

## General Communication Policy

### I. PURPOSE

This policy is to establish a communication system for the HSHS St. Mary's EMS System.

### II. DEFINITION – None.

### III. POLICY

- A. The HSHS St. Mary's EMS System communication system utilizes the following to interface with ambulances, hospitals, and existing systems:
- a. Resource Hospital (HSHS St. Mary's Hospital): Cellular and VHF communications.
  - b. Associate Hospital (Decatur Memorial Hospital): Cellular and VHF communications.
  - c. Participating Hospitals: VHF communications.
  - d. Radio and phone consoles at HSHS St. Mary's Hospital are equipped with recorders that automatically record any communications. e. All EMS telecommunication equipment within the HSHS St. Mary's EMS System must be configured to allow the EMS Medical Director or designee, to monitor all ambulance-to-hospital and hospital-to-ambulance communications within the system.
- B. All telecommunication equipment must be maintained to minimize breakdowns. Resource/Associate Hospital telecommunications operating personnel are to contact a repair person immediately should a breakdown occur.



- C. Resource Telephone Numbers:
  - a. HSHS St. Mary's Hospital Sisters Health System:
    - i. Primary: (217) 429-3076
    - ii. Secondary: (217) 464-8146
    - iii. MERCI phone (BLS Communications): (217) 464-5058
- D. Associate Telephone Numbers:
  - a. Decatur Memorial Hospital:
    - i. Primary: (217) 876-9183
- E. Participating Telephone Numbers:
  - a. Pana Community Hospital:
    - i. Primary: (217) 562-6232
  - b. HSHS Good Shepherd (Shelbyville):
    - i. Primary: (217) 774-3961
- F. Operation Control Point
  - a. Communications will be answered promptly by an ECRN or Emergency Physician. The ECRN or Emergency Physician shall answer as follows:
    - i. Identify Hospital's name.
    - ii. Repeat the transmitting unit's call letters.
    - iii. Give orders/directions promptly and courteously.
    - iv. Keep communications to a minimum.
    - v. Do not voice names of EMS personnel or patients.
    - vi. Call ED physician to the operational control point (radio) per ECRN policy.
    - vii. End taped communication with date, time, and call letters
- G. Pre-hospital Communications
  - a. Communications will be transmitted to medical control as soon as feasible utilizing the following:
    - i. Identify Hospital's name.
    - ii. State unit identifier (call letters) and level of care.
    - iii. Give BRIEF report to include only necessary information.
    - iv. Be courteous and professional at all times.
    - v. Repeat all orders to the ECRN or MD.



## ~~HSHS St. Mary's~~ EMS System

- vi. Do not voice names of EMS personnel or patients.
  - vii. Voice ETA and identify receiving facility.
  - viii. Advise medical control of re-contact number if situation warrants.
  - ix. End taped communications with unit identifier.
- H. ALS communications should occur on the ALS phone when possible.
- I. BLS communications should occur on the VHF (MERC1) radio or BLS cellular phone when possible.
- J. All communications must be documented completely and accurately by the hospital ECRN or MD.

### IV. RESOURCES – None

## Documentation

### I. PURPOSE

This policy is to define the documentation that needs to be completed by the EMS unit prior to leaving the hospital after turning over patient care to the hospital staff.

### II. DEFINITIONS—None

### III. POLICY

- A A patient care run report shall be completed by each Illinois-licensed transport vehicle service provider for every inter-hospital transport and pre-hospital emergency call, regardless of the ultimate outcome or disposition of the call.
- B One patient care report shall be provided (paper or electronic) to the receiving hospital emergency department or health care facility before leaving this facility.
- 1. If electronic or paper run report is unable to be completed prior to ambulance crew leaving the hospital, the ECRN radio report will be reviewed by the ambulance crew and additions or corrections as needed and signed. This will function as a temporary patient care report until a hard copy is submitted.





- C. All communications must be documented completely and accurately by the hospital ECRN or MD onto the radio report sheet. They must also log the information into the radio communications log book.
  - 1. The ECRN will provide the nurse receiving the patient the radio report sheet, and brief report of the arriving patient.
    - a. If the transporting agency leaves a completed run report prior to leaving the hospital, then that documentation will be given to the nurse caring for the patient.
    - b. If the transporting agency does not leave a completed run sheet prior to leaving the hospital, then: the prehospital provider will review the ECRN radio report sheet, adding any additional treatments/observations not noted in the report. After reviewing and adding any information necessary, the prehospital provider will sign the report. This will be entered into the patient's record as a care hand-off document.

