



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

DATE: September 3, 2020

TO: Region 11 EMS Providers
Region 11 EMS Participating Hospitals

FROM: **REGION 11 EMS MEDICAL DIRECTORS CONSORTIUM**

SUBJECT: **FIELD TO HOSPITAL COMMUNICATION – POLICY UPDATE**

Effective immediately, field to hospital communication is required for ALL patient transports. It is no longer acceptable to arrive at a hospital unannounced with a patient regardless of the patient acuity. All patient transports now require Online Medical Control or Pre-Notification in accordance with the revised Field to Communication Policy.

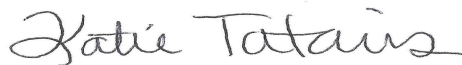
Note that Pre-Notification is reserved only for straight forward BLS or ALS patient transports. OLMC is required, but not limited to, the following circumstances:

1. Regionalized systems of care transports including patients with:
 - a. Acute coronary syndrome and STEMI criteria
 - b. Suspected acute stroke
 - c. Trauma Field Triage Criteria (Steps 1-4)
 - d. Ventricular Assist Device (VAD)
 - e. Obstetric related complaint
2. Cardiac Arrest
 - a. For patients in whom resuscitation is initiated, OLMC should be consulted before moving the patient. OLMC is required in making the decision to continue on-scene resuscitation, transport, or terminate resuscitation.
 - b. Patients that meet criteria for withholding resuscitation (see Determination of Death / Withholding of Resuscitative Measures policy) do not require OLMC consultation (i.e. DOA).
3. Complex patient care situations and/or questions regarding the appropriate destination. For example:
 - a. Any patient potentially requiring a Level 1 Trauma Center, but not clearly meeting Trauma Field Triage Criteria.
 - b. Patients with possible acute coronary syndrome or stroke symptoms that may not meet defined criteria for specialty center transport.
 - c. Patients potentially requiring diversion for critical airway stabilization.
4. Refusals of care (as defined in the Consent/Refusal of Service policy).
5. Bypass: Transportation to a hospital on bypass
6. Multiple Patient Incidents: As per the Multiple Patient Incident (MPI) policy, in an EMS Plan Response the initial communication should be with the Resource Hospital and each transporting ambulance shall contact the appropriate hospital for a brief OLMC or pre-notification report.
7. Pediatric patients: Pediatric ALS transports should be called into OLMC; all other pediatric transports require pre-notification.
8. Patient care situations not defined by protocols: Advanced life support (ALS) patients where EMS providers encounter a situation not clearly defined by the Region 11 EMS Protocols and Policies.

Please contact your Resource Hospital with questions.



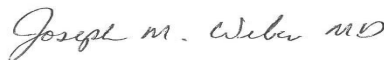
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Enclosed: Region 11 Field to Hospital Communication Policy
 Region 11 EMS Report Format

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REGION 11 CHICAGO EMS SYSTEM POLICY	Title: Field To Hospital Communication
	Section: Communication
	Approved: EMS Medical Directors Consortium
	Effective: September 3, 2020

FIELD TO HOSPITAL COMMUNICATION

- I. **Offline Medical Control:** These are the written Region 11 EMS Protocols and Policies that establish guidelines for prehospital patient care.
 - A. EMS providers will initiate care in accordance with these guidelines;
 - B. EMS providers should determine the appropriate hospital to contact for each patient encounter as defined below.
- II. **Field to Hospital Communication:** For every patient encounter, EMS providers should provide a field to hospital communication report. Reports shall be categorized as:
 - A. “**Online Medical Control**” for medical, trauma, or refusal calls requiring Base Station contact and/or medical direction; or
 - B. “**Pre-notification**” for calls that do not require Base Station contact.
- III. **Online Medical Control (OLMC):** Base Station contact is required for: 1) Medical direction in Regionalized Systems of Care patients or complex patient care situations or 2) Situations not clearly defined by the Region 11 EMS Protocols and Policies as needed by the EMS provider.
 - A. **Goal:** To provide immediate medical direction to the EMS provider for situations where patient care or destination may be impacted.
 - B. **Hospital staffing requirements:** OLMC calls will only be answered by trained ECRNs or ECPs at Region 11 EMS Resource or Associate Hospitals.
 - C. **Communication method:** OLMC calls will be made through the MED Channels or cellular lines and all contact will be recorded.
 - D. **Report format:** The radio report should follow the Online Medical Control Report (OLMC) format (See EMS Report Format) and be presented in a clear and concise manner.
 - E. **OLMC Assignments:** Providers should directly contact the receiving hospital if it is a Region 11 EMS Base Station or contact their assigned Resource or Associate Hospital. If the contact is unsuccessful:
 1. Attempt to contact the next closest Resource/Associate Hospital.
 2. All attempts at contact must be documented in the patient care report.
 3. Notification of a communication problem must be made to the Resource/Associate Hospital and the ambulance service provider's supervisor on duty after arriving at the receiving hospital.



