



Emergency Medical Services (EMS) Systems
Medical Director
Letter of Commitment

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

Mailing Address 701 N 1st Street

City Springfield State IL ZIP Code 62781

EMS Medical Director Name Dr. Matthew Johnston

EMS System Name Memorial EMS System

Emergency Contact Name and Title Sara Brown, EMS System Manager

Cell Phone 217-533-4292 not to be shared E-mail Address johnston.matthew@mhsil.com

As required by Section 515.330 of the EMS rules and regulations, I commit to all of the following:

- Be responsible for the ongoing education of all system personnel, including didactic and clinical experience.
- Develop and authorize written standing orders (treatment protocols, standard operating procedures) and certify that all involved personnel will be knowledgeable and competent in emergency care.
- Be responsible for developing or approving a system complaint summary form and submitting it to IDPH on a monthly basis.
- Develop or approve one or more patient care reports covering types of patient care responses performed by system providers.
- Ensure IDPH has access to records, equipment, and vehicles under the authority of the EMS MD during any IDPH inspection, investigation, or site survey.
- Notify IDPH of changes in personnel providing pre-hospital care in accordance with the IDPH-approved EMS System Program Plan.
- Be responsible for the total management of the system, including the enforcement of compliance with the System Program Plan by all participants within the system.
- Direct the applicant to the IDPH EMS website for access to an independent renewal form for EMS personnel within the system who have not been recommended for relicensure by the EMS MD.
- Provide a description of the method of providing EMS services.
- Be responsible for compliance with the provisions of the EMS Act (210 ILCS 50) and the EMS Code (77Ill Adm Code 515).

As outlined in 77 Ill Adm. Code 515.400 General Communications, I will assure that all system participants shall:

- Have two-way ambulance-to-hospital communications capability on frequencies assigned by IDPH.
- Use channels and tones assigned by IDPH.
- Use unit identifier numbers or other descriptive means of identification locally acceptable.
- Assure radio communications systems require preliminary coordination with and recommendations from IDPH's communication personnel.
- Assure pre-hospital care providers provide information relative to the mechanism used for consumer access and dispatch of emergency vehicles within their respective service area.
- Assure hospitals participating in the EMS System Plan are receiving emergency patients by ambulances continuously have:
 - Two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.
 - Two-way hospital-to-hospital communications capability.
- Allow the use of cellular telephone technology provided that:
 - The ambulance also has VHF or UHF radio back-up on a frequency assigned by IDPH.



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As outlined in 77 Ill Adm. Code 515.410 EMS System Communications:

- The system's communications plan is included in the EMS System Plan and includes the following in accordance with 47 CFR 90 (1994):
 - A listing of access numbers of Emergency Medical Services, including a description of plans to use or to implement a 9-1-1 System or Central Medical Emergency Dispatch (CMED) if or when available and a list of agencies involved;
 - A listing of access numbers of emergency medical services, including a description of plans to use or to implement a 9-1-1 System or Central Medical Emergency Dispatch (CMED), if or when available, and a list of agencies involved.
 - A description of communications interface with existing systems.
 - A description of plans to handle hospital-to-hospital communications.
 - A complete and detailed communications equipment description.
 - A general description of ultra-high frequency (UHF) or cellular telephone and back-up radio capabilities, such as very high frequency (VHF) or UHF radio, including resource and associate hospital interconnections and control functions, if any exist.
 - A general description of EMS vehicle dispatch communications, including areas covered; mutual aid agreements; radio and telephone capabilities, including radio channels used (i.e., 155.220 MHz); and present and future 9-1-1 involvement.
 - All mobile and portable communications equipment to be used by EMS system personnel.
 - Radio equipment specifications.
- Included in the EMS System Plan are the written protocols describing communication procedures for operation of the system, base station control points, and field units. These protocols contain provisions for limiting the time of individual radio transmissions to include only necessary information transfer (i.e., short telemetry strips). Mobile base control points and mobile units shall have an easily accessible copy of the protocols pertaining to their stations. In addition, these written protocols include a requirement that before terminating communications with medical control, pre-hospital personnel must notify medical control of a method by which the ambulance can be re-contacted and must set its communications equipment so as to be able to receive a call from medical control.

I am the EMS medical director for an ILS or ALS Level System and as outlined in Section 515.340 of the EMS Rules and Regulations, I commit to submit to IDPH proof of completion of an IDPH-approved EMS Medical Director's Course within six months after my date of appointment that is provided by one of the following:

- American College of Emergency Physicians (ACEP) Principles of EMS Systems - A Course for Medical Directors.
- Base Station Course National Association of Emergency Medical Services Physicians (NAEMSP).
- A program approved by IDPH that meets the following criteria:

The course objectives are the same as the courses recommended above and the course is taught by board certified emergency department physicians.

☒ I completed an approved EMS medical director course 2013 (date) or have been grandfathered in as I am an EMS medical director prior to this rule.

☐ I am the EMS medical director for a BLS level system, and the above EMS medical director training does not apply.

Matthew Johnston, M.D.

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

9-26-23

Date