#### IV. RESOURCES

- Illinois Administrative Code (77 Ill Adm. Code 515), Section 515.350 Data Collection and Submission

### EMS System Updates

#### I. PURPOSE

The purpose of this policy is to provide guidelines for the timely communication of ~~HSHS St. Mary's~~ EMS System policy, protocol and care guideline updates, and the availability of education/training materials to agencies and members.

#### II. DEFINITION – None.

#### III. POLICY

- A. All ~~HSHS St. Mary's~~ EMS System agencies will receive a Manual of policies, protocols and care guidelines. Agencies will receive notification of updates and/or revisions via e-mail as they occur. Updates will also be posted to the ~~HSHS St. Mary's~~ EMS System website.
- B. Individual ~~HSHS St. Mary's~~ EMS System members will have access to the "Region 6 EMS Protocols" mobile app.
- C. Individual ~~HSHS St. Mary's~~ EMS System members may contact their Agency Coordinator or the ~~HSHS St. Mary's~~ EMS System office to make arrangements to review the manual or make copies.



## ~~HSHS St. Mary's~~ EMS System

- D. Notification of in-service training regarding policy, protocol, and care guideline changes is communicated through established channels (i.e. Agency Coordinator meetings, e-mail, direct and telephone communications, website, etc.).
- E. Information regarding educational classes and monthly continuing education are available on the ~~HSHS St. Mary's~~ EMS System website or by contacting the ~~HSHS St. Mary's~~ EMS System office. ~~HSHS St. Mary's~~ EMS System members may utilize the educational resources within the ~~HSHS St. Mary's~~ EMS System office with assistance of the staff.

#### IV. RESOURCES - None

### EMS Provider Protocol Usage

#### I. PURPOSE

The purpose of this policy is to outline how protocols shall be used by providers within the East Central Illinois EMS System.

#### II. DEFINITION – None.

#### III. POLICY

- A. The Region 6 EMS Medical Directors have developed protocols and patient care guidelines with respect to the current, nationally recommended treatment modalities for use by prehospital personnel.
- B. All protocols have two types of treatment modalities that may be performed by EMS providers -- those that can be performed independent of medical control, and those that require communication with medical control. The two types of treatment modalities are separated by a broken line (-----).
- C. Protocols have been developed for the First Responder/Emergency Medical Responder, EMT-Basic, EMT-Intermediate, and EMT-Paramedic levels.

- D. When initiating patient care, EMS providers may utilize the protocols and care guidelines appropriate to their level of licensure.
- E. When using system protocols and care guidelines, EMS providers may perform all modalities listed above the broken line before contacting medical control.
- F. EMS providers must contact medical control before performing procedures listed below the broken line.
- G. The emergency department physician assuming medical control may, at his or her discretion, allow EMS providers to perform the modalities listed below the broken line.
- H. EMS providers may perform the modalities listed below the broken line without medical control authorization only if telephone or radio contact with medical control cannot be established.
- I. In any situation where EMS providers perform modalities below the broken line without contacting Medical Control, an EMS Risk Screen ( "Risk Screens/ Reporting of Problems") must be completed and forwarded to the East Central Illinois EMS System Office

**IV. RESOURCES—None**

### **Medical Control**

**I. PURPOSE**

This policy is to establish a mechanism for prehospital providers to be able to seek advice from the EMS Medical Director or designee. On-Line Medical Control is utilized to involve the expertise of an Emergency Medical Physician in the treatment plans and decisions involving patient care in the prehospital setting.

