

BASE HOSPITAL



ROLES

AND

RESPONSIBILITIES



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Ministry of Health

INTRODUCTION

A Base Hospital is a hospital that has applied for and been designated as such by the Ministry of Health. A Base Hospital provides medical direction, leadership and advice in the provision of ambulance based pre-hospital emergency health care within a broad based, multi-disciplinary, community emergency health services system in a specified geographical area. This involves the Base Hospital in acting as a resource centre and facilitator to assist in ensuring that ambulance based pre-hospital care and transportation is meeting a community's needs.

In addition, the Base Hospital provides training, quality assurance, continuing education and guidance to ambulance based pre-hospital emergency care providers. All such programs shall be approved in advance by the Ministry of Health. The Base Hospital also functions in an advisory capacity to the Ministry of Health on matters relating to ambulance based pre-hospital emergency care.

Monitoring and evaluating ambulance based pre-hospital emergency care is a primary responsibility of each Base Hospital.

The Base Hospital Program is one of several significant partners in an integrated Emergency Health Services System (EHSS) for the Province of Ontario.

REQUIREMENTS OF A BASE HOSPITAL PROGRAM

1. The Board of Directors or Trustees of a hospital that is hosting a Base Hospital Program must be in complete support of that Program.
2. The Base Hospital must maintain an emergency unit that operates on a 24 hour daily basis in compliance with the Guidelines for Hospital Emergency Units in Ontario as issued by the Ministry of Health, 1989.
3. In the case of an Advanced Life Support program, an on-site, qualified emergency physician must be readily available at all times.
4. The hospital administration and the emergency unit medical and nursing staff must be committed to participating in the Base Hospital Program.
5. The Base Hospital Program will participate in the development of agreements and protocols that will determine appropriate patient destinations and transfers.
6. The Base Hospital has entered into a Performance Agreement with Emergency Health Services Branch to provide the services specified in that agreement.

ROLES AND RESPONSIBILITIES OF A BASE HOSPITAL

- I. "IT IS A ROLE OF A BASE HOSPITAL TO PROVIDE MEDICAL DIRECTION, LEADERSHIP AND ADVICE IN THE PROVISION OF AMBULANCE BASED PRE-HOSPITAL CARE AT BOTH THE BASIC AND ADVANCED LIFE SUPPORT LEVEL."

The responsibilities in fulfilling this role include:

GENERAL

- a Base Hospital will provide the Director, Emergency Health Services Branch with base hospital services as set out in and delivered in accordance with the Ambulance Act, regulations and a Base Hospital Performance Agreement.
- a Base Hospital will maintain an emergency unit that is available on a 24 hour a day basis.
- in the event that ambulance workers within the designated area are approved by the Ministry of Health to perform controlled medical acts, a physician, approved to practice emergency medicine by the Board of the host hospital, will be available at all times in the emergency unit.
- the Base Hospital will designate a qualified¹ emergency physician to act as the Program Medical Director.
- where approved by the Director, Emergency Health Services Branch, the Base Hospital Program Medical Director, on behalf of the Medical Advisory Committee and Trustees or Board of Directors of the Hospital will assume responsibility for the training and certification of paramedics to deliver controlled medical acts. In addition, the Program Medical Director will be responsible for delegating such acts and ensuring the quality of such patient care rendered.

¹ Medical Director qualifications will include:

- ◆ being in full-time practice of emergency medicine and on the active staff of a hospital emergency unit, or
- ◆ be in part-time practice in emergency medicine (at least 50% of clinical practice hours) in an emergency unit, and
- ◆ hold a recognized medical specialty credential in emergency medicine (e.g. FRCPC, ABEM, CCFP(EM)), and
- ◆ is knowledgeable and experienced in supervising, training, delegating to and directing pre-hospital emergency care providers in the delivery of basic and advanced life support care emergency medical care.

