MORRIS HOSPITAL & HEALTHCARE CENTERS

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POLICY:	PREHOSPITAL COMMUNICATION GUIDELINES		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMERGENCY MEDICAL SERVICES		
EFFECTIVE DATE: 9/6/2018	CURRENT REVIEW/REVISION DATE:	SUPERSEDES: N/A	ORIGINAL EFFECTIVE DATE: 9/18
DEPARTMENT SPECIFIC			EMS

I. Purpose:

To define the equipment and use of out-of-hospital medical control practices-515.330 I 5 B

II. Policy:

Consistent with IDPH EMS Act Rules and Regulations, there shall be pre-hospital-to-hospital communication from the scene and/or in-transit on-calls involving the establishment of a system-patient relationship.

Section 515.410 of the Rules and Regulations states:

"EMS telecommunications equipment shall be configured to allow the EMS MD or designees to monitor all vehicle-to-hospital and hospital-to-vehicle transmissions within that system"

"Telecommunications equipment necessary to fulfill the requirements of this part shall be staffed and maintained 24 hours a day."

"EMS System personnel shall be capable of properly operating their respective communication equipment."

"All telecommunication equipment shall be maintained to minimize breakdown. Procedures shall be established to provide immediate action to be taken by operating personnel to ensure rapid restoration in case of breakdowns do occur."

Morris Hospital Emergency Medical Service System (MHEMSS) has three means of communication available for prehospital providers to utilize when contacting medical control:

1. MHEMSS will use cellular phones as the **primary** means of communications with Medical Control (815-416-5100).
2. An additional **primary** means of contacting Medical Control, providers may utilize the Starcom radio channel "Morris Trauma" when needed.
3. As a **backup** means of communication, providers may utilize MERCI VHF radio frequency 155.340 and/or 155.800.

MHEMSS ambulance providers can call any other EMS Region 7 resource hospital and or associate hospital directly if they are transporting the patient to that hospital. If MHEMSS system specific SOP's are being used or when using the bypass protocol, the provider must call Morris Hospital, and Morris Hospital will call the receiving hospital with report.

Non-Region 7 ambulance providers cannot call Morris Hospital for medical oversight of any procedures. They must call their resource hospital.

III. Procedure:

A. Cellular Phone Calls to MHEMSS Base Station (Primary means of Communication)

Contact via cellular phone will be established with Morris Hospital in cases where pre-hospital personnel anticipates, from the findings of the history and physical assessment, that a person requires Basic Life Support (BLS), Advanced Life Support (ALS); documentation of refusal or care/transport; or to confirm a Triple Zero.

Conversations are recorded and are to be saved a minimum of 90 days subsequent to the call. This time may be extended at the resource hospital's discretion.

Cellular transmissions that are continuously dropped should be redirected to either a VHF MERCI channel or the Morris Trauma Starcom channel.

Simultaneous calls can be handled with the two (2) phone lines that are monitored, answered, and recorded for the provision of medical oversight. All transmissions are to include only the necessary information to minimize the length of the call; however, both parties must communicate information needed for safe, continuous care of the patient. Only one call can be active, the other call will be placed on hold until the first call is finished.

B. Morris Hospital Trauma - Starcom Radio (Primary means of Communication)

Contact via Morris Hospital Trauma Starcom radio will be established with Morris Hospital in cases where pre-hospital personnel anticipates, from the findings of the history and physical assessment, that a person requires Basic Life Support (BLS), Advanced Life Support (ALS); documentation of refusal or care/transport; or to confirm a Triple Zero.

Conversations are recorded and are to be saved a minimum of 90 days subsequent to the call. This time may be extended at the resource hospital's discretion.

C. VHF Radio/Medical Emergency Radio Communication of Illinois (MERCI) (Backup means of Communication)

This is to be used for communication during mass casualty incidents, when a disaster is declared by IDPH, or as a backup when cellular transmission are not available.

Conversations are recorded and are to be saved a minimum of 90 days subsequent to the call. This time may be extended at the resource hospital's discretion.

D. Contingency Notification

A radio dispatcher should notify a receiving hospital of the imminent arrival of a patient only if all other modes of communication have failed. The receiving hospital should always receive advance notification of any patient being transported to their facility.

E. Documenting the communication

All EMS calls will be documented by the ECRN/ED physician on a system approved, sequentially numbered log at the hospital providing medical oversight. A copy of this log sheet will become part of the patients' permanent medical record. As such, it should provide complete documentation of the information provided by the pre-hospital provider and instructions from Medical Control.

F. Notification of Other Hospitals

If a provider will be transporting a patient to a hospital outside Region 7, report can be called directly to the receiving facility, unless Medical Control orders are needed. If orders are need patient care report should be called to Morris ED and ECRN will then relay report to receiving hospital.

G. Field Re-Contact

In the event the hospital needs to re-contact the field provider following the termination of initial report, hospital personnel may utilize MERCI or Starcom.

Reference:

Illinois EMS Act Rules and Regulations, Title 77, Chapter 1, Part 515

Approval:

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Thomas J. Dohm Date
Vice President of Professional Services

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Robin Stortz, MSN, RN Date
EMS & Emergency Management Manager