



ADVOCATE ILLINOIS MASONIC MEDICAL CENTER  
JOHN H. STROGER JR. HOSPITAL OF COOK COUNTY  
NORTHWESTERN MEMORIAL HOSPITAL  
UNIVERSITY OF CHICAGO MEDICAL CENTER

DATE: September 15, 2020  
TO: Region 11 EMS Providers  
FROM: **REGION 11 EMS MEDICAL DIRECTORS CONSORTIUM**  
SUBJECT: **UPDATED EMS SYSTEM POLICY: CALL DISPOSITION**

In accordance with IDPH, the Region 11 EMS Medical Directors Consortium has updated the EMS System Policy on Call Disposition to align with NEMSIS (National Emergency Medical Services Information System) requirements.

NEMSIS is a universal standard for how patient care information from an emergency 911 call for assistance is collected, stored, and shared. All EMS Agencies must submit electronic standardized data according to the NEMSIS uniform dataset and database. This allows local, state, and national EMS Stakeholders to more accurately assess EMS needs and performance to inform future planning.

As EMS Agencies are already submitting to NEMSIS, there are a few updates and clarifications expected with the revised **EMS System Policy – Call Disposition**.

1. Each EMS dispatch for service should receive one of the defined call disposition categories as defined by the policy.
2. Definition of a Patient: A patient is an individual requesting or potentially needing medical evaluation or treatment. The patient-provider relationship is established by phone, radio, or personal contact.
3. NEMSIS Disposition Fields: Defined with additional sub-categories:
  - a. Assist
  - b. Canceled
  - c. Patient Dead at Scene
  - d. Patient Transport
  - e. Patient Refusal
  - f. Patient Treated, Transported by Law Enforcement
  - g. Patient Treated, Transferred Care to Another EMS Unit
  - h. Standby

The new EMS System Policy - Call Disposition will be effective on September 15, 2020. Each EMS Agency within Region 11 should work with their Resource Hospital to ensure proper documentation and data collection is performed.

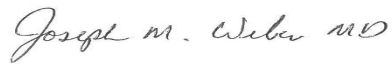
Kenneth Pearlman, MD  
Chair, Region 11 EMS Medical Directors Consortium  
EMS Medical Director  
Northwestern Memorial Hospital

Katie Tataris, MD, MPH  
EMS Medical Director  
University of Chicago Medical Center



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Eddie Markul, MD  
EMS Medical Director  
Advocate Illinois Masonic Medical Center



Joseph Weber, MD  
EMS Medical Director  
John H. Stroger Jr., Hospital of Cook County

Enclosed:      Region 11 Call Disposition Policy

Copy to:      KC Booth, RN, EMS Manager, Advocate Illinois Masonic Medical Center  
Cyd Gajewski, RN, EMS System Coordinator, University of Chicago Medical Center  
Ameera Haamid, M.D., Assistant Medical Director, John H. Stroger, Jr. Hospital of Cook County  
Patricia Lindeman, RN, EMS System Coordinator, Northwestern Memorial Hospital  
Anna Scaccia, RN, Interim EMS System Coordinator, Advocate Illinois Masonic Medical Center  
Shannon Ziolkowski, RN, EMT-P, EMS System Coordinator, John H. Stroger, Jr. Hospital of Cook County



**REGION 11  
CHICAGO EMS SYSTEM  
POLICY**

Title: Call Disposition
Section: Patient Care
Approved: EMS Medical Directors Consortium
Effective: September 15, 2020

## CALL DISPOSITION

- I. In accordance with NEMSIS, each EMS dispatch for service should be categorized with the following call dispositions.
- II. A **patient** is an individual requesting or potentially needing medical evaluation or treatment. The patient-provider relationship is established by phone, radio, or personal contact.

### A. Assist:

1. **Assist, Agency:** This EMS unit only provided assistance (e.g. manpower, equipment) to another agency and did not provide treatment or primary patient contact at any time during the incident.
2. **Assist, Public:** This EMS unit only provided assistance (e.g. manpower, equipment) to a member of the public where no patient (as locally defined) was present (e.g. welfare check, home medical equipment assistance).
3. **Assist, Unit:** This EMS unit only provided additional assistance (e.g. manpower, equipment) to another EMS unit from the same agency and was not responsible for primary patient care at any time during the incident.