- The Base Hospital Program will advise Emergency Health Services Branch of each complaint, received from any source, regarding ambulance service.
- The Base Hospital will on request from Emergency Health Services Branch or a service operator, conduct or assist in conducting a review or investigation of a complaint relating to the provision of ambulance service.
- A Base Hospital physician will, upon request from an paramedic, or in accordance with approved protocol, provide medical direction or advice consistent with current Emergency Health Services Branch (EHSB) policies and the paramedic's approved scope of practice.
- the Base Hospital will appoint program administrative staff as required within approved funding.
- the Base Hospital Program will adhere to the usual policies and procedures of the host hospital for the recruitment of Program staff.
- the Base Hospital Program will adhere to the policies of the host hospital regarding human resource documentation.
- the Base Hospital Program will have current job descriptions for each Program position.
- the Base Hospital Program will have an organizational chart which clearly depicts positional responsibilities and reporting relationships for each staff position within the Base Hospital Program.
- the Base Hospital Program will have a current policy and procedure manual for the Program.
- the Base Hospital will have a co-ordinated and co-operative working relationship with:
 - * other departments and programs within the hospital.
 - * provincially licensed ambulance services and central ambulance dispatch services within the designated geographical area.
 - * all associated and/or receiving hospitals within the designated geographical area.
 - * public safety services (fire, police, etc.) within the designated geographical area.

- * District Health Council(s) and the Area Emergency Health Services Advisory Committee within the specified geographical area.
- the Base Hospital will have a Base Hospital Utilization Committee which will meet at least twice a year for hospital staff, ambulance service operator(s), central ambulance dispatch management, Regional Office staff, paramedics, tiered/first response agencies, municipal representatives and area receiving hospitals to communicate and address issues relating to ambulance based pre-hospital patient care.
- the Base Hospital Utilization Committee will have terms of reference which are agreed to by a majority of two-thirds of the members of the Committee.

PATIENT CARE - GENERAL

The Base Hospital will:

- on request, assist ambulance service operators in the review and validation of the patient care elements of local policy and procedure manuals.
- ensure that paramedics and other ambulance workers are represented on the Base Hospital Utilization Committee to provide them the opportunity to input to program activities and to receive feedback.
- provide each service operator with assistance and information necessary for the development and implementation of the patient care components of a Continuous Quality Improvement program.
- where the patient care provided by a paramedic or other ambulance service worker does not meet the Provincial standard for patient care delivery the Base Hospital will provide the appropriate service operator with qualitative and quantitative feedback regarding the nature and type of patient care provided by the paramedic(s) and the nature of the identified patient care deficiency.

CONTROLLED MEDICAL ACTS

- the Base Hospital will ensure that prior to any expansion or change in scope of practice of paramedics in their area, or introduction of any training in an advanced life support procedure that such change is endorsed in writing by the Board of the hospital hosting the Program and by each affected ambulance service operator, and that prior written approval is received from the Director, Emergency Health Services Branch or his delegate.

- the Base Hospital will work co-operatively with and assist the service operator in:
 - * determining which paramedics will be eligible for training at the Paramedic and Advanced Paramedic levels.
 - * using a provincially standardized methodology for pre-screening candidates, including standards for minimum qualifications.
 - * utilizing a provincially standardized method for verifying applicant knowledge, skills and qualifications.
 - * implementing standardized criteria for an interview process.
- the Base Hospital will accept for advanced life support training eligible candidates provided by service operators and will ensure that an objective candidate training, evaluation and certification process is provided for each candidate.
- paramedic candidate training and certification records will be retained for a period of three years following completion of each selection competition.
- the Base Hospital will maintain and report to Emergency Health Services Branch a controlled medical act skills inventory for each paramedic employed by a licensed ambulance service operating within designated area of the Base Hospital.
- the Base Hospital Program will maintain current records of the following:
 - * evaluation process and outcome for each candidate considered for advanced life support training.
 - * training and continuing medical education for each paramedic.
 - * certification, decertification, recertification, deactivation and reactivation of each paramedic.
 - * remedial education activities for each paramedic, equipment failure and Base Hospital physician unavailability for on-line medical control, and any other unusual circumstance or occurrence.
 - * complaints relating to ambulance based prehospital care received by the Base Hospital.

