SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

BASE HOSPITAL STANDARDS
EMSAC JULY 2025

EFFECTIVE DATE: XX/XX/XX ***POLICY REFERENCE NO: 5011*** ***SUPERSEDES: 4/1/22***

1. PURPOSE

1.1. To define the role of the Base Hospital within the EMS system.

1.2. To establish operational, medical, and personnel standards for the Base Hospital.

2. DEFINITION:

2.1. Base Hospital: designated Receiving Facility providing direct medical oversight based on LEMSA Medical Control, policies and protocols via California Health and Safety Code Section 1798 and 1797.58

3. POLICY

3.1. Base Hospital General Requirements

3.1.1. Comply with all applicable Federal, State, and local codes, statutes, ordinances, and rules with regards to hospitals, Base hospitals, and radio/telephone communications.

3.1.2. Comply with all applicable EMS Agency policies.

3.1.3. Have a written agreement with the EMS Agency identifying the hospital as an approved Base Hospital.

3.1.4. Have a designated area within the Emergency Department for Base Hospital telecommunications equipment.

3.1.5. Permit periodic announced and unannounced visits by EMS Agency staff to monitor compliance with any of the above.

3.2. Roles and Responsibilities

3.2.1. Provide direct medical oversight and consultation services to prehospital personnel in accordance with EMS Agency policies and treatment protocols.

3.2.1.1. Medical oversight direction shall include, is not limited to, ordering interventions based upon patient presentation per EMS Agency treatment protocols and medical consultation as requested by the prehospital provider.

3.2.2. Collect data and keep records in accordance with the Base Hospital and EMS Agency quality improvement plans.

3.2.3. Provide indirect medical oversight by acting as an educational resource for prehospital providers.

3.2.3.1. Provide opportunities for educational consultation with prehospital personnel.

3.2.3.2. Offer clinical rotations for paramedic students and continuing education courses.

3.2.3.3. Develop and present any local policy or educational updates as required by the EMS Agency Medical Director.

3.2.4. Participate in EMS system planning through:

3.2.4.1. Base Hospital personnel representation at all stakeholder meetings, including, but not limited to, the EMS Advisory Committee, subcommittees, and workgroups.

3.2.4.2. Prehospital research as approved by the EMS Agency.

3.3. Personnel Requirements: outlined requirements include but are not limited to the following:

3.3.1. Clerical support

3.3.1.1. The Base Hospital shall employ such clerical support as necessary to meet the requirements of the Base Hospital.

3.3.2. Base Hospital Coordinator:

3.3.2.1. ~~Minimum requirements:~~ Experienced ED RN regularly assigned to the ED with patient care responsibilities.

3.3.2.2. ~~Thoroughly familiar with~~ Significant experience with prehospital policies, procedures, and practices.

3.3.2.3. A minimum of 1 year experience working directly with prehospital personnel in San Francisco.

3.3.2.4. ~~Participate in a minimum of 24 hours of direct observation of prehospital care each year, at least 12 of which must be on an Advanced Life Support response unit.~~ Collaborate with the Base Hospital Physicians and Medical Director to meet the requirements of the Base Hospital.

3.3.3. Base Hospital Physician:

3.3.3.1. Practicing emergency medicine physician (e.g. attending or senior resident)

3.3.3.2. Completion of an EMS Agency approved orientation course that, at minimum, includes the following topics:

- Local EMS system resources, geography and receiving center capabilities
- San Francisco EMS policies and procedures
- Principles of radio communications
- Base Hospital Physician documentation expectations

3.3.3.3. Base Hospital Medical Director appointment approval

3.3.4. Base Hospital Medical Director

3.3.4.1. Board eligible or certified in Emergency Medical Services or in Emergency Medicine with proof of significant experience and practice in EMS.

