North Region EMS System

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Purpose To establish patient care-related communication guidelines for the EMS System Resource Hospital and Provider Agencies.

Policy

1) EMS System Resource Hospital
    a. Will maintain two-way ambulance to the hospital, and hospital-to-hospital communication, including but not limited to telephone lines, UHF/med channels, and VHF/MERCI radio.
    b. Hospital telecommunications equipment will be maintained, with maintenance and repair agreements, to minimize breakdown.
        i. In the case of equipment breakdown at:
            1. Calls will be directed to the other site by NM Lake Forest Hospital (NMLFH) or NM Grayslake Freestanding Emergency Center (FEC).
            2. Both NM Lake Forest and NM Grayslake FEC, calls will be directed to other Region X hospitals.
    c. On-line medical control (OLMC) communication will be audio recorded using the General Devices CAREpoint workstation and retained on the NMLFH server for retrospective review for a minimum of 365 days. The ECRN or Emergency Department Physician will complete a digital CAREpoint ECRN log form for each call.
    d. On-line medical control (OLMC) communication from the EMS System Resource Hospital to prehospital EMS personnel must be given by the EMS-MD or designee, who must be either a licensed physician (ECP) authorized by the EMS-MD or qualified emergency communications registered nurse (ECRN).
        i. The EMS System Resource Hospital will at all times have qualified ECRN and ECP staff available for communication with prehospital EMS personnel.
    e. An ECRN will request ECP consultation in the following:
        i. Situations requiring deviation from SOP/protocols.
        ii. Complex issues and/or policy interpretation. Examples:
            1. High risk refusal of care/transport
            2. Crime scene
            3. DNR question
            4. Patient/family request more distant hospital
            5. Hospital on bypass: risk/benefit determination
            6. Diversion to specialty center (e.g., trauma, stroke)
            7. Concern regarding invasive procedure (e.g., cardioversion, cricothyrotomy, decompression)
            8. EMS personnel, patient or family members request consultation with a physician
            9. Physician at the scene involved in providing care

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10. Termination of resuscitation

f. If OLMC staff need to re-contact an EMS provider agency, after termination of radio contact, the provider agencies dispatch center can be called, to request the provider re-contact OLMC.
g. It is the responsibility of the senior ECP in the emergency department to assure that there is immediate ECP response whenever medical consultation and assistance is requested.
h. The EMS System Resource Hospital will not provide OLMC direction to EMS providers not in EMS Region X; those providers should contact the appropriate hospital.

2) EMS Provider Agencies
   a. All providers must maintain at least two means of communication including MERCI channel and cellular phone or telemetry radio.
      i. Cellular phones will be used as the primary method of communication with the MERCI radio as back-up.
      ii. Prehospital telecommunications equipment will be maintained to minimize breakdown.
   b. EMS provider agencies will have the capability of transmitting 12 lead electrocardiograms (ECG) to EMS System Resource Hospital.
   c. EMS personnel will initiate contact with OLMC in the following:
      i. All transports
         1. If transporting to a Resource or Associate Hospital, or Freestanding Emergency Center - within Region X, may contact the desired destination directly.
         2. If transporting to a hospital <u>not</u> in Region X, contact OLMC/EMS System Resource Hospital.
         3. EMS personnel should not contact a non-Region X hospital for OLMC direction.
      ii. Medical-legal issues, e.g., DOA, DNR, crime scene, physician on scene, etc.
      iii. Refusal of transport - prior to leaving the scene - for the all of following types of high-risk patients:
         1. ALS: Received ALS assessment/treatment or would have met criteria for ALS transport, including L1-2 trauma
         2. Age: Minors under age 18, regardless of presence of parents/guardian on scene; and elderly, age 65 and older
         3. AMS: Altered mental status, under the influence of drugs/alcohol, or behavioral/psychological complaints
         4. Obstetric patients
         5. Any complex call where EMS personnel wish to seek additional consultation

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6. EMS personnel will be given a log number by the ECRN or ECP who takes the call. This number must be documented in the patient care report.

d. EMS personnel shall provide the following information to OLMC:
   i. EMS provider agency information
   ii. Patient gender & approximate age
   iii. Chief complaint/mechanism of injury
   iv. Past medical history
   v. Physical exam
   vi. Impression (alerts; cardiac/STEMI, sepsis, stroke, trauma)
   vii. Treatment initiated
   viii. Destination & estimated time of arrival

e. If prehospital EMS personnel have a question about treatment ordered by an ECRN, the prehospital EMS personnel may ask to speak directly with the ECP.
   i. Following this communication, the Resource Hospital EMS Coordinator is to be immediately notified by the ECRN.
   ii. The EMS System Resource Hospital Coordinator and EMS-MD will review the circumstances with all involved individuals in a timely manner.

f. Written standing orders may be utilized when OLMC is impossible or when a delay in care could cause further harm to the patient.
   i. EMS personnel will document unsuccessful attempt at reaching OLMC on patient care report. Notification of communication problems should be made to the EMS System Resource Hospital Coordinator/Medical Director.

References

http://www.ilga.gov/commission/jcar/admincode/077/077005150C04000R.html
http://www.ilga.gov/commission/jcar/admincode/077/077005150C04100R.html

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