### B. Canceled:

1. **Canceled (Prior to Arrival at Scene):** This EMS unit's response is terminated prior to this unit's arrival on scene by the communications center or other on-scene units.
2. **Canceled on Scene (No Patient Contact):** This unit arrived on scene but was canceled by other on-scene units prior to initiating any patient contact or rendering any other assistance.
3. **Canceled on Scene (No Patient Found):** This unit arrived on scene, but no patient existed on scene (e.g. patient left the scene prior to arrival, result of a good intent call and no patient existed). EMS providers should make every attempt to identify the person for whom dispatch initiated the EMS response. All circumstances surrounding the event and a description of efforts to locate the patient must be documented in the patient care report.

### C. Patient Dead at Scene (see Determination of Death/Withholding of Resuscitative Measures policy):

1. **Patient Dead at Scene – No Resuscitation Attempted (With Transport):** Patient shows obvious signs of death or Do Not Resuscitate (DNR) order was presented, and no attempt was made to resuscitate the patient. However, the



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body was transported off scene by the EMS unit with primary transport responsibilities due to scene issues as defined in the above local policy

2. **Patient Dead at Scene – No Resuscitation Attempted (Without Transport):** Patient shows obvious signs of death or Do Not Resuscitate (DNR) order was presented, no attempts were made to resuscitate the patient, and the body remains on scene in custody of law enforcement.
3. **Patient Dead at Scene – Resuscitation Attempted (With Transport):** Resuscitation efforts were attempted on the patient and terminated on scene either due to Do Not Resuscitate (DNR) order or further attempts were deemed futile after discussion with Online Medical Control. However, the body was transported off the scene by the EMS unit with primary transport responsibilities due to scene issues as defined in the above local policy.
4. **Patient Dead at Scene – Resuscitation Attempted (Without Transport):** Resuscitation efforts were attempted on the patient and terminated on scene either due to Do Not Resuscitate (DNR) order or further attempts were deemed futile after discussion with Online Medical Control, and the body remains on scene in custody of law enforcement.

**D. Patient Transport:**

1. **Patient Refused Evaluation/Care (With Transport):** Patient refused to give consent or withdrew consent for evaluation and/or treatment, but consented to transport to an appropriate definitive care facility.
2. **Patient Treated, Transported by this EMS Unit:** Patient was evaluated and/or treatment was provided by this EMS Unit, and this EMS unit initiated transport or transported to a definitive care facility.

**E. Patient Refusal (see Consent & Refusal of Service) policy:**

1. **Patient Refused Evaluation/Care (Without Transport):** Patient refused to give consent or withdrew consent for evaluation and/or treatment and refused to be transported to a definitive care facility by EMS personnel. Each patient should be assessed for mental status, decision-making capacity, drug or alcohol intoxication, and medical or traumatic complaint. This refusal requires consultation with Online Medical Control while still on scene with the patient.
2. **Patient Evaluated and Refused Transport:** Patient was evaluated and treatment provided; however, the patient refused further treatment and/or transportation to a definitive care facility by EMS personnel. Each patient should be assessed for mental status, decision-making capacity, drug or alcohol intoxication, and medical or traumatic complaint. This refusal requires consultation with Online Medical Control while still on scene with the patient.



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**F. Patient Treated, Transported by Law Enforcement (Handled by Police):** Patient was evaluated and/or treatment was provided by this EMS unit; however, the police assumed custody for transport to either a definitive care facility or to a police/jail disposition. This situation may include behavioral emergencies, Driving Under the Influence (DUI), or criminal investigations. In these situations, it is expected that EMS perform a full patient assessment unless law enforcement (CPD) refuses access to the patient due to scene safety. EMS should advise CPD of any potential risks associated with the patient not receiving EMS care and/or transport. Online Medical Control is required for these situations.

**G. Patient Treated, Transferred Care to Another EMS Unit:** Patient was evaluated and/or treatment was provided by this EMS unit; however patient care was transferred to another EMS air or ground unit for final disposition while still on scene (e.g. special events or large incidents).

**H. Standby**

- 1. Standby – No Services or Support Provided:** Response was for purposes of being available in case of a medical/traumatic emergency (e.g. sporting event, fire, police action) and there was no patient contact or support provided.
- 2. Standby – Public Safety, Fire, or EMS Operational Support Provided:** Response was for purposes of being available in case of a medical/traumatic emergency (e.g. sporting event, fire, police action) and operational support was provided, but no patient existed (e.g. operating fire rehab sector, SWAT standby).