3.3.4.2. Local EMS Medical Director appointment approval

3.4. Quality Improvement

3.4.1. The Base Hospital shall develop a quality improvement plan approved by the EMS Agency.

3.4.1.1. Plan will meet the requirements of Policy 6000 – Quality Improvement Program.

3.4.1.2. Plan will work to support the EMS System Quality Improvement Plan.

3.4.1.3. Must contain the following:

- Prospective educational component.
- Concurrent observation and evaluation component.
- Retrospective examination of identified quality indicators.
- Clearly designed method of using knowledge gained to influence ongoing education of Base Hospital staff and prehospital personnel.
- Remediation contingencies for individuals who consistently fail to meet expectations.

3.4.2. Base Hospital policies and procedures shall support the plan and require personnel to participate in quality improvement.

3.4.3. Plan must be reviewed and revised as necessary at least every two years.

3.4.4. Data and patient information, as determined necessary by the EMS Agency Medical Director, shall be provided in a form determined by the EMS Agency for the purposes of system wide quality improvement, case review, or individual case investigation:

3.4.4.1. Whenever possible, data will be requested without patient identifying information and shall be the minimum amount of information necessary to achieve the goals of a given project.

3.4.5. Base Hospital Report

3.4.5.1. Bi-annual preparation to coincide with fiscal year of City and County of San Francisco.

3.4.5.2. Due no later than 60 days following close of every second fiscal year.

3.4.5.3. Will detail the previous 24 month's activities.

3.4.6. All deficiencies in prehospital care shall be forwarded, in a timely fashion, to the provider's Medical Director or QI representative for investigation:

3.4.6.1. Situations that remain unresolved after contacting the provider shall be reported to the EMS Agency using the reporting procedures outlined in Policy 6020 – Incident Reporting.

3.4.6.2. Incidents that, in the opinion of Base Hospital personnel, represent an act of gross negligence or an ongoing threat to public health a safety shall also be reported to the provider field supervisor and the EMS Agency.

3.5. Prehospital Education

3.5.1. The Base shall develop and present continuing education programs with a specific goal of improving the quality of care and knowledge of prehospital and Base Hospital personnel.

3.5.2. Offer programs of structured clinical experience with continuing education credit to prehospital providers.

~~3.5.3.~~ ~~Provide resources for supervised remediation of prehospital personnel.~~

~~3.5.4.~~3.5.3. The Base Hospital may act as a clinical site for paramedic training programs, subject to hospital and school policies.

3.6. Base Hospital Communications

3.6.1. The Base Hospital will maintain a dedicated radio or telephone line for prehospital personnel to consult with the Base Hospital Physician.

3.6.2. All voice communications between the Base Hospital Physician and prehospital personnel shall be recorded.

3.6.2.1. Recorded consultations are not considered part of the patient record.

3.6.2.2. Confidentiality shall be maintained during all communications.

3.6.2.3. Recorded consultations shall be made available to the EMS Agency within 10 days of request.

3.6.2.4. Recorded consultations shall be kept on file, protected from accidental erasure, and unaltered for a minimum of 100 days.

- Copies of recordings used for public presentation may be edited to remove patient and personnel identifying information.

3.6.2.5. Recordings may be used for educational and investigative purposes.

3.6.3. The Base Hospital will maintain a dedicated telephone line to the Department of Emergency Management's Division of Emergency Communications.

4. PROCEDURE

4.1. Radio/telephone communications and consultations shall be conducted in accordance with Policy 3020 – Field to Hospital Communications.

4.2. The Base Hospital will maintain a record of all calls, which includes:

4.2.1. Incident and physician identifiers

4.2.2. Prehospital assessment

4.2.3. Interventions prior to contact

4.2.4. Direct medical oversight given

5. AUTHORITY

5.1. California Health & Safety Code, Division 2.5, Sections 1797.58, 1798.59, 1797.220, 1798 – 1798.3, and 1798.100 – 1798.105.

5.2. California Code of Regulations, Title 22, §§100090.03 & 100096.02

~~5.3.~~ ~~California Code of Regulations, Title 22, Sections 100144 and 100169.~~