

Application for Base Station Designation/Re-Designation
General Information and Instructions



Maryland Institute for
Emergency Medical Services Systems

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1 General Information and Instructions

1.1 Authorization

Base station designations are approved and reviewed under the regulations set forth in COMAR 30.03.06. These regulations provide, among other things, for site visits by MIEMSS and consultation with officials who are likely to use the base station.

1.2 Objectives

The Base Station site review accomplishes three objectives. First, communication and site visits increase MIEMSS contact with EMS base station staff. Second, site visits allow MIEMSS to assess the application of EMS base station course training. Third, this process evaluates the initial point of contact between EMS clinicians and hospital-based specialty referral centers.

1.3 Requirements

1.3.1 Compliance

Compliance with the requirements in COMAR 30.03.06 will be assessed through application/self-assessment review and a hybrid virtual/on-site visit. The application/self-assessment review and the on-site visit will verify the EMS base station program is organized, staffed and resourced in compliance with COMAR 30.03.06. Surveyors will evaluate the program's ongoing management and results. The Surveyors findings will result in constructive feedback and a designation determination.

1.3.2 Work Breakdown

Application Documentation

The Base Station Application consists of two distinct elements. The first is the signed Base Station Application Hospital Approval document available on the [Base Station page of the MIEMSS website](#). This must be uploaded as part of the second piece, the [online application form](#), which includes any required supporting documentation.

Questions arising during the application review will be directed to the individual identified as the application point of contact.

Application Review

MIEMSS' staff will examine all Application Packages to determine completeness and compliance with regulation specifications. All applications must be completed in accordance with the instructions set forth in this package and all information must be provided in its entirety prior to the submission deadline date. No suppositions will be made relative to missing information or to the applicant's failure to provide a complete application package. Therefore, applicants must provide a response to all questions set forth in these instructions.

If MIEMSS staff upon their initial review determines the application to be incomplete, the applicant will have an opportunity to provide information or missing documentation to complete their application. The applicant may subsequently return the amended application package to MIEMSS within seven (7) days of notification of the incomplete application. Any application can be denied if it is determined to be incomplete or if it deviates from the criteria in COMAR 30.03.06 or from the requirements contained herein. MIEMSS may deny an application that fails to demonstrate that it meet the requirements pursuant to COMAR 0.03.06.06.

All materials submitted by an applicant with their application package shall become the property of MIEMSS and shall be subject to applicable laws and regulations.

Each applicant must complete both parts and submit the entire electronic copy of the completed application with required signatures clearly identified as the original and all supporting documents in Microsoft Word or Adobe Acrobat (pdf) to MIEMSS via the MIEMSS Base Station Portal listed above.

All Application Packages submitted to MIEMSS become final, effective with the announced submission deadline date. Applicants will not be permitted to make adjustments or modifications to an Application Package after the effective deadline date. Applications and support documentation may be modified or exchanged prior to the deadline date.

MIEMSS

MIEMSS offices involved include the Division of EMS Preparedness and Response, Regional Coordinator, Regional Medical Director, Office of the Medical Director (OMD), and Office of Hospital Programs (OHP).

1.4 Designation Determination

MIEMSS will provide a written summary report and designation determination following each survey. Base Stations receiving less than a full 5-year designation or re-designation have the right to appeal under COMAR 30.03.06.07.

2 Evaluation of Compliance

The following sections address base station requirements. Each section opens with the applicable COMAR standard (bold italicized). The standard is followed by the performance objective(s). The number shown in parenthesis () corresponds to the line number in the *EMS Base Station Site Survey Tool*.

The applicant hospital will provide a narrative description of how it addresses each performance objective.

A list of resources available to assist hospitals in meeting the performance objectives is included under section 3.

30.03.06.02 Base Stations in General

A. *Be a unit of a licensed hospital.*

Standard (1): The base station shall be part of a facility that is licensed by the Maryland Department of Health (MDH). Identify the MDH-licensed facility in which the Base Station is located and the physical location of the base station within that facility.

B. *Operate 24 hours a day.*

Standard (2): Describe the hours of operation of the base station.

C. *Have communications equipment as required by MIEMSS to provide necessary communications with ambulances and MIEMSS.*

Standard (3, 4): All required communication equipment is present and all staff that will be using the equipment is familiar with its operation. The required MIEMSS communication equipment is: MEMRAD, Consult radio/telephone with voice recording capability, and a DEMSTEL, as equipped.

