SAN MATEO COUNTY HEALTH
EMERGENCY MEDICAL SERVICES

| EMS POLICY | 405 |
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| Effective: | **April 2025** |
| Approval: EMS Director **Travis Kusman, MPH** | Signed: |
| Approval: EMS Medical Director **Greg Gilbert, MD** | Signed: |

# BASE HOSPITAL AND RECEIVING CENTER REPORTS

## I. PURPOSE

This policy establishes guidelines for essential communication between prehospital providers and receiving facilities. These guidelines pertain to communication prior to arrival at an approved receiving hospital, during communication with the Base Hospital, and during patient care turn over.

## II. AUTHORITY

California Health and Safety Code Division 2.5, §1797.200, 1798; California Code of Regulations, Title 22, Division 9, §100096.03

## III. DEFINITIONS

Advanced Life Support ("ALS") Ambulance [or "Paramedic Ambulance"]: An ambulance authorized by LEMSA to provide ALS emergency services within San Mateo County.

Advanced Life Support ("ALS") First Responder Unit ("FRU"): A first responder unit authorized by LEMSA to provide ALS emergency services within San Mateo County.

Base Hospital: A hospital authorized by LEMSA to provide online physician medical control to prehospital providers. A Base Hospital can provide basic and advanced life support medical direction.

Electronic Health Record ("EHR"): The official and legal patient care record completed by EMS personnel. Formerly referred to as ePCR.

Emergency Medical Services Agency ("LEMSA") [or "Agency"]: The San Mateo County EMS Agency is designated as the Local Emergency Medical Services Agency (LEMSA) and is statutorily charged with primary responsibility for administration and medical control of emergency medical services in San Mateo County.

## IV. POLICY

A. The paramedic with the most comprehensive knowledge of the patient's complaint and current condition will communicate with the receiving hospital or Base Hospital. This will usually be the provider with primary patient care responsibility. During multi-patient events, this should be the Medical Communication Coordinator, Transportation Unit Leader, or other designee of the Incident Commander.

B. Receiving hospital reports, including Base Hospital contact shall be provided at the earliest possible opportunity as they support the receiving hospital in preparing the appropriate bed, equipment, and personnel to promptly and definitively care for the needs of the patient.

C. There are many different formats for giving report including SOAP, SAMPLE, MIVT and SBAR. This policy addresses the minimum acceptable information to be communicated, regardless of the report format utilized.

D. When possible, it is important to keep pre-arrival reports brief and concise, stating early the reason for your contact with the Base Hospital (e.g., medical direction or report).

## V. PROCEDURE

A. EMS Providers shall:

1. Utilize Stanford Health Care exclusively as the Base Hospital except for trauma patients originating in the Northern part of the County which are destined for Zuckerberg San Francisco General ("ZSFG"); and

2. Utilize the phone as the primary method of contacting the Base Hospital; and

**Stanford Base Hospital Physician Medical Control**
Physician consult for adult patients: (650) 497-4802
Physician consult for pediatric patients: (650) 723-5032
Reports/Ringdown: (650) 723-7337

**ZSFG Physician Medical Control**
Physician consult for trauma patients (415) 647-4747
Reports/ Ringdown: (628) 206-9600

3. Radios should only be used when not able to access the Base Hospital via phone with adequate signal stability, or if radio communication is the safest or most timely method of communication given conditions at the scene and/ or during transport.

B. EMS Providers will identify what type of Base Hospital direction is needed (e.g., pronouncement, high-risk AMA consult, medication orders, or trauma consult) early in the report, which will be followed by a well-organized and concise problem-oriented report.

Suggested script:

*"Good morning, Stanford. This is San Mateo County [Unit #] I'm looking for a [pronouncement, medication order, trauma consult, high-risk AMA guidance, deviation from protocol but within local scope of practice]. We are at scene with a patient with a chief complaint of full arrest. Break*

*We were called to the scene of a private residence (or other scene) where we encountered a [AGE] [PRIMARY LANGUAGE SPOKEN] [MALE/ FEMALE] in [STATE CHIEF COMPLAINT]. Upon our arrival, we found the patient lying on the floor with CPR being performed by the family. Cardiac monitor showed PEA. Break*

Standard prehospital report components include:

a. Agency;
b. Name and Paramedic license # of person seeking orders;
c. Request for consultation/orders needed (state the reason for calling: Med request/ pronouncement/ triage out of trauma System/ AMA or Refusal);
d. Patient age;
e. Patient gender;
f. Primary language spoken by patient;
g. History of Incident/ HPI;
h. Trauma Triage Criteria met (if applicable);
i. Vital signs to include: Blood pressure, pulse, respirations, pulse oximetry, GCS, $EtCO_2$, if indicated;
j. Treatment rendered;
k. Primary survey (LOC, skin signs, etc.);
l. Secondary physical exam;
m. Past medical history;
n. Medications/ allergies; and
o. Estimated transport time to ED;

C. EMS providers will repeat back any orders received and document all medical direction provided in the EHR. Documentation shall include the name of the physician giving the order(s). Additionally, pronouncement order documentation shall include the time of death.

D. Prehospital providers will engage with their clinical supervisor in addressing quality improvement opportunities. Sentinel and/ or unusual events shall be reported to the LEMSA in accordance with 523 – EMS Event Reporting.