REGION 11 CHICAGO EMS SYSTEM POLICY	Title: Participating Hospital Responsibilities
	Section: General
	Approved: EMS Medical Directors Consortium
	Effective: December 6, 2023

PARTICIPATING HOSPITAL RESPONSIBILITIES

I. PURPOSE

To define a participating hospital and responsibilities under an EMS System.

II. DEFINITION

Participating Hospital: A licensed hospital that has signed a letter of agreement to participate in an EMS System and follow the EMS System Plan as defined below.

III. POLICY

A. Drug, Equipment and Supply (DES) Item Replacement

1. Each participating hospital is required to replace all drugs, supplies and exchange equipment as defined by the Region 11 EMS System Drug, Equipment and Supply List (DES).

2. Replacement of drugs and supplies to Region 11 EMS personnel should be facilitated by the receiving hospital and includes the following patient categories:

   a. Transported by EMS to an Emergency Department
   b. Transported by EMS to an inpatient bed
   c. Non-transports of termination of resuscitation patients that would have otherwise been transported to the hospital.

3. All replacement items should be immediately available to the EMT or paramedic as documented in the patient care report so as not to delay their return to service.

4. Failure to replace an item should be documented on a standardized form as provided by the employer agency.

5. EMS should retain this form and restock at their Resource Hospital and/or internally with their EMS agency.

6. In the event of transport of a patient with a suspected communicable disease, the following items must be made available to the EMT or paramedic for use:

   a. An EPA-registered disinfectant or surface disinfectant wipes
   b. Additional ambulance cleaning supplies as needed.

7. Controlled Substances

   a. Use of any controlled substance should be documented on a controlled substance accountability form and signed by the paramedic and a representative from the

receiving participating hospital. The hospital and EMS agency are responsible for maintenance of these forms as per internal policy and DEA requirements.

b. Each participating hospital must accept any waste or residual controlled substances from EMS personnel and dispose of it according to existing hospital and Drug Enforcement Agency (DEA) policy.
c. Upon documentation of use, each participating hospital will then replace only the controlled substance from the EMS unit as listed according to the Region 11 EMS System Drug, Equipment and Supply List.
d. Resource and Associate Hospitals in Region 11 have the additional responsibility to replace "soon to expire" controlled substances according to the Controlled Substance Requirements Policy.

B. Communication With EMS

1. Each participating hospital should have a dedicated phone line for EMS pre-notification calls.

2. Every participating hospital must have a functioning MERCI radio.

3. A dedicated fax number or direct platform is required to receive EMS patient care reports.

4. A dedicated computer terminal is required to receive 12 lead ECG transmissions.

5. A dedicated computer terminal is required to access EMResource.

C. **Emergency Department Status and Hospital Capacity**

1. Each hospital should maintain adequate staff and capacity to allow for EMS patient transports to the Emergency Department or implement surge protocols when resources are limited.

2. Each hospital should have a protocol that addresses peak census, surge, and hospital diversion/ambulance bypass; current status should be updated in EMResource as detailed in the Hospital Diversion/Ambulance Bypass or Resource Limitation Policy.

3. According to federal EMTALA regulations, once a patient arrives at a hospital Emergency Department they become the responsibility of the hospital and its staff, and a transfer of patient care is considered to have occurred, regardless of whether or not a gurney or wheelchair is immediately available for the physical transfer.

4. Ambulances on hospital property cannot and will not be rerouted to another hospital for initial patient evaluation.

5. For patients arriving with cardiac rhythm monitoring by EMS, the hospital staff's triage assessment and internal protocols should dictate if continued rhythm monitoring is

necessary. Region 11 EMS Protocols require cardiac monitoring for a wide variety of conditions that may not be the same for 'in hospital' care (i.e. a 'monitored bed' might not be necessary in the Emergency Department).

6. It is mandatory for EMS crews to transfer care to hospital staff, generate a patient care report (PCR), clean their equipment, and restock their supplies in a MAXIMUM of 60 minutes so that they can return to service. Extended "wall times" or "ambulance offload delays" are not acceptable and create a potentially dangerous delay in responding to the next emergency.

7. Each participating hospital must have access to EMResource and report their bed availability according to the Illinois Department of Public Health (IDPH) requirements.

D. **Notification of a Significant Exposure to a Communicable Disease**

1. All hospitals are required to be compliant with the requirements outlined in the Illinois Hospital Licensing Act (210 ILCS 85/6.08).

2. Each participating hospital must have an internal policy addressing notification of communicable diseases to an EMS agency's Designated Infection Control Officer (DICO).

3. The guidelines for the notification for Emergency Response Employees (ERE) and *List of Potentially Life-Threatening Infectious Diseases to Which Emergency Response Employees May Be Exposed* can be found on the CDC webpage: https://www.cdc.gov/niosh/topics/ryanwhite/background.html

E. **EMS Case Review and Continuous Quality Improvement (CQI)**

1. Participating hospitals have the responsibility to notify the Resource Hospital EMS Coordinator of any concerns involving prehospital patient care, the Request for Clarification Form may be used for this purpose.

2. Participating hospitals must share patient medical information with the Resource Hospital for case review and/or quality improvement purposes.