D. *In collaboration with MIEMSS, maintain all MIEMSS required communications equipment in working order, including; (1) EMRC Radio with voice recorder; and (2) DEMSTEL telephone where deployed.*

Standard (5): All MIEMSS communication equipment is in working order. Explain the process for testing and/or checking equipment on a routine basis and the system that is in place to report maintenance issues to MIEMSS.

E. *Monitor and provide timely response to MEMRAD.*

Standard (6): MEMRAD must be monitored 24 hours per day and responses to requests timely completed. Explain who monitors MEMRAD and how request are handled. Explain the process to ensure that passwords to the system are secure.

E-1. *Provide admission/discharge/transfer messages to MIEMSS through the State-Designated Health Information Exchange.*

Standard (7): The facility participates in and provides timely patient information data entry into the current State Designated Health Information Exchange (CRISP).

F. *Develop and implement a process to ensure utilization of State standardized and approved quality improvement/quality review tools and retain reviewed records for 5 years.*

Standard (8): Consult audits must be completed using a MIEMSS-approved form. This may be done using either the MIEMSS-supplied form, or a form developed by your organization that has been approved by the State EMS Medical Director. Additional methods should be available for EMS clinicians to report concerns or report feedback to the hospital.

G. *Have a designated EMS space with computer, and internet connectivity suitable for EMS clinician eMEDS® reporting.*

Standard (9): EMS clinicians shall have an accessible area that has a computer with internet or the ability to connect to a WIFI allowing the completion of an eMEDS®.

- H. Participate in and provide clinical sites for training EMS personnel under a current memorandum of understanding with one or more EMS academies, educational institutions, or EMS Operational Programs, and maintain documentation of EMS participation.**

Standard (10, 11): The base station shall have a signed and dated MOU with at least one participating EMS agency to allow for training of EMS clinicians. The training should allow for skills and advanced procedures under the supervision of hospital emergency department staff (Physician, NP, PA, or RN). Documentation should be maintained tracking which students have completed training as well as the dates/times of that training. A list of skills for each level of licensure/certification (i.e.: EMR, EMT, CRT-I, Paramedic) and medications that are allowed should be clearly documented for both student and staff.

- I. Receive from the EMS personnel at time of hand off either the completed eMEDS® report on the Hospital Dashboard or MIEMSS standardized and approved short form.**

Standard (12): Emergency Department staff shall ensure that a MIEMSS-approved short form or a completed eMEDS® report is left at patient hand off and prior to the EMS unit clearing the hospital.

- J. Include in the patient's hospital medical record the downloaded eMEDS® patient care report forms from the eMEDS® Hospital Dashboard/Hub and, when used, the MIEMSS standardized and approved short forms.**

Standard (13): All patients received from EMS (Public Safety and Commercial) shall have a completed eMEDS® report attached to the patient's medical record. A random patient chart audit will be completed for current and past years to document compliance. If eMEDS® reports were not turned in by EMS, clear documentation between the base station and the Operational Program should be maintained to show attempts to retrieve those reports.

- K. Develop and implement a process for linking the MIEMSS-approved Prehospital Consultation/Interventions Radio Report Forms to the radio consult and for incorporating the forms into the hospital patient medical record.**

Standard (14): The radio reporting form must be either the MIEMSS-approved form or an alternate form approved by the State EMS Medical Director). The approved template is available from the MIEMSS website. If an alternate radio reporting form is approved, an approval letter from the Office of the Medical Director must be submitted with the application package. A clear process should be in place for labeling and attaching the consult form to the patient medical record. A process should also be in place that addresses consult forms that are not clearly identified or that resulted in no patient being transported to that facility.

30.03.06.03 Personnel

- A. Base Station Medical Director. The Base Station Medical Director shall be a licensed Maryland physician authorized to provide online medical direction who has been appointed by the hospital pursuant to a written job description.**

Standard (15): The Base Station Medical Director shall have an official job description on file as part of official hospital policy. This job description should identify the date that it went into effect and the major job functions of that position.

- B. Base Station Coordinator. The Base Station Coordinator shall be a licensed Maryland registered nurse authorized to participate in online medical direction who has been appointed by the hospital pursuant to a written job description.**

Standard (16): The Base Station Coordinator shall have an official job description on file as part of official hospital policy. This job description should identify the date that it went into effect and the major job functions of that position.

