



Emergency Medical Services (EMS) Systems
Emergency Medical Dispatch Agency
Letter of Commitment

Resource Hospital Name Memorial Medical Center

Mailing Address 701 N 1st St

City Springfield State Illinois ZIP Code 62781

EMD Agency Name Cass County E911 Agency Number 03 3004EMDA

EMS System Memorial EMDPRS Program Used Medical Priorities

Emergency Contact Name Victoria DeFord

Cell Phone 217-452-7187 (W) E-mail Address casscoe911@casscomm.com

This letter shall serve as a commitment by as a Participating EMD Provider in .

As outlined in 77 Ill Adm. 515.710 of the EMS rules and regulations, commits to continuous compliance with all applicable provisions of the EMS Act and Code, including the following:

- To use the emergency medical dispatch priority reference system that complies with this Section and is approved by the EMS Medical Director on every request for medical assistance; and
- To establish a continuous quality improvement (CQI) program under the approval and supervision of the EMS Medical Director. The CQI program (attached) includes, at a minimum, the following minimum requirements:
 - Identification of EMD compliance with the EMS Medical Director approved protocol(s) that include random case review(s) and regular constructive feedback of performance results to all EMDs.
- In addition, agrees to submit all CQI reports to the Department upon request; and
- Agrees to comply with the confidentiality provisions of the Medical Studies Act [735 ILCS 5/8-2101].

Attached is an Employee Roster with name, Illinois EMS License, and expiration date of all of our Emergency Medical Dispatchers.

Attached is a list of entities provides telecommunications for, such as any Sheriff, Police and Fire Departments, EMS Ambulance Providers, and First Responders.

Victoria DeFord

Emergency Medical Dispatch Agency Representative (Print/Type Name)

verbal Victoria DeFord
Emergency Medical Dispatch Agency Representative Signature

9/28/23
Date



State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems
**Emergency Medical Dispatch Agency
Letter of Commitment**

Resource Hospital Name Springfield Memorial Hospital

Mailing Address 701 N. First St.

City Springfield

State Illinois

ZIP Code 62781

EMD Agency Name Christian County Sheriff's Office

Agency Number _____

EMS System Memorial EMS

EMDPRS Program Used Power Phone

Emergency Contact Name Kimberly Curl

Cell Phone 217-825-1884

E-mail Address kcurl@christiancountysheriff.com

This letter shall serve as a commitment by Christian County Sheriff's Office as a Participating EMD Provider in Memorial EMS.

As outlined in 77 Ill Adm. 515.710 of the EMS rules and regulations, Christian County Sheriff's Office commits to continuous compliance with all applicable provisions of the EMS Act and Code, including the following:

- To use the emergency medical dispatch priority reference system Power Phone that complies with this Section and is approved by the EMS Medical Director on every request for medical assistance; and
- To establish a continuous quality improvement (CQI) program under the approval and supervision of the EMS Medical Director. The CQI program (attached) includes, at a minimum, the following minimum requirements:
 - Identification of EMD compliance with the EMS Medical Director approved protocol(s) that include random case review(s) and regular constructive feedback of performance results to all EMDs.
- In addition, Christian County Sheriff's Office agrees to submit all CQI reports to the Department upon request; and
- Agrees to comply with the confidentiality provisions of the Medical Studies Act [735 ILCS 5/8-2101].

Attached is an Employee Roster with name, Illinois EMS License, and expiration date of all of our Emergency Medical Dispatchers.

Attached is a list of entities Christian County Sheriff's Office provides telecommunications for, such as any Sheriff, Police and Fire Departments, EMS Ambulance Providers, and First Responders.

Kimberly Curl

Emergency Medical Dispatch Agency Representative (Print/Type Name)

Verbal - Kimberly Curl
Emergency Medical Dispatch Agency Representative Signature

10/16/2023

Date



Emergency Medical Services (EMS) Systems
**Emergency Medical Dispatch Agency
Letter of Commitment**

Resource Hospital Name Memorial Medical

Mailing Address 911 Pekin St

City Lincoln State IL ZIP Code 62656

EMD Agency Name Logan Dispatch Agency Number 03 1322EMDA

EMS System Memorial Medical System EMDPRS Program Used Priority Dispatch ProQA

Emergency Contact Name Rebecca Langley

Cell Phone 217-732-3911 E-mail Address blangley@logancountyil.gov

This letter shall serve as a commitment by Logan Dispatch as a Participating EMD Provider in Memorial Medical System.