- * each failure by a paramedic to adhere to controlled medical act protocols or any related patient care error or omission.
- the Base Hospital will undertake a review of compliance with controlled medical act protocols on an annual basis.
- the Base Hospital will review and ensure that training and delivery policies and procedures for controlled medical acts are consistent with provincial standards on an annual basis.
- the Base Hospital will co-operate with each service operator to ensure that the policies and procedures for controlled medical act performance does not result in service operators or their staff being in conflict with their collective agreement, EHS policy or legislated requirements.

II. "IT IS A ROLE OF THE BASE HOSPITAL TO PROVIDE, UNDER THE DIRECTION AND LEADERSHIP OF THE MINISTRY OF HEALTH, EMERGENCY HEALTH SERVICES BRANCH AND IN CO-OPERATION WITH THE AMBULANCE SERVICE OPERATORS, APPROVED TRAINING, CONTINUING MEDICAL EDUCATION AND QUALITY ASSURANCE AT THE BASIC AND ADVANCED LIFE SUPPORT LEVELS."

The responsibilities in fulfilling this role include:

GENERAL

- the host hospital will ensure that the Base Hospital Program staff are qualified to deliver such training, continuing medical education and quality assurance programs as they are approved to deliver.
- the Base Hospital where approved to do so, will deliver or assist with the delivery of provincially approved patient care training programs for ambulance based pre-hospital care paramedics.
- the Base Hospital will promote awareness of its patient care, quality assurance and continuing education responsibilities to medical and nursing staff of receiving emergency units in its geographical catchment area.
- in response to a request, the Base Hospital will, initiate, co-ordinate or assist with educational programs for paramedic ambulance workers in co-operation with the service operator and Emergency Health Services Branch.

CONTROLLED MEDICAL ACTS

- the training and certification of paramedics will occur under the supervision and responsibility of the Base Hospital Medical Director in accordance with provincial standards for content and methodology.
- the Base Hospital will develop and implement a quality assurance program for ambulance based paramedics which may include, but are not limited to the following:
 - * monitoring the delivery of controlled medical acts through chart audits, ride-outs, out-come studies and clinical experience.
 - * monitoring the functionality and effectiveness of medical equipment and supplies.

- * ensuring the maintenance of medical equipment and supplies required for the performance of controlled medical acts.
- * monitoring and maintaining controlled medical act skills maintenance programs.
- encourage an effective relationship between Base Hospital staff, receiving hospital emergency department staff and paramedics.
- the Base Hospital will deliver provincially standardized programs of continuing medical education for paramedics.
- the Base Hospital will use objective, provincially standardized criteria and format(s) to evaluate the quality of controlled medical acts provided by paramedics.
- the Base Hospital will on an annual basis conduct a minimum of one evaluation of patient care skills and delivery for each paramedic.
- the Base Hospital will provide individual feedback to each paramedic and collective service feedback respecting each service to the operator of that service regarding the findings of the patient care quality assurance program.
- the Base Hospital will evaluate the effectiveness of controlled medical act training, certification and continuing medical education programs using Emergency Health Services Branch approved methodology.
- the Base Hospital will conduct patient outcome audits on selected patients or types of medical conditions.
- the Base Hospital will undertake patient care evaluations through:
 - * conducting chart audits of ambulance calls where a controlled medical act was performed by a paramedic or where a controlled medical act was indicated but not provided.
 - * soliciting emergency physician input
 - * monitoring % of cancelled calls
 - * monitoring on-line quality assurance activities.
- the Base Hospital will comply with the certification policy for each paramedic in accordance with the nature of the approved program and provincially accepted ambulance based pre-hospital policies and protocols.