- C. Physician Authorized to Provide Online Medical Direction. A physician authorized to provide online medical direction shall: (1) Be licensed or otherwise authorized to practice medicine in Maryland; (2) Be Board certified or Board eligible in a specialty approved by the American Board of Medical Specialties appropriate for a base station; (3) Have successfully completed a MIEMSS-approved base station course with a minimum score of 80 percent; and (4) Annually complete a Maryland Medical Protocols for Emergency Medical Services update by July 1 of each year.**

Standard (17, 18, 19, and 20): (1) All physicians that provide online medical direction must be licensed to practice medicine in Maryland and certified by one of the following: (a) American Board of Emergency Medicine in Emergency Medicine or Emergency Medical Services, (b) American Board of Internal Medicine, (c) American Board of Family Medicine, or (d) American Board of Pediatrics. Each must have satisfactorily completed a base station course prior to providing online medical direction and have completed the *Maryland Medical Protocols for Emergency Medical Services* by July 1 of each year. This information should be tracked on a spreadsheet (or other easily available source) to include the Date of Initial Hire, Date of Base Station Course completion, Date of Annual protocol completion, and documentation if not completed (i.e. Leave of absence, FMLA, Etc.).

- D. A licensed registered nurse, a physician assistant or a nurse practitioner authorized to participate in online medical direction at a base station under the direct supervision of a licensed physician shall: (1) Be licensed as a registered nurse, a physician assistant or a nurse practitioner in Maryland (2) Have successfully completed a MIEMSS-approved base station course with a minimum score of 80 percent; and (3) Annually complete a Maryland Medical Protocols for Emergency Medical Services update by July 1 of each year.**

Standard (21): A nurse, PA, or NP that is providing online medical direction under supervision of a physician must be licensed in Maryland. They must have satisfactorily completed a base station course prior to providing online medical direction and have completed the *Maryland Medical Protocols for Emergency Medical Services Update for Base Stations* by July 1 of each

year. This information should be tracked on a spreadsheet (or other easily available source) to include the Date of Initial Hire, Date of Base Station Course completion, Date of Annual protocol completion, and documentation if not completed (i.e. Leave of absence, FMLA, Etc.).

- E. A physician resident or fellow authorized to participate in online medical direction at a base station under the direct supervision of a licensed physician authorized to provide medical direction shall: (1) Be a licensed Maryland physician (2) Have successfully completed a MIEMSS-approved base station course with a minimum score of 80 percent; and (3) Annually complete a Maryland Medical Protocols for Emergency Medical Services update by July 1 of each year.**

Standard (22): Any resident or fellow that is providing online medical direction under the supervision of a physician that is authorized to provide direction must be licensed in Maryland. They must have satisfactorily completed a base station course prior to providing online medical direction and have completed the *Maryland Medical Protocols for Emergency Medical Services Update for Base Stations* by July 1 of each year. This information should be tracked on a spreadsheet (or other easily available source) to include the Date of Initial Hire, Date of Base Station Course completion, Date of Annual protocol completion, and documentation if not completed (i.e. Leave of absence, FMLA, Etc.).

30.03.06.04 Online Medical Direction

- A. Online medical direction as required in the Maryland Medical Protocols for Emergency Medical Services shall be: (1) Given directly by a physician authorized to provide medical direction; or (2) Given directly by a resident or fellow under the direct supervision of a physician authorized to provide medical direction; or (3) Relayed from a physician authorized to provide medical direction through a registered nurse, a physician assistant, or a nurse practitioner authorized to participate in medical direction.**

Standard (23): Individuals authorized to provide online direction must be either a physician or a Nurse, PA, or NP who provide medical direction under the supervision of a physician.

- B. The Base Station Medical Director and Base Station Coordinator shall participate in and attend a combined minimum of 50 percent of the scheduled MIEMSS Regional Council meetings.**

Standard (24): The Medical Director and/or Base Station Coordinator shall be active participants in the Regional Council Meetings. Meeting minutes should be provided as documentation of attendance.