Attachment I: List of Region 11 EMS System Participating Hospitals

Attachment 1

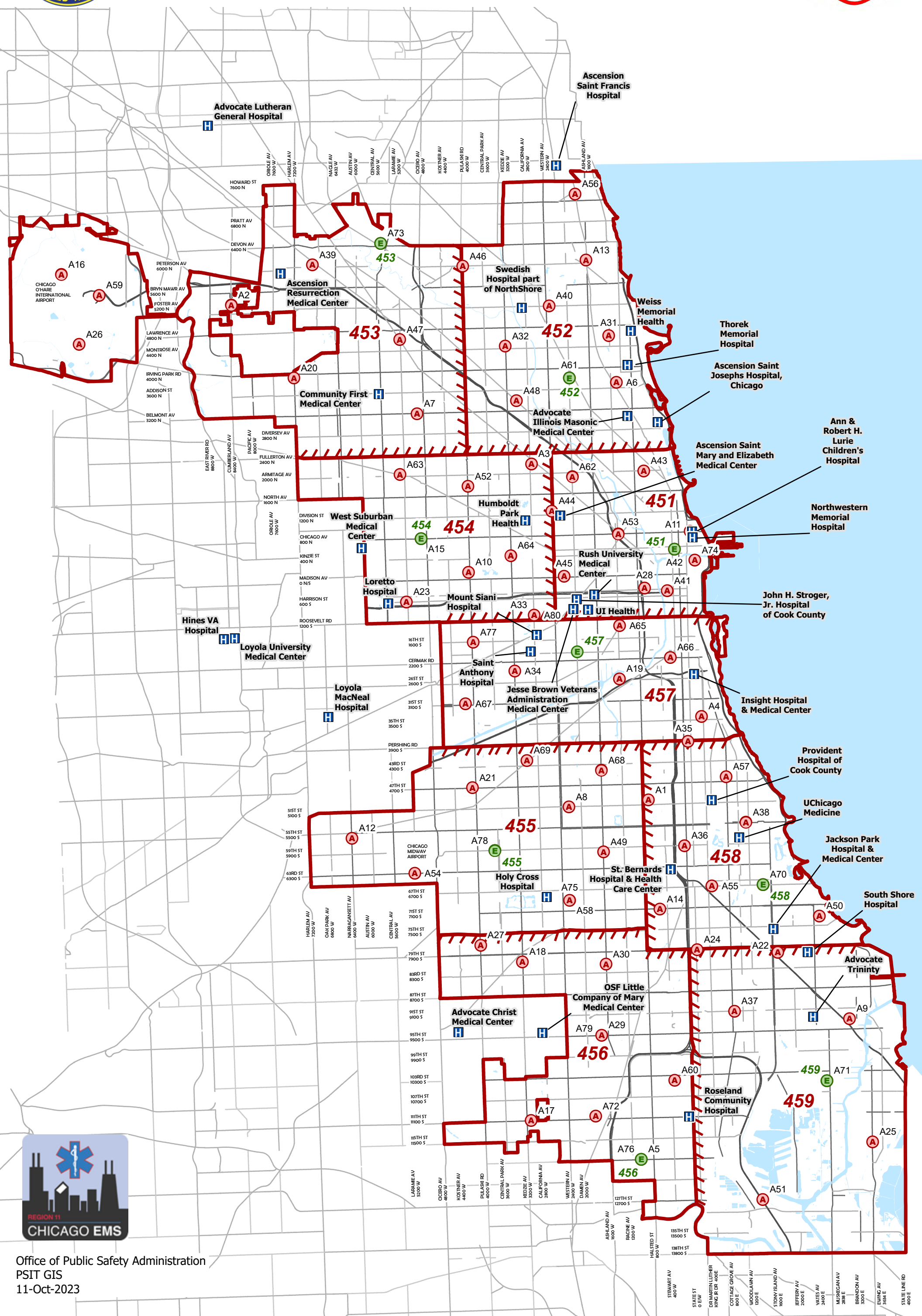
PARTICIPATING HOSPITALS

Advocate Christ Medical Center
Advocate Illinois Masonic Medical Center
Advocate Lutheran General Hospital
Advocate Trinity Hospital
Ann & Robert H. Lurie Children's Hospital of Chicago (Pediatrics ONLY)
Ascension Resurrection Medical Center
Ascension Saint Francis Hospital
Ascension Saint Joseph Hospital, Chicago
Ascension Saints Mary & Elizabeth Medical Center (St. Mary Campus ONLY)
Community First Medical Center
Edward Hines, Jr. Veterans Affairs Hospital
Endeavor Health Swedish Hospital
Holy Cross Hospital
Humboldt Park Health
Insight Hospital & Medical Center
Jackson Park Hospital & Medical Center
Jesse Brown Veterans Affairs Medical Center
John H. Stroger, Jr. Hospital of Cook County
Loretto Hospital
Loyola MacNeal Hospital
Loyola University Medical Center
Mount Sinai Hospital
Northwestern Memorial Hospital
OSF Little Company of Mary Medical Center
Provident Hospital of Cook County
Roseland Community Hospital
Rush University Medical Center
Saint Anthony Hospital
South Shore Hospital
St. Bernard Hospital & Health Care Center
Thorek Memorial Hospital
UChicago Medicine
UI Health
Weiss Memorial Hospital
West Suburban Medical Center

Each hospital listed participates in the Chicago EMS System (Region 11) and is licensed by IDPH as providing Comprehensive Emergency Services.

Updated 12/12/23

Region 11 Participating Hospitals



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