**II. DEFINITIONS**

**III. POLICY**

- A. All personnel functioning in the System do so under the authority of the Illinois Department of Public Health and EMS Medical Director.
- B. In the absence of the EMS Medical Director, the physician staffing the ED at ~~HSHS St. Mary's~~ Hospital shall be considered Medical Control for the ~~HSHS St. Mary's~~ EMS System.
- C. All ~~HSHS St. Mary's~~ EMS System personnel must be familiar with the field operations, treatment, and operational protocols, and all the equipment used in the performance of these tasks



- D. All personnel in the ~~HSHS St. Mary's~~ EMS System must meet the requirements of the System and be approved by the EMS Medical Director.
- E. Only the EMS Medical Director and/or an approved designee, including physicians and ECRNS in the ED of the Resource Hospital or Associate Hospital may give patient treatment orders over VHF (MERCY) or telephone to field personnel.
- F. Incoming telemetry calls will be answered by an Emergency Communications Registered Nurse (ECRN). The ECRN may request Medical Control from an ED Physician if orders or consultation are needed.
  - a. Prehospital personnel in need of on-line Medical Control shall notify the ECRN the need to speak to an ED physician at the initiation of the report.
- G. Once the EMS Medical Director or the Medical Control Physician designee have arrived at the radio, the ECRN and physician shall continue to utilize the field treatment protocols as a patient treatment guide during the EMS call.
  - a. Only the EMS Medical Director or Medical Control Physician can initiate orders outside of the pre-hospital SOGs. These orders should be clearly documented on the radio log at the hospital.
- H. In the event that physician authorization is required, the name of the physician shall be documented with the order on the radio record sheet. It is suggested that the EMS crew ask for and document the name of the ED physician providing the order.
- I. Treatment protocols are to be considered the standing orders of the EMS Medical Director and are to be followed by field personnel whenever contact with the resource hospital is impossible, or where a delay in patient treatment would be of harm to the patient.
- J. In the event the prehospital provider is not able to get in contact with Medical Control, despite multiple attempts via radio or telephone, the EMS provider will initiate the appropriate protocol and/or may perform the modalities listed **below the line** without Medical Control authorization.
- K. The Associate Hospital is authorized to provide orders only:
  - 1. For patients being transported to the Associate Hospital, or
  - 2. In the event of communication failure with the Resource Hospital.

### Resource Hospital Override of Orders

#### I. PURPOSE

This policy is to establish a procedure to contact the Resource Hospital Medical Control to qualify orders from any other source other than the Resource Hospital.

#### II. DEFINITION—None

#### III. POLICY

- A. To allow prehospital providers to contact the ~~HSHS St. Mary's~~ EMS System Resource Hospital if, in the judgment of the provider, orders for patient treatment:
1. Vary significantly from the provider's protocols and/or policies.
  2. Could result in unreasonable or medically inaccurate treatment causing potential harm to the patient.
  3. Could result in undue delay in initiating transport of a critically ill patient.
  4. When there is no response from the Associate Hospital after three attempts to contact.



- B. This pertains to:
1. Orders for patient care given by the Associate Hospital during transport to the Associate Hospital.
  2. Orders for patient care given by any hospital for inter-facility transfers.

### Procedure

- A. Clarify the order.
1. Advise the Physician/ECRN issuing the order that the order is not allowed or deviates significantly from approved protocols.
  2. Advise the Physician/ECRN that you will contact the ~~HSHS St. Mary's~~ Hospital System Resource Hospital for guidance/orders.
- B. After Medical Control guidance has been completed:
1. For patients being transported to the Associate Hospital, the Resource Hospital Medical Control Physician should notify the Associate Hospital Medical Control physician that an override was initiated and completed. All pertinent information shall be conveyed to the Associate Hospital medical control regarding an update on the patient's medical status and the pre-hospital treatment rendered. The Associate Hospital shall be given and Estimated Time of Arrival of the patient to their facility.
  2. For patient's requiring inter-facility transfer, the Resource Hospital Medical Control Physician should discuss the patient's management with the transferring physician and determine the appropriate course of action. Note that it is the responsibility of the transferring physician to determine a suitable destination facility and arrange accordingly, not that of the Medical Control physician.
- C. Only those physicians listed below may grant or deny a request for Resource Hospital Medical Control Override:
1. EMS Medical Director.
  2. Associate/Alternate EMS Medical Director.
  3. On-duty Emergency Department Physician at ~~St. Mary's~~ Hospital.
- D. Any override of medical orders shall be submitted in writing by the prehospital provider via the EMS Risk Screen Form, and promptly forwarded to the EMS Office.
- E. In the unlikely event that further consultation is needed, the EMS Medical Director (or their Alternate when they are unavailable) may be contacted. Final authority rests with the EMS Medical Director on all matters.