REGION 11 CHICAGO EMS SYSTEM POLICY

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F. Situations requiring OLMC contact include, but are not limited to:

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 - a. Acute coronary syndrome and STEMI criteria
 - b. Suspected acute stroke
 - c. Trauma Field Triage Criteria (Steps 1-4)
 - d. Ventricular Assist Device (VAD)
 - e. Obstetric related complaint
2. Cardiac Arrest
 - a. For patients in whom resuscitation is initiated, OLMC should be consulted before moving the patient. OLMC is required in making the decision to continue on-scene resuscitation, transport, or terminate resuscitation.
 - b. Patients that meet criteria for withholding resuscitation (see Determination of Death / Withholding of Resuscitative Measures policy) do not require OLMC consultation (i.e. DOA).
3. Complex patient care situations and/or questions regarding the appropriate destination. For example:
 - a. Any patient potentially requiring a Level 1 Trauma Center, but not clearly meeting Trauma Field Triage Criteria
 - b. Patients with possible acute coronary syndrome or stroke symptoms that may not meet defined criteria for specialty center transport
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4. Refusals of care (as defined in the Consent/Refusal of Service policy)
5. Bypass: Transportation to a hospital on bypass
6. Multiple Patient Incidents: As per the Multiple Patient Incident (MPI) policy, in an EMS Plan Response the initial communication should be with the Resource Hospital and each transporting ambulance shall contact the appropriate hospital for a brief OLMC or pre-notification report.
7. Pediatric patients: Pediatric ALS transports should be called in to OLMC, all other pediatric transports require pre-notification.
8. Patient care situations not defined by protocols: Advanced life support (ALS) patients where EMS providers encounter a situation not clearly defined by the Region 11 EMS Protocols and Policies.

The base station is an available resource for any situation as requested by the EMS provider



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CHICAGO EMS SYSTEM
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- IV. **Pre-Notification:** EMS should contact the receiving hospital directly for **ALL** transports not meeting criteria for Online Medical Control (OLMC).
- A. **Goal:** To provide direct communication between EMS providers and the receiving hospital for straightforward BLS or ALS patient transports.
 - B. **Hospital staffing requirements:** All pre-notification calls shall be answered by receiving hospital personnel trained at minimum of Registered Nurse (RN).
 - C. **Communication method:** Pre-notification reports should be given through a hospital's dedicated telemetry line if the hospital is a Resource/Associate Hospital within Region 11 (or another Region). Contact may also be through a dedicated EMS telephone line if the participating hospital does not have a telemetry line.
 - D. **Report format:** The radio report should follow the 'Pre-Notification Report' format (see **EMS Report Format**) and be presented as a brief, clear report that provides pertinent information to the receiving hospital staff.
 - E. If there is a concern about patient treatment and/or transport, a non-Region 11 EMS Base Station receiving hospital may ask the EMS provider to call their assigned base station for online medical control direction.
 - F. No medical direction will be given by non-Region 11 EMS Base Station hospitals receiving pre-notification reports.
 - G. Any concern about patient care or transport destination should be reported to the Resource Hospital through a Request for Clarification (RFC) form.



**REGION 11
CHICAGO EMS SYSTEM
POLICY**

Title: EMS Report Format
Section: Communication
Approved: EMS Medical Directors Consortium
Effective: September 3, 2020

EMS REPORT FORMAT

I. Field to Hospital Communication

A. Online Medical Control (OLMC) Report - Use the I-SBAR mnemonic

1. Identify

- a. Agency
- b. Number
- c. Level of care (BLS, ALS, Critical Care)

2. Situation

- a. State primary reason for call (For example: "*We have a STEMI, Stroke, Trauma, Cardiac Arrest, or Refusal call for Online Medical Control*")

3. Background

- a. Age and sex
- b. History including:
 - (1) Medical: brief history of present illness, including time of onset of symptoms for patients with suspected acute stroke
 - (2) Trauma: description of the mechanism of injury
 - (3) Pertinent past medical history
 - (4) Medications applicable to circumstance
- c. Allergies, if applicable to circumstance

4. Assessment

- a. Vital signs including:
 - (1) Level of consciousness and orientation
 - (2) Blood pressure
 - (3) Pulse and rhythm
 - (4) Respiratory rate and degree of distress
 - (5) Pulse oximeter
- b. Pertinent physical findings
 - (1) Medical assessment including Cincinnati Stroke Scale (CSS) for patients with suspected acute stroke
 - (2) Trauma assessment findings

5. Rx(Treatment)/Response/Request

- a. Treatment initiated
 - (1) Procedures performed
 - (2) Medications given
 - (3) ETCO₂ if advanced airway/cardiac arrest
 - (4) Computer interpretation of 12-lead ECG
- b. Patient response to treatment and reassessment
- c. Request medical direction from ECRN/ECP as needed
- d. Destination and ETA



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B. Pre-Notification Report

1. Identify agency and number
2. State "This is a pre-notification report."
3. Age and sex
4. Chief complaint
5. Vital signs
6. "Routine protocols followed"
7. Additional details that may be needed for the receiving hospital to prepare for the patient
8. Destination and ETA

II. EMS Patient Handoff Report

- A. On arrival to the Emergency Department, EMS should provide the receiving hospital nursing and physician staff a handoff report with pertinent prehospital information and then transition patient care.