patient by the base hospital. The request must be in writing.
2. **Quality Control and Evaluation**

The hospital must:

  - a. Cooperate with and assist the ICEMA Medical Director in data collection and evaluating performance and cost effectiveness of the EMS system. All ALS level calls must be logged and the logs kept for review. All ALS level calls must be recorded, and those recordings kept for a minimum of seven (7) years (or one year past the age of majority) along with copies of the EMS Patient Record and the MICN Prehospital Record.
  - b. Agree to maintain and make available to ICEMA any and all relevant records for program monitoring and evaluation of the EMS system.

- c. Permit and assist in the announced and/or unannounced survey/inspection of facilities, records and staff at reasonable times, by the ICEMA Medical Director, or designee.
- d. Be evaluated at least every two (2) years or as determined necessary by the ICEMA Medical Director or designee.
- e. Abide by criteria established by ICEMA. Implementation of revised criteria must specify implementation dates and/or deadlines.

### 3. Staffing

The hospital must:

- a. Have in-house emergency physician coverage available twenty-four (24) hours per day, seven (7) days per week. The physician must be currently licensed in the State of California, assigned to the ED; available at all times to provide immediate medical direction to the MICN or ALS field personnel. The physician must have experience in and knowledge of base hospital radio operations and ICEMA policies and protocols. All ED physicians must maintain current ACLS certification.
- b. Have at least one (1) certified MICN or ED physician on duty in the ED, the majority of the time. ICEMA strongly encourages at least one (1) MICN on duty at all times. **(ICEMA must be notified in the event that 24-hour coverage by at least one (1) MICN is not provided, to assure that nurses giving direction to field personnel are trained and certified as MICNs by ICEMA.)**
- c. Have a full-time physician Director of the ED who is currently licensed in the State of California, who is certified or prepared for certification by the American Board of Emergency Medicine, a physician on the hospital staff, experienced in emergency medical care, and be regularly assigned to the ED. In addition, this physician shall document experience in and knowledge of base hospital radio operations and ICEMA policies and procedures, and shall be responsible for overall medical direction and supervision of the EMT-P Program with the base hospital's area of responsibility, including review of EMS patient care records with personnel involved. The base hospital medical director shall be responsible for reviewing on a monthly basis, the EMS patient care records supplied through the quality improvement (QI) process for all patients that are not transported to a general acute care hospital. Documentation of conclusions reached as a result of this review must be submitted to ICEMA monthly. The base hospital medical director shall be responsible for reporting deficiencies in patient care to ICEMA.  
  
(The hospital may designate a Prehospital Liaison Physician who is a physician currently licensed in the State of California, and is regularly assigned to the ED to assist the base hospital medical director to fulfill the aforementioned responsibilities to the EMS system.)
- d. Identify a MICN with experience in and knowledge of base hospital's radio operations and ICEMA policies and protocols as a Prehospital Liaison Nurse (PLN) to assist the base hospital medical director and/or the Prehospital Liaison Physician in the medical direction and supervision of ALS personnel.

**4. Continuing Education and In-service Training**

The hospital must:

- a. In cooperation with other hospitals, training institutions, ICEMA, and EMS providers provide continuing education for physicians, MICNs and other EMS field personnel in accordance with the criteria established by ICEMA.
- b. Provide supervised clinical training for both ALS students as well as currently certified ALS field personnel assigned to that base hospital.
- c. In cooperation with other hospitals and EMS providers, provide for organized field audits in accordance to the ICEMA QI Plan for MICNs and other certified personnel in order to review field care and improve field operations. These field audits must be in accordance with the criteria established by the ICEMA QI Plan.
- d. Provide monthly base hospital meetings for the purpose of reviewing field care and/or providing didactic continuing education approved by ICEMA.
- e. Provide orientation regarding the EMS system to appropriate hospital employees. Insure that ED personnel are involved both as instructors and as students in continuing education and in-service programs.