As outlined in 77 Ill Adm. 515.710 of the EMS rules and regulations, Logan Dispatch commits to continuous compliance with all applicable provisions of the EMS Act and Code, including the following:

- To use the emergency medical dispatch priority reference system Priority Dispatch ProQA that complies with this Section and is approved by the EMS Medical Director on every request for medical assistance; and
- To establish a continuous quality improvement (CQI) program under the approval and supervision of the EMS Medical Director. The CQI program (attached) includes, at a minimum, the following minimum requirements:
 - Identification of EMD compliance with the EMS Medical Director approved protocol(s) that include random case review(s) and regular constructive feedback of performance results to all EMDs.
- In addition, Logan Dispatch agrees to submit all CQI reports to the Department upon request; and
- Agrees to comply with the confidentiality provisions of the Medical Studies Act [735 ILCS 5/8-2101].

Attached is an Employee Roster with name, Illinois EMS License, and expiration date of all of our Emergency Medical Dispatchers.

Attached is a list of entities Logan Dispatch provides telecommunications for, such as any Sheriff, Police and Fire Departments, EMS Ambulance Providers, and First Responders.

Rebecca Langley

Emergency Medical Dispatch Agency Representative (Print/Type Name)


Emergency Medical Dispatch Agency Representative Signature

08/24/2023

Date



State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems
**Emergency Medical Dispatch Agency
Letter of Commitment**

Resource Hospital Name Memorial Medical Center

Mailing Address 215 S East St

City Carlinville State Illinois ZIP Code 62626

EMD Agency Name Macoupin County Sheriff's Office Agency Number 3003EMDA

EMS System Memorial Medical Center EMDPRS Program Used Priority Dispatch - ProQA

Emergency Contact Name Quinn Reiher

Cell Phone 217-556-8948 E-mail Address quinn.reiher@macoupincountyil.gov

This letter shall serve as a commitment by Macoupin County Sheriff's Office as a Participating EMD Provider in Memorial Medical Center .

As outlined in 77 Ill Adm. 515.710 of the EMS rules and regulations, Macoupin County Sheriff's Office commits to continuous compliance with all applicable provisions of the EMS Act and Code, including the following:

- To use the emergency medical dispatch priority reference system Priority Dispatch - ProQA that complies with this Section and is approved by the EMS Medical Director on every request for medical assistance; and
- To establish a continuous quality improvement (CQI) program under the approval and supervision of the EMS Medical Director. The CQI program (attached) includes, at a minimum, the following minimum requirements:
 - o Identification of EMD compliance with the EMS Medical Director approved protocol(s) that include random case review(s) and regular constructive feedback of performance results to all EMDs.
- In addition, Macoupin County Sheriff's Office agrees to submit all CQI reports to the Department upon request; and
- Agrees to comply with the confidentiality provisions of the Medical Studies Act [735 ILCS 5/8-2101].

Attached is an Employee Roster with name, Illinois EMS License, and expiration date of all of our Emergency Medical Dispatchers.

Attached is a list of entities Macoupin County Sheriff's Office provides telecommunications for, such as any Sheriff, Police and Fire Departments, EMS Ambulance Providers, and First Responders.

Quinn Reiher Chief Deputy

Emergency Medical Dispatch Agency Representative (Print/Type Name)

Emergency Medical Dispatch Agency Representative Signature

8/28/2023

Date



Emergency Medical Services (EMS) Systems
Emergency Medical Dispatch Agency
Letter of Commitment

Resource Hospital Name Springfield Memorial Hospital

Mailing Address 700 N. First

City Springfield State Illinois ZIP Code 62781

EMD Agency Name Menard County 911 Agency Number 03 3000 EMDA

EMS System Memorial EMS EMDPRS Program Used Priority Dispatch

Emergency Contact Name Jason Huffman

Cell Phone 217-971-3568 E-mail Address jhuffman@co.menard.il.us

This letter shall serve as a commitment by as a Participating EMD Provider in .

As outlined in 77 Ill Adm. 515.710 of the EMS rules and regulations, commits to continuous compliance with all applicable provisions of the EMS Act and Code, including the following:

- To use the emergency medical dispatch priority reference system that complies with this Section and is approved by the EMS Medical Director on every request for medical assistance; and
- To establish a continuous quality improvement (CQI) program under the approval and supervision of the EMS Medical Director. The CQI program (attached) includes, at a minimum, the following minimum requirements:
 - Identification of EMD compliance with the EMS Medical Director approved protocol(s) that include random case review(s) and regular constructive feedback of performance results to all EMDs.
- In addition, agrees to submit all CQI reports to the Department upon request; and
- Agrees to comply with the confidentiality provisions of the Medical Studies Act [735 ILCS 5/8-2101].