- C. All personnel providing online medical direction and all EMS clinicians shall ensure that online communications are understood by speaking: (1) Slowly; (2) Clearly; and (3) At a proper volume to be heard.**

Standard (25): The base station coordinator shall ensure that all communications are at an acceptable quality. Any concerns should be addressed with the source (i.e. Jurisdictional officials, MIEMSS, ED Staff, etc.).

30.03.06.05 Quality Improvement

- A. The hospital of which the base station is a unit, or the free standing emergency center if the base station is within a free standing emergency center, shall: (1) Monitor and participate in MEMRAD; (2) Monitor their utilization of CHATS alerts; and (3) Participate in mitigation strategies to improve systems efficiencies and patient safety.**

Standard (26): Verify that MEMRAD is being monitored and that requests are being responded to in a timely fashion.

Standard (27, 28): The hospital must evaluate its CHATS alerts and work on mitigation strategies to improve throughput within the facility and hospital staff should work to resolve delays in the transfer of care from EMS to ED staff.

- B. The base station director and base station coordinator shall:**

- 1. Assure that online medical direction and consultation provided by the base station is: (a) Timely; (b) Appropriate; and (c) Otherwise consistent with Maryland Medical Protocols for Emergency Medical Services.**

Standard (29): Medical consults should be reviewed and tracked. Documentation should include the basic reason for consult (refusal, medication request/order, destination request, etc.) as well as a basic disposition to ensure that the reason for consult was appropriate.

- 2. Assure the MIEMSS approved Prehospital Consultation/Interventions Radio Report Forms are complete, signed and linked to the patient record through a patient identifier.**

Standard (30): All consults forms shall be completed in full and signed by the person that completed the consult. These documents shall also be identified using the system in place by that ED to track patient records and this report should be included as a part of the official patient record. All Priority 1 consult forms should be signed by a physician.

- 3. Develop and implement a process which facilitates monthly quality assurance/quality improvement review of EMS consults which: (a) Reviews all priority one/critical patient consults and select lower priority consults for a minimum of 30 consults per month; (b) Allows for ongoing documentation of tracking, trending, loop closure, and retention of Quality Assurance/Quality Improvement review findings for 5 years; (c) Notifies EMS operational programs upon discovery of patient care, quality or protocol variance issues involving EMS clinicians or the EMS system; (d) Notifies EMS operational program and MIEMSS Office of the State Medical Director upon discovery of conduct that is specifically prohibited under the requirements of COMAR 30.02.04.01; (e) Monitors hospital's response rates to MEMRAD notifications and alerts; (f) Participates in local, regional, and State EMS quality improvement activities; (g) Provides patient follow-up data as required by MIEMSS for public health oversight purposes to determine the appropriateness and outcome of EMS Care for: (i)**

Inpatients; and (ii) Outpatients; and (iii) Reports as required by MIEMSS for quality assurance and performance improvement purposes.

Standard (a) (31): A minimum of 30 priority one (1) consults shall be reviewed monthly. If the base station does not have 30 priority 1 consults, lower priority consults may be substituted to reach a minimum of 30.

Standard (b) (32): A tracking and trending process should be used to track all occurrences (i.e. Excel spreadsheet). The documentation should include all information needed to accurately track the occurrence and verify loop closure. This documentation should also allow for trending of occurrences to use for Quality Improvement and be maintained for 5 years.

Standard (c) (33): The base station should have an established format to make contact with the appropriate people at all the Public Safety and Commercial EMS Programs that utilize their facility and maintain a documented process to track when notifications are made for occurrences.

Standard (d) (34): All base station personnel should be familiar with [MIEMSS prohibited conduct regulation](#).

The base station has an established process or policy to ensure that proper notification is made to State EMS Medical Director when documented prohibited conduct occurs.

Standard (e) (35): A method should be in place to monitor the compliance with MEMRAD alerts and strategies developed to ensure that they are answered in a timely fashion.

Standard (f) (36): Discuss tools and plans used to improve EMS care at the local, regional, and state levels. Discuss any ongoing research or trial programs in place at any of these levels that may improve patient outcomes.

Standard (g) (37): Have a method in place to ensure that all requests for follow-up data regarding patient outcomes is completed in a timely manner and all reports and surveys required by MIEMSS are completed as requested.

3 Resources

Questions on the Base Station Application process should be forwarded to your Regional Coordinator. Their [contact information](#) is available on our website.

[Base Station Resources](#) can also be found on our website.