**5. General**

The hospital must:

- a. Provide regularly scheduled ED physician and nurse meetings to discuss ED responses and care.
  - b. Ensure that there is a liaison between hospital personnel and EMS field personnel (PLN or ED medical director).
  - c. Establish and implement an internal system for critiquing the results of ALS intervention while auditing the quality of care provided.
  - d. Provide a statement describing committee representation and attendance to all ICEMA required physician and nurse committee meetings (base hospital QI meetings, EMS nurses, ED physicians, etc.).
  - e. Coordinate and cooperate with designated receiving hospitals in accordance with guidelines implemented by ICEMA.
6. It is the responsibility of the base hospital medical director and/or the ED nursing supervisor to notify the ICEMA Medical Director of any deviation from the aforementioned base hospital criteria.

**7. Suspension and/or Revocation of Base Hospital Designation**

ICEMA may suspend or revoke the approval of a base hospital at any time for failure to comply with the applicable policies, procedures and regulations.

**IV. BASE HOSPITAL CRITERIA FOR DESIGNATION OF HOSPITAL LICENSED AS STAND-BY - MONO COUNTY**

"BASE HOSPITAL" upon designation by ICEMA and upon completion of a written contractual agreement with ICEMA, is responsible for directing the Advanced Life Support System or Limited Advanced Life Support System and EMS system assigned to it by ICEMA.

The base hospital will supervise EMS treatment, triage ALS transport/limited (LALS) transport, and monitor personnel program compliance by direct medical supervision for ALS/LALS unit providing services in Mono County.

The designation as a base hospital shall be for no longer than two (2) years.

**V. SCOPE OF SERVICES TO BE PROVIDED**

The base hospital responsibilities shall include, but not be limited to the following:

1. Orientation of entire base hospital staff to ALS/LALS program.
2. Formation and/or continuation of network with associated receiving hospital in the region.
3. On-line medical direction for treatment, triage and transport of ALS/LALS patients according to ICEMA protocol.
4. Transmission of patient care information on each ALS/LALS run to associated receiving hospital via direct dial or dedicated phone line.
5. Weekly case review by the base hospital medical director and PLN.
6. Provision of monthly case review conference for EMS and hospital team, and regular in-hospital clinical experience.
7. Maintenance of EMS system's records including patient care and AEMT/EMT-P competency files.
8. Training of new EMS field personnel through monitoring field performance and direct observation through ride along.

**VI. HOSPITAL EMERGENCY MEDICAL SERVICES**

1. Scope of services to be offered:
  - a. Include appropriate policies and procedures
  - b. Include By-Laws, vitaes and job descriptions
2. Agreement to provide ICEMA with data compatible with existing base hospital data collection and future data collection requirements established either by ICEMA or the EMSA.
3. Policy for billing receiving centers to recover cost of supplies and drugs distributed to ALS/LALS units.
4. Letter of commitment to meet present and future base hospital requirements and maintain records.

5. Hospital policy and procedures regarding Quality Assurance (QA) Audits of EMS field personnel and medical direction personnel duties.

**VII. PROVISIONS APPLICABLE TO CONTRACT FOR BASE HOSPITAL SERVICES IN MONO COUNTY UTILIZING LICENSED STAND-BY FACILITY**

**1. Status of Provider/Contractor**

The provider shall be an independent contractor, wholly responsible for the manner in which it performs and will assume exclusively the responsibility for the acts of its employees who will not be entitled to any rights and privileges of ICEMA employees nor be considered in any manner to be ICEMA employees.

**2. Services**

The provider shall maintain facilities and equipment and operate continuously with at least the number and kind of staff required for the provision of services. Such services shall include at least those described in "Scope of Services" above.