- the Base Hospital will notify the service operator within 24 hours of each instance where a paramedic has had the delegation of one or more controlled medical act recinded by the Base Hospital Medical Director.
- the Base Hospital will maintain complete records as follows:
 - * each ambulance call in which a "Controlled Medical Act" was initiated or indicated.
 - * each ambulance call or incident reviewed or audited by the Base Hospital.
 - * each training program conducted by or participated in by the Base Hospital.
 - * all patient care provider CME programs
 - * compliance with provincial certification policy
 - * minutes from meetings
 - * communications/correspondence
 - * complaints/investigations and actions taken
 - * equipment:inventory/use/training/maintenance/failure
 - * physician unavailability for on-line medical quality assurance
 - * failure of paramedics or Base Hospital Physicians to adhere to a base hospital or patient care protocol relating to ambulance based pre-hospital emergency patient care
 - * clinical errors relating to ambulance based pre-hospital care committed by paramedics or Base Hospital Physicians
- the base hospital program will have in place and maintain a health and safety program for its staff and for training activities.
- the Base Hospital will assist each service operator in establishing a health and safety program related to the provision of controlled medical acts and the use of the approved medical equipment.

III. "IT IS A ROLE OF THE BASE HOSPITAL TO PLAN FOR AND MANAGE THE FINANCIAL, STAFFING, FACILITIES AND EQUIPMENT NEEDS AND RESOURCES REQUIRED FOR ITS PROGRAM".

The responsibilities in this area will include:

CAPITAL EXPENDITURES

- capital expenditures will be approved in writing by Emergency Health Services Branch, in advance and will be supported by a business case which includes a needs analysis, options considered and cost estimates.

OPERATIONAL FUNDING

- base program funding will reflect the previous years allocation. Annual economic revisions to the base budget of a Base Hospital may be made.
- the base program budget will reflect the need for resources to provide the services requested and approved by the Ministry from the Base Hospital for the designated ambulance services.
- requests for base funding adjustment or one-time activities will be made through the Base Hospital proposal process.
- funding agreements with other agencies or organizations must have prior written approval by the Director.

FINANCIAL MANAGEMENT SYSTEM

- the Base Hospital Program will ensure that a financial management system is in place which adheres to generally accepted business and financial practices.

THE MINISTRY OF HEALTH WILL ONLY FUND BASE HOSPITAL PROGRAM EXPENSES FOR WHICH PRIOR WRITTEN APPROVAL IS GIVEN.

A) Funding

the Base Hospital will make an annual budget submission in the designated format and time frame.

each annual submission will provide details of capital and operating expenditure for the budget period.

base budgets will not be exceeded except where written approval has been given prior to the commitment of funds.

funding obtained by the Base Hospital Program from sources other than Emergency Health Service shall be reported to the Director.

B) Expenditure management and control

expenditures will be monitored regularly by the Base Hospital and limited to the amounts approved by the Ministry in each category.

variances in expenditures will be reported by the host hospital to the Regional Manager, Emergency Health Services at the time of routine financial reporting.

each expenditure will be supported by individual invoice or employee time record as approved for payment by the host hospital.

funds may only be used for the purpose that has been approved by the Ministry unless prior written approval otherwise has been received from the Ministry.

C) Accounting practices

the financial accounting program used by the host hospital for the Base Hospital Program will conform to general accounting practices, legislated standards and Ministry of Health financial policies and procedures.

a detailed accounting of each expenditure will be maintained for audit purposes. Expenditures will be shown on the relevant lines of the reporting statements.

D) Professional fees

for Base Hospital Physicians or Medical Director will be paid as approved by the Ministry of Health.

other professional fees require the prior written approval of the Ministry before a commitment of funds is made.

E) Consultation fees

may only be paid where prior written approval is received from the Ministry of Health in advance of any commitment is made to the consulting activity.

F) Report submissions

financial and operating statements, using the format approved by the Ministry of Health, will be submitted to the Emergency Health Services Branch within thirty days following the end September, and December of each fiscal year which commences on April 1st.

annual budget settlements and operational reports will be submitted within ninety days of the end of each fiscal year.

G) Records management

invoices, travel expense statements, payroll records, petty cash vouchers and other financial documents will be retained for a minimum of seven years and will be available for review by the Ministry of Health during that time.

payroll and human resources records will be maintained in accordance with hospital policies and procedures and will be available to the MOH upon request.

