



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

Resource Hospital Name Springfield Memorial Hospital

Mailing Address 701 N. 1st Street

City Springfield

State Illinois

ZIP Code 62781

Associate Hospital Name Jacksonville Memorial Hospital

EMS System Name Memorial Health System

Emergency Contact Name and Title Marianne Martin, RN Emergency Department Manager

Cell Phone (217)245-9541 xt 3468

Email Address martin.marianne@mhsil.com

This letter shall serve as a commitment by Jacksonville Memorial Hospital as an Associate Hospital in Memorial Health System. Jacksonville Memorial 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, Jacksonville Memorial Hospital commits to complying with the EMS System Program Plan as well as 77Ill Adm. Code 515.330 (i). The following are minimum and mandatory (no changes will be accepted) requirements that the Associate Hospital will continuously comply with:

- Agree to meet the system's educational standards for ECRN's.
- Agree to abide by the system policy regarding the exchange of drugs and equipment with pre-hospital providers participating in the system whose ambulances transport to them.
- Agree to use the standard treatment orders as established by the resource hospital.
- Agree to follow the system's operational policies and protocols.
- Agree to allow IDPH access to records, equipment, and vehicles relating to the system during the IDPH inspection, investigation, or site survey.
- Agree to have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.
- Agree to have two-way hospital-to-hospital communications capability.
- Agree to comply with the resource hospital's communication plan.

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.

Provide the following as an attachment:

- A description of how the hospital will relate to the EMS system resource hospital, its involvement in the ongoing planning and development of the program, and its use of the education and continuing education aspects of the program developed with and approved by the EMS system MD.
- A description of the hospital or facility data collection and reporting methods and the personnel responsible for maintaining data developed with and approved by the EMS system MD.
- If the hospital is a participant in another system, describe how it will interact within both systems and how it will ensure communication interference as a result of this dual participation will be minimized, developed with, and approved by the EMS system MD.
- The names, email addresses, and resumes of the associate hospital EMS MD and associate hospital EMS coordinator.



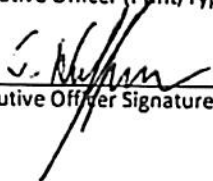
State of Illinois
Illinois Department of Public Health

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

Jacksonville Memorial Hospital

Trevor Huffman, CEO


Chief Executive Officer (Print/Type Name)


Chief Executive Officer Signature

10/17/23
Date

Dr. Griffin, MD


Chief of Medical Staff (Print/Type Name)


Chief of Medical Staff Signature

10/18/23
Date

Carrie Carls, CNO

Director of Nursing (Print/Type Name)


Director of Nursing Signature

10/17/23
Date



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

Resource Hospital Name Lincoln Memorial Hospital

Mailing Address 200 Stahlhut Drive

City Lincoln

State Illinois

ZIP Code 62656

Associate Hospital Name Memorial EMS System

EMS System Name Springfield Memorial EMS

Emergency Contact Name and Title Penny Tutter

Cell Phone (217) 737-1152

Email Address tutter.penny@mhsil.com

This letter shall serve as a commitment by as an Associate 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 as well as 77Ill Adm. Code 515.330 (I). The following are minimum and mandatory (no changes will be accepted) requirements that the Associate Hospital will continuously comply with:

- Agree to meet the system's educational standards for ECRN's.
- Agree to abide by the system policy regarding the exchange of drugs and equipment with pre-hospital providers participating in the system whose ambulances transport to them.
- Agree to use the standard treatment orders as established by the resource hospital.
- Agree to follow the system's operational policies and protocols.
- Agree to allow IDPH access to records, equipment, and vehicles relating to the system during the IDPH inspection, investigation, or site survey.
- Agree to have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.
- Agree to have two-way hospital-to-hospital communications capability.
- Agree to comply with the resource hospital's communication plan.

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.

Provide the following as an attachment:

- A description of how the hospital will relate to the EMS system resource hospital, its involvement in the ongoing planning and development of the program, and its use of the education and continuing education aspects of the program developed with and approved by the EMS system MD.
- A description of the hospital or facility data collection and reporting methods and the personnel responsible for maintaining data developed with and approved by the EMS system MD.
- If the hospital is a participant in another system, describe how it will interact within both systems and how it will ensure communication interference as a result of this dual participation will be minimized, developed with, and approved by the EMS system MD.
- The names, email addresses, and resumes of the associate hospital EMS MD and associate hospital EMS coordinator.



State of Illinois
Illinois Department of Public Health

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

Dolan Dalpoas, President & CEO

Chief Executive Officer (Print/Type Name)

Chief Executive Officer Signature

9-12-23

Date

Brandon Koser, DO

Chief of Medical Staff (Print/Type Name)

Chief of Medical Staff Signature

9/18/23

Date

Roxanne Stelle, RN, CNO

Chief Nursing Officer (Print/Type Name)

Chief Nursing Officer Signature

9/12/23

Date



State of Illinois
Illinois Department of Public Health

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

Resource Hospital Name Springfield Memorial Hospital

Mailing Address 701 N. 1st St

City Springfield

State Illinois

ZIP Code 62781

Associate Hospital Name Taylorville Memorial Hospital

EMS System Name Memorial EMS

Emergency Contact Name and Title Casie Milner, TMH ED Nurse Manager

Cell Phone (217)899-4622

Email Address milner.casie@mhsil.com

This letter shall serve as a commitment by Taylorville Memorial Hospital as an Associate Hospital in Memorial EMS. Taylorville Memorial 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, Taylorville Memorial Hospital commits to complying with the EMS System Program Plan as well as 77Ill Adm. Code 515.330 (i). The following are minimum and mandatory (no changes will be accepted) requirements that the Associate Hospital will continuously comply with:

- Agree to meet the system's educational standards for ECRN's.
- Agree to abide by the system policy regarding the exchange of drugs and equipment with pre-hospital providers participating in the system whose ambulances transport to them.
- Agree to use the standard treatment orders as established by the resource hospital.
- Agree to follow the system's operational policies and protocols.
- Agree to allow IDPH access to records, equipment, and vehicles relating to the system during the IDPH inspection, investigation, or site survey.
- Agree to have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.
- Agree to have two-way hospital-to-hospital communications capability.
- Agree to comply with the resource hospital's communication plan.

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.

Provide the following as an attachment:

- A description of how the hospital will relate to the EMS system resource hospital, its involvement in the ongoing planning and development of the program, and its use of the education and continuing education aspects of the program developed with and approved by the EMS system MD.
- A description of the hospital or facility data collection and reporting methods and the personnel responsible for maintaining data developed with and approved by the EMS system MD.
- If the hospital is a participant in another system, describe how it will interact within both systems and how it will ensure communication interference as a result of this dual participation will be minimized, developed with, and approved by the EMS system MD.
- The names, email addresses, and resumes of the associate hospital EMS MD and associate hospital EMS coordinator.



State of Illinois
Illinois Department of Public Health

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

Taylorville Memorial Hospital

Kim Bourne, CEO

Chief Executive Officer (Print/Type Name)

Kim Bourne
FAA5EBC2B42044F

Chief Executive Officer Signature

9/18/2023 | 10:50 AM PDT

Date

Richard Jeisy, MD, FACEP

Chief of Medical Staff (Print/Type Name)

Richard Jeisy, MD
05E9C4C989FF44B

Chief of Medical Staff Signature

9/18/2023 | 11:16 AM PDT

Date

Eli Heicher, CNO

Director of Nursing (Print/Type Name)

Eli Heicher
363DB69D175B4BB

Director of Nursing Signature

9/18/2023 | 12:52 PM CDT

Date