**3. Licenses and Standards**

The provider's personnel shall possess appropriate licenses and certificates and be qualified in accordance with applicable statutes and regulations. The provider shall obtain, maintain, and comply with all necessary governmental authorizations, permits and licenses required to conduct its operations. In addition, the provider shall comply with all applicable Federal, State and ICEMA policies and procedures, rules, regulations, and orders in its operations including compliance with all applicable safety and health requirements as to provider's employees.

**VIII. MINIMUM REQUIREMENTS**

1. Be licensed by the State Department of Health Services as a general acute care hospital.
2. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.
3. Have a special permit for Stand-by Emergency Medical Service.
4. Have a written agreement with ICEMA indicating the commitment of hospital administration, the medical staff and the ED staff, to meet the requirements for program participation as defined in the California Health and Safety Code, Division 2.5, and ICEMA.
5. Agree to abide by the letter and intent of the California Health and Safety Code, Division 2.5, and/or subsequently chaptered laws of the State of California, and criteria established by ICEMA.
6. Accept such treatment guidelines for EMS procedures as may be developed and implemented by ICEMA.
7. Agree to acquire, utilize and maintain communications equipment as specified by ICEMA capable of direct two-way voice communication with EMS field units assigned to the hospital.

8. Maintain written policies and procedures pertinent to the EMS program within the ED with documentation that these policies and procedures were reviewed and approved by the hospital's Medical Staff Committee.
9. Agree not to transfer from one hospital to another any patient who has been treated by an AEMT/EMT-P unless or until, in the judgment of the base hospital ED physician, such a patient is medically stable to be transferred and/or such transfer is in the best interest medically of the patient. Such patients must be accepted by the receiving hospital in accordance with deeming authority and Title 22.

#### **IX. OPERATING PRINCIPLES**

1. The following principles shall guide coordination of base hospital components of the EMS system:
  - a. The ICEMA Medical Director may update base hospital criteria as necessary.
  - b. No base hospital shall advertise that it is a base hospital, nor shall it use status for the purpose of circumventing effective and efficient patient flow patterns.
  - c. Patient designation shall be directed by the base hospital physician or MICN in conjunction with the base hospital physician, unless otherwise requested by the patient or the patient's family.
  - d. MICN standing orders shall be developed by the base hospital and approved by ICEMA.
  - e. It is the responsibility of the base hospital ED physician or MICN to contact the receiving hospital ED physician or nurse as soon as possible during the direction of ALS/LALS intervention to provide the receiving hospital with information regarding patient condition and ALS/LALS interventions.
  - f. The attending physician at the receiving hospital where a patient is transported may request copies of voice and records maintained on a patient by the base hospital. The request must be in writing.
  - g. The base hospital shall insure that a mechanism exists for the initial supply of pharmacological agent (including narcotics and controlled substances) to be utilized by ALS/LALS field personnel during the treatment of patients according to policies and procedures established by ICEMA.

#### **X. QUALITY CONTROL AND EVALUATION**

The hospital shall:

1. Cooperate with and assist the ICEMA Medical Director in data collection, performance and cost effectiveness of the EMS system. All ALS/LALS calls must be logged and log kept for review. All ALS/LALS level calls must be recorded, and those recordings kept for a minimum of seven (7) years (or one year past the age of majority) along with copies of the EMS Patient Record and the MICN Prehospital Record.
2. Agree to maintain and make available to ICEMA any and all relevant records for program monitoring and evaluation of the EMS system.
3. Permit and assist in the announced and/or unannounced survey/inspection of facilities, records and staff at reasonable times, by the ICEMA Medical Director or designee.

4. Be evaluated at least every two (2) years and/or as needed by the ICEMA Medical Director or designee.
5. Abide by criteria established by ICEMA. Implementation of revised criteria must specify implementation dates and/or deadlines.

## **XI. STAFFING**

The hospital shall:

1. Have Emergency Physician coverage immediately available twenty-four (24) hours per day, seven (7) days per week. Immediately available means available in the Emergency Department within twenty (20) minutes upon notification.

