



Emergency Medical Services (EMS) Systems
**Participating Hospital
Letter of Commitment**

Resource Hospital Name Springfield Memorial Hospital (formerly Memorial Medical Center)

Mailing Address 701 N 1st Street

City Springfield State Illinois ZIP Code 62781

Participating Hospital Name Carlinville Area Hospital & Clinics

EMS System Name Memorial EMS

Emergency Contact Name and Title James Kelly RN, MSN, EMT-P, Director of Nursing Operations/Risk Management

Cell Phone 217-556-8341 Email Address jkelly@cahcare.com

This letter shall serve as a commitment by Carlinville Area Hospital & Clinics as a Participating Hospital in Memorial EMS. Carlinville Area Hospital & Clinics shall serve as one of the following Emergency Department levels (check one):

☐ Basic ☐ Standby ☒ Comprehensive

As required in Section 515.330 (i) of the EMS Rules and Regulations, Carlinville Area Hospital & Clinics commits to complying with the EMS System Program Plan and 77Ill Adm. Code 515.330 (i). The following are minimum and mandatory (no changes will be accepted) requirements the participating hospital must comply with:

- Abide by the EMS system policy regarding exchange for drugs and equipment with pre-hospital care providers participating in the EMS system or other EMS systems whose ambulances transport to the hospital.
- Use the standard treatment orders as established by the EMS resource hospital.
- Follow the operational policies and protocols of the EMS system as reflected in the IDPH approved EMS System Program Plan.
- Participate in ongoing training and continuing education of EMS personnel.
- Collect and provide relevant data as determined by the EMS resource hospital and IDPH.
- Describe the hospital's data collection and reporting methods, and the person responsible for maintaining data.
- Allow IDPH prompt access to records, equipment, and vehicles related to the EMS system during an IDPH inspection, investigation, or site survey.
- Section 515.315 Bypass or Resource Limitation rules and implement the hospital's policy regarding peak census procedures and the hospital's surge capacity plan before requesting Bypass/Resource Limitation.

As outlined in Section 515.400 General Communications d), Carlinville Area Hospital & Clinics commits to:

- Two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.
- Two-way hospital-to-hospital communications capability.
- Complying with the EMS resource hospital's communication plan.



State of Illinois
Illinois Department of Public Health

Emergency Medical Services (EMS) Systems
**Participating Hospital
Letter of Commitment**

Carlinville Area Hospital & Clinics

By signing below, the participating hospital commits to complying with all applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Brian D. Burnside

Chief Executive Officer (Print/Type Name)

Chief Executive Officer Signature

10/27/2023
Date

Harald Lausen, DO

Chief of Medical Staff (Print/Type Name)

Harald Lausen

Harald Lausen (Oct 30, 2023 14:42 CDT)

Chief of Medical Staff Signature

30/10/2023

Date

Jessica Barkley, RN, BSN, MSN

Director of Nursing (Print/Type Name)

Director of Nursing Signature

10/30/23
Date



Emergency Medical Services (EMS) Systems Participating Hospital Letter of Commitment

Resource Hospital Name Springfield Memorial Hospital

Mailing Address 701 N 1st Street

City Springfield

State IL

ZIP Code 62781

Participating Hospital Name Pana Community Hospital

EMS System Name Springfield Memorial EMS

Emergency Contact Name and Title Greg Hager, RN Director Outpatient Services

Cell Phone 217-820-8898

Email Address ghager@panahospital.com

This letter shall serve as a commitment by Pana Community Hospital as a Participating Hospital in Springfield Memorial EMS. Pana Community Hospital shall serve as one of the following Emergency Department levels (check one):

☒ Basic ☐ Standby ☐ Comprehensive

As required in Section 515.330 (i) of the EMS Rules and Regulations, Pana Community Hospital commits to complying with the EMS System Program Plan and 77Ill Adm. Code 515.330 (i). The following are minimum and mandatory (no changes will be accepted) requirements the participating hospital must comply with:

- Abide by the EMS system policy regarding exchange for drugs and equipment with pre-hospital care providers participating in the EMS system or other EMS systems whose ambulances transport to the hospital.
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- Follow the operational policies and protocols of the EMS system as reflected in the IDPH approved EMS System Program Plan.
- Participate in ongoing training and continuing education of EMS personnel.
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- Describe the hospital's data collection and reporting methods, and the person responsible for maintaining data.
- Allow IDPH prompt access to records, equipment, and vehicles related to the EMS system during an IDPH inspection, investigation, or site survey.
- Section 515.315 Bypass or Resource Limitation rules and implement the hospital's policy regarding peak census procedures and the hospital's surge capacity plan before requesting Bypass/Resource Limitation.

As outlined in Section 515.400 General Communications d), Pana Community Hospital commits to:

- Two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.
- Two-way hospital-to-hospital communications capability.
- Complying with the EMS resource hospital's communication plan.



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By signing below, the participating hospital commits to complying with all applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

Trina J. Casner, President & CEO

Chief Executive Officer (Print/Type Name)

Trina Casner
Chief Executive Officer Signature

10/11/2023
Date

Walter Cunningham MD, Chief of Medical Staff

Chief of Medical Staff (Print/Type Name)

Walter Cunningham
Chief of Medical Staff Signature

10/16/23
Date

Patrick M. McGuire, Chief Clinical Officer & Nursing Executive

Director of Nursing (Print/Type Name)

Patrick M. McGuire
Director of Nursing Signature

10/11/2023
Date



Emergency Medical Services (EMS) Systems
**Participating Hospital
Letter of Commitment**

Resource Hospital Name: Memorial Medical Center

Mailing Address 701 N. First Street

City Springfield

State Illinois

ZIP Code 62681

Participating Hospital Name Sarah D. Culbertson Memorial Hospital

EMS System Name Memorial EMS

Emergency Contact Name and Title Nancy Murray Emergency Department Nurse Supervisor

Cell Phone 217-248-7219

Email Address nmurray@sdcmh.org

This letter shall serve as a commitment by as a Participating Hospital in. shall serve as one of the following Emergency Department levels (check one):

☒ Basic ☐ Standby ☐ Comprehensive

As required in Section 515.330 (i) of the EMS Rules and Regulations, commits to complying with the EMS System Program Plan and 77Ill Adm. Code 515.330 (i). The following are minimum and mandatory (no changes will be accepted) requirements the participating hospital must comply with:

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By signing below, the participating hospital commits to complying with all applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

GREGG SNYDER

Chief Executive Officer (Print/Type Name)

[Signature]

Chief Executive Officer Signature

10/3/23

Date

William Dixon MD

Chief of Medical Staff (Print/Type Name)

William Dixon MD

Chief of Medical Staff Signature

10/12/2023

Date

Michelle Epps

Director of Nursing (Print/Type Name)

[Signature]

Director of Nursing Signature

9-28-2023

Date