REPORT SUBMISSIONS

- financial and operating reports using the form and format approved by the Director will be submitted to Emergency Health Services Branch through the Regional Manager within the time period specified by the Director.
- a Base Hospital Program activity report in the form and format specified by the Director will be submitted on an annual basis to Emergency Health Services Branch through the Regional Manager.
- the Base Hospital program will notify the necessary service operator and the Director through the Regional Manager, of any change in the status of a paramedic or other ambulance service worker. These reports will include, but not be limited to:
 - * certification changes (advise within 3 working days)
 - * level of training a paramedic has received
 - * Emergency Health Services Identification Number

FACILITIES

The Base Hospital will:

- undertake or in co-operation with service operators, facilitate the provision of space for training/continuing education for paramedics.
- provide appropriate accommodations for Program staff.

EQUIPMENT AND SUPPLIES

The Base Hospital will:

- ensure provision of such items of supplies and equipment as approved by Emergency Health Services Branch and as are necessary for the delivery of each controlled medical act by paramedics in the designated geographical area.
- enter into a written agreement with each service operator regarding the supply, use and maintenance of equipment and supplies specific to the delivery of each Ministry approved controlled medical act being provided by paramedics in their service.
- maintain an inventory of supplies and equipment required for the delivery of controlled medical acts approved for delivery by the Program.
- ensure that each item of equipment required to be carried in an ambulance for the delivery of a controlled medical act by paramedics is approved for such use by the Director of Emergency Health Services Branch.
- enter into a written agreement with each service operator to ensure the operational status of equipment and availability of supplies used in the ambulance services for the delivery of a controlled medical act.²

² In the Air Ambulance program this is generally the responsibility of the Air Ambulance base or the local Base Hospital Program.

In those instances where the Base Hospital contracts responsibility for equipment maintenance to an external biomedical maintenance facility the host hospital remains responsible for the operational status of all such equipment.

PLANNING

The Base Hospital will:

- maintain a plan for ensuring that all staffing needs of the Base Hospital Program will be met on an ongoing basis.
- have a plan in place to ensure the availability of operational, administrative and clinical support services needed to sustain the Program.
- provide a health and safety program for Program staff and trainees.

ANY SUCH PLAN REQUIRING ADDITIONAL RESOURCES SHALL HAVE PRIOR WRITTEN APPROVAL FROM THE MINISTRY BEFORE COMMITTING TO AN EXPENDITURE OF SUCH RESOURCES.

IV. "IT IS A ROLE OF THE BASE HOSPITAL TO ACT AS A RESOURCE CENTRE FOR PRE-HOSPITAL CARE IN IT'S DESIGNATED GEOGRAPHICAL AREA."

The responsibilities of the Base Hospital in fulfilling this role include:

AMBULANCE BASED OPERATIONS

The Base Hospital will:

- assist a service operator in assessing present and future staff training needs.
- assist the service operator in monitoring patient care.
- monitor and evaluate the delivery of controlled acts by paramedics.
- bring to the attention of and discuss with the Regional Office and service operators any issues relating to the level and type of patient care service being offered.
- participate in the development of agreements that will determine appropriate patient destinations and transfers.
- participate in the development of tiered response agreements.
- on request from a dispatcher or ambulance crew, provide information or medical advice to CACC and paramedics regarding patient transportation or the selection of an appropriate receiving facility for specific patient needs.
- act as a resource to the CACCs and the service operators in the development of local service and dispatch policy on the transfer of emergency patients.

COMMUNITY

The Base Hospital will on request:

- assist local health planning agencies in defining the level and type of pre-hospital care service required by the community.
- act as a resource to the development and delivery of public education for EHS.
- assist local ambulance service operators and the Regional Office to ensure that the patient care **that is** being provided meets community, district and regional needs.

- act as a resource to the Ministry of Health through the Provincial Base Hospital Advisory Group on the emergency patient care skills required to meet the needs of the Province
- will assist with or facilitate communications and conflict resolution on ambulance based pre-hospital patient care issues.