The physician must be currently licensed in the State of California, assigned to the Emergency Department, available at all times to provide immediate medical direction to the MICN or ALS/LALS personnel when situation not covered by MICN Standing Orders. Hospital policy for providing immediate medical direction when the ED Physician is not in-house must be submitted to ICEMA for approval.

All ED Physicians must maintain current ACLS Certification and be knowledgeable in radio operations and current policies.

2. Have a full-time physician Director of the Emergency Department who is currently licensed in the State of California, a physician on the hospital staff, experienced in emergency medical care, and regularly assigned to the Emergency Department. This physician Director shall have experience in and knowledge of base hospital radio operations and ICEMA policies and procedures, and shall be responsible for overall medical direction and supervision of the EMT-P/EMT-II program within the base hospital's area of Responsibility, including review of EMS Patient Care Records and critique with personnel involved. The physician Director shall be responsible for reviewing on a monthly basis, the EMS Patient Care Records for all patients that are not transported to a general acute care hospital. Documentation of conclusions reached as a result of this review must be submitted to ICEMA monthly. The physician Director shall be responsible for reporting deficiencies in patient care to ICEMA.

Physician Director to fulfill the aforementioned responsibilities.

3. Have at least one (1) Mobile Intensive Care Nurse (MICN) or ED physician on duty in the hospital assigned to the radio communications center and readily available to the Emergency Department. In the event that an ED physician is not on duty, there shall be immediately available direct voice contact with ALS/LALS personnel by the ED physician for the purposes of medical direction. ICEMA must be notified in the event that 24-hour coverage by at least one (1) MICN is not provided. Nurses giving direction to ALS/LALS personnel must be trained and certified as MICNs by ICEMA.
4. Identify a MICN with experience in and knowledge of base hospital radio operations and ICEMA policies and procedures as a Prehospital Liaison Nurse (PLN) to assist the physician director in the medical direction and supervision of ALS/LALS personnel.



**XII. CONTINUING EDUCATION AND IN-SERVICE TRAINING**

The hospital shall:

1. In cooperation with other hospitals, training institutions, ICEMA and ALS/LALS providers, provide continuing education for physicians, MICNs and field personnel in accordance with criteria established by ICEMA.
2. Provide supervised clinical training for both ALS/LALS students, as well as currently certified ALS/LALS personnel assigned to that base hospital.
3. In cooperation with other hospitals and ALS/LALS providers, provide for organized field audits at least six (6) times annually for MICNs and other certified personnel in order to review field care and improve field operations. These field audits must be in accordance with the criteria established by ICEMA.
4. Provide monthly base hospital meetings for the purpose of reviewing field care and/or providing didactic continuing education approved by ICEMA.
5. Provide orientation regarding the EMS system to appropriate hospital employees.
6. Insure that ED personnel are involved both as instructors and as students in continuing education and In-service Programs.

**XIII. GENERAL**

The hospital shall:

1. Provide regularly scheduled ED physician and nurse meetings to discuss ED responses and care.
2. Ensure that there is a liaison between hospital personnel and the EMS field personnel.
3. Establish and implement an internal system for critiquing the results of ALS/LALS intervention while auditing the quality of care provided.
4. Designate committee representation to ICEMA. Regular attendance at Physician and Nurse Committee meetings is mandatory.
5. Coordinate and cooperate with designated receiving hospitals in accordance with guidelines implemented by ICEMA.

**IT IS THE RESPONSIBILITY OF THE BASE HOSPITAL MEDICAL DIRECTOR AND/OR THE ED NURSING SUPERVISOR TO NOTIFY THE ICEMA MEDICAL DIRECTOR OF ANY DEVIATION FROM THE AFOREMENTIONED CRITERIA.**

**ICEMA MAY SUSPEND OR REVOKE THE APPROVAL OF A BASE HOSPITAL AT ANY TIME FOR FAILURE TO COMPLY WITH THE APPLICABLE POLICIES, PROCEDURES AND REGULATIONS.**