

## **100252 Paramedic Base Hospital and Alternate Base Station Responsibilities**

### **(a)**

A paramedic base hospital and alternate base station shall: (1) Develop and implement, in cooperation with other EMS system participants, a hospital-specific written in EMS QI program, as defined in Section 100250.01 of this Chapter. Such programs shall include indicators, as defined in Section III and Appendix E of the Emergency Medical Services System Quality Improvement Program Model Guidelines, which address, but are not limited to, the following: (A) Personnel (B) Equipment and Supplies (C) Documentation (D) Clinical Care and Patient Outcome (E) Skills Maintenance/Competency (F) Transportation/Facilities (G) Public Education and Prevention (H) Risk Management (2) Review hospital-specific EMS QI Program annually for appropriateness to the operation of the base hospital or alternative base station and revise as needed. (3) Participate in the local EMS agency's EMS QI Program that may include making available mutually agreed upon relevant records for program monitoring and evaluation. (4) Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the base hospital or alternative base station EMS QI Program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, collaboration with the base hospital medical director or his/her designee or alternate base station medical director or his/her

designee is required. (5) Provide the local EMS agency with an annual update, from date of approval and annually thereafter, on the hospital EMS QI Program. The update shall include, but not be limited to, a summary of how the base hospital/alternate base station's EMS QI Program addressed the program indicators.

**(1)**

Develop and implement, in cooperation with other EMS system participants, a hospital-specific written EMS QI program, as defined in Section 100250.01 of this Chapter. Such programs shall include indicators, as defined in Section III and Appendix E of the Emergency Medical Services System Quality Improvement Program Model Guidelines, which address, but are not limited to, the following: (A) Personnel (B) Equipment and Supplies (C) Documentation (D) Clinical Care and Patient Outcome (E) Skills Maintenance/Competency (F) Transportation/Facilities (G) Public Education and Prevention (H) Risk Management

**(A)**

Personnel

**(B)**

Equipment and Supplies

**(C)**

Documentation

**(D)**

Clinical Care and Patient Outcome

**(E)**

Skills Maintenance/Competency

**(F)**

Transportation/Facilities

**(G)**

Public Education and Prevention

**(H)**

Risk Management

**(2)**

Review hospital-specific EMS QI Program annually for appropriateness to the operation of the base hospital or alternative base station and revise as needed.

**(3)**

Participate in the local EMS agency's EMS QI Program that may include making available mutually agreed upon relevant records for program monitoring and evaluation.

**(4)**

Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the base hospital or alternative base station EMS QI Program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, collaboration with the base hospital medical director or his/her designee or alternate base station medical director or his/her designee is required.

**(5)**

Provide the local EMS agency with an annual update, from date of approval and annually thereafter, on the hospital EMS QI Program. The update shall include, but not be limited to, a summary of how the base hospital/alternate base station's EMS QI Program addressed the program indicators.

**(b)**

The base hospital/alternate base station EMS QI Program shall be in accordance with the Emergency Medical Services Quality Improvement Program Model

Guidelines (Rev. 3/04), incorporated herein by reference, and shall be approved by the local EMS agency. This is a model program which will develop over time and is to be tailored to the individual organization's quality improvement needs and is to be based on available resources for the EMS QI program.

**(c)**

The base hospital/alternate base station EMS QI Program shall be reviewed by the local EMS agency at least every five years.