RESEARCH

The Base Hospital may, with prior written approval from the Director, Emergency Health Services Branch³:

- promote and participate in research pertaining to ambulance based pre-hospital patient care procedures i.e. the benefit of a particular procedure in a particular community or patient care situation.
- promote research and field trials of procedures or equipment for ambulance based pre-hospital care and where requested by Emergency Health Services Branch participate in such research or field trials.

The Base Hospital will also:

- offer recommendations, through the Provincial Base Hospital Advisory Committee, to Emergency Health Services Branch on ambulance based pre-hospital patient care and transportation in general.

³ This article in no way limits the participation of Base Hospital physicians or other Base Hospital staff from participating in research that is done outside of the realm of the Base Hospital Program.

ROLES AND RESPONSIBILITIES OF THE ASSOCIATE BASE HOSPITAL

An Associate Base Hospital is a hospital which has been requested to and has entered into an agreement with a Base Hospital to perform specific designated duties of the Base Hospital Program. These duties must be mutually agreed upon and formalized in a written agreement.

The District Health Council should be and the Regional Office must be involved in the process of determining the role and responsibilities of an Associate Base Hospital.

Funding support to an Associate Base Hospital and all of its activities is the responsibility of the sponsoring Base Hospital.

An Associate Base Hospital is directly accountable to its sponsoring Base Hospital in all matters relating to the provision of Base Hospital services for ambulance based pre-hospital emergency patient care and transportation.

BASE HOSPITAL REVIEW PROCESS

METHODOLOGY:

The review process utilized for Base Hospitals will parallel that used for ambulance services and Central Ambulance Communications Centres. The significant features of this process are:

- Ministry of Health developed criteria with base hospital input.
- peer focused by including base hospital staff from other centres on review team.
- measurable, results orientated objectives that relate to base hospital contract.

FREQUENCY OF BASE HOSPITAL REVIEW

The intent of the program is that all Base Hospitals will be reviewed by the Ministry of Health once every five years as part of the continuous quality improvement program for Base Hospitals programs.

Additional reviews of an individual base hospital program might be conducted if:

- recurrent problems or inadequacies are identified in the Program by the Ministry.
- a proposal for expansion or change is considered.
- a Base Hospital review identifies major Program deficiencies which require a follow-up review.

NOTICE OF REVIEW

The Base Hospital will be provided with ninety days notice.

REVIEW TEAM COMPOSITION

Ministry of Health staff from:

Emergency Health Programs Section staff
A peer Base Hospital Program Director
A peer Base Hospital Medical Director

REVIEW CRITERIA

The criteria for the review are based on the Roles and Responsibilities document and the individual contract for each base hospital.

DOCUMENTATION REVIEW

Ministry files relating to the Base Hospital program containing documentation and correspondence will be reviewed by the team leader. The team is then briefed on the content of the files to familiarize them with the Base Hospital and assist them in preparing and conducting the field visit and interviews. Additional materials will be reviewed during the course of the field visit to validate data gathered through the interview and observation phases.

The team leader will be responsible for:

- identifying files and documents reviewed and by whom,
- identifying files, correspondence, documents, etc. copied and retained as part of the working documents.

Team members will be responsible for recording details from the documentation review.

INTERVIEWS

Input is valued from all levels within a base hospital program and from all agencies regularly interacting with the base hospital. Information will be gathered from service operators, receiving hospitals, CACCs, paramedics, DHCs and others outside of the Base Hospital Program.

FIELD OBSERVATIONS

Field observations may include:

- ◆ visits with paramedics
- ◆ Emergency Unit observations
- ◆ radio-telephone patch review
- ◆ documentation-chart audit reviews

ANALYSIS OF DATA

The review will be completed based on the information obtained from the interviews, documentation review and field observations.

REPORTING

A draft report is prepared and presented to the Base Hospital to verify the information gathered throughout the course of the review. This allows the Base Hospital an opportunity to provide comments on the findings and these comments will be considered when preparing the final report.

Once the comments have been reviewed and any necessary revisions are made, the conclusions will be formulated. At this time final recommendations will be developed and included in the final report.