Attached is an Employee Roster with name, Illinois EMS License, and expiration date of all of our Emergency Medical Dispatchers.

Attached is a list of entities provides telecommunications for, such as any Sheriff, Police and Fire Departments, EMS Ambulance Providers, and First Responders.

JASON HUFFMAN

Emergency Medical Dispatch Agency Representative (Print/Type Name)

Jason Huffman

Emergency Medical Dispatch Agency Representative Signature

10-20-23

Date



State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems
**Emergency Medical Dispatch Agency
Letter of Commitment**

Resource Hospital Name Memorial Hospital
Mailing Address 701 North First Street
City Springfield State ILLINOIS ZIP Code 62781
EMD Agency Name Scott County E-911 Agency Number 0327
EMS System Memorial Health EMDPRS Program Used PROQA
Emergency Contact Name William Walquist
Cell Phone 217-502-0773 E-mail Address 911@SCOTTCOIL.GOV

This letter shall serve as a commitment by as a Participating EMD Provider in .

As outlined in 77 Ill Adm. 515.710 of the EMS rules and regulations, commits to continuous compliance with all applicable provisions of the EMS Act and Code, including the following:

- To use the emergency medical dispatch priority reference system that complies with this Section and is approved by the EMS Medical Director on every request for medical assistance; and
- To establish a continuous quality improvement (CQI) program under the approval and supervision of the EMS Medical Director. The CQI program (attached) includes, at a minimum, the following minimum requirements:
 - Identification of EMD compliance with the EMS Medical Director approved protocol(s) that include random case review(s) and regular constructive feedback of performance results to all EMDs.
- In addition, agrees to submit all CQI reports to the Department upon request; and
- Agrees to comply with the confidentiality provisions of the Medical Studies Act [735 ILCS 5/8-2101].

Attached is an Employee Roster with name, Illinois EMS License, and expiration date of all of our Emergency Medical Dispatchers.

Attached is a list of entities provides telecommunications for, such as any Sheriff, Police and Fire Departments, EMS Ambulance Providers, and First Responders.

William Walquist

Emergency Medical Dispatch Agency Representative (Print/Type Name)

William Walquist

Emergency Medical Dispatch Agency Representative Signature

8/30/2023

Date



State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems
**Emergency Medical Dispatch Agency
Letter of Commitment**

Resource Hospital Name Memorial Medical Center
Mailing Address 701 N 1st Street
City Springfield State IL ZIP Code 62781
EMD Agency Name West Central Joint ETSB Agency Number _____
EMS System Memorial Medical Center 0327 EMDPRS Program Used Priority Dispatch
Emergency Contact Name Phil McCarty
Cell Phone 217-473-6525 E-mail Address pmccarty@jacksonvilleil.gov

This letter shall serve as a commitment by West Central Joint ETSB as a Participating EMD Provider in Memorial Medical Center 0327.

As outlined in 77 Ill Adm. 515.710 of the EMS rules and regulations, West Central Joint ETSB commits to continuous compliance with all applicable provisions of the EMS Act and Code, including the following:

- To use the emergency medical dispatch priority reference system Priority Dispatch that complies with this Section and is approved by the EMS Medical Director on every request for medical assistance; and
- To establish a continuous quality improvement (CQI) program under the approval and supervision of the EMS Medical Director. The CQI program (attached) includes, at a minimum, the following minimum requirements:
 - Identification of EMD compliance with the EMS Medical Director approved protocol(s) that include random case review(s) and regular constructive feedback of performance results to all EMDs.
- In addition, West Central Joint ETSB agrees to submit all CQI reports to the Department upon request; and
- Agrees to comply with the confidentiality provisions of the Medical Studies Act [735 ILCS 5/8-2101].

Attached is an Employee Roster with name, Illinois EMS License, and expiration date of all of our Emergency Medical Dispatchers.

Attached is a list of entities West Central Joint ETSB provides telecommunications for, such as any Sheriff, Police and Fire Departments, EMS Ambulance Providers, and First Responders.

Phil McCarty, West Central Joint ETSB Director

Emergency Medical Dispatch Agency Representative (Print/Type Name)

verball - Phil McCarty
Emergency Medical Dispatch Agency Representative Signature

4-15-24
Date