



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

Resource Hospital Name Decatur Memorial Hospital

Mailing Address 2300 N Edward St

City Decatur State IL ZIP Code 62526

EMS System Name Decatur Memorial EMS System

Emergency Contact Name and Title Michael Slade

Cell Phone 217-855-2410 Email Address slade.michael@mhsil.com

This letter shall serve as a commitment by Decatur Memorial Hospital as the resource hospital in Decatur Memorial EMS System.

I/we commit to:

- Assuming the responsibility, through the EMS MD, for the entire program, including the clinical aspects, operations, and education programs.
- Agreeing to replace medical supplies and provide equipment and medication exchange for participating EMS vehicles.
- Having two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.
- Having two-way hospital-to-hospital communications capability.
- 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 515.320 Scope of EMS Service, I/we commit to:

- Appointing a qualified EMS MD, full-time EMS system coordinator, and EMS administrative director. The EMS MD shall appoint an alternate EMS MD.
- Identifying the EMS system in the facility's budget with sufficient funds to support the EMS MD, EMS administrative director, EMS system coordinator, and support staff to provide for the operation of the EMS system.
- Maintaining Illinois Emergency Medical Services for Children SEDP, EDAP, or PCC status.
- Report any affiliation between the EMS MD, EMS System Coordinator or EMS administrative Director and an ambulance service provider who is a member of their EMS system (515.320 (J)).

Attach:

- Resumes of the following persons:
 - 1) EMS MD
 - 2) Alternate EMS MD
 - 3) EMS Administrative Director
 - 4) EMS System Coordinator
- A map of the service area indicating the location of all hospitals; health care facilities, including mental health facilities; and transport and non-transport ambulance providers participating in the system.
- Copy of the current FCC license.
- Letters of Commitment from the following EMS system participants, as applicable: EMS MD, associate hospital(s), participating hospital(s), Veterans Health Administration facility, licensed mental health facilities, ambulance provider(s), alternate response provider(s), specialized EMS provider(s), and EMS dispatch agency(ies).
- A signature validates the commitment of the writer and his or her office to the development and ongoing operation of the EMS system and which state the writer's understanding of and commitment to any necessary changes, such as emergency department staffing and educational requirements:
 - 1) Hospital chief executive officer
 - 2) Chief of the medical staff
 - 3) Director of nursing services

I/we also commit to follow: <http://www.ilga.gov/commission/jcar/admincode/077/077005150C03300R.html> of the EMS Rules and Regulations.



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Decatur Memorial Hospital

Drew Early

Chief Executive Officer (Print/Type Name)



Chief Executive Officer Signature

10/27/23
Date

Dr Ted Clark

Chief of Medical Staff (Print/Type Name)

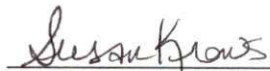


Chief of Medical Staff Signature

10/27/23
Date

Susan Krows

Director of Nursing (Print/Type Name)



Director of Nursing Signature

10/27/23
Date