PURPOSE

To define the conditions and procedures for a resource hospital override of an ambulance call.

MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Amita Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

SPECIAL INSTRUCTIONS/FORMS TO BE USED

N/A

PROCEDURE

The EMS Medical Director and Resource Hospital are responsible for the quality and effectiveness of pre-hospital care prescribed through emergency department consultation from any System hospital. Ambulance runs directed by a System hospital emergency department may be interrupted and medical control overridden by the Resource Hospital when the prescribed treatment or other direction by that emergency department is determined by the Resource Hospital to be inappropriate or potentially detrimental due to ineffective overall management.

I. An Override May be Initiated Due to one of the Following

A. A request by the medical personnel in charge on the scene

B. A request by the radio nurse or emergency department physician at the consulting System hospital.

C. As directed by the ECRN or ED physician at the Resource Hospital who, while monitoring the call, determines that an override is necessary.

II. Procedure
A. When initiated from the medical personnel in charge on the scene
   1. Medical personnel on-scene will inform the System hospital of their intent to
      initiate an override along with supportive reasoning.
   2. Ambulance personnel will then contact the Resource Hospital for the purpose of
      consultation regarding the request for an override.
   3. A full report on the patient’s condition and the rationale for the override must be
      communicated to the ECRN or ED Physician at the Resource Hospital and
      documented on the Telemetry Log Sheet.
   4. On-scene personnel will continue at the direction of the Resource Hospital and
      fully document the override occurrence.

B. When initiated by a System Hospital
   1. The System hospital providing medical control will inform the on-scene medical
      personnel of their intent to refer the call to the Resource Hospital for the purpose
      of an override.
   2. Following transfer of the call through the Resource Hospital emergency
      department, the System hospital ECRN or ED physician will provide a full report
      of the call including rationale for the override.
   3. The Resource Hospital will take over medical control for the duration of the call.

C. When initiated by the Resource Hospital
   1. The ECRN or ED Physician monitoring the call at the Resource Hospital will
      announce over the radio frequency that an override has been initiated and the call
      is being taken over by St. Mary’s Hospital. (i.e., “This is St. Mary’s Hospital on
      an override. All personnel to stand by. Paramedics proceed with the call
      following directions only from the Resource Hospital.”)
   2. Finish the call, directing care appropriately for the situation.

II. Documentation and Review

A. It is absolutely necessary that the Resource Hospital emergency department ECRN notify
   the EMS System Coordinator as soon as possible after the override, day or night. Notify
   the EMS Medical Director if the EMS System Coordinator is unavailable.
B. The ECRN or Physician at the Resource Hospital will complete the “Override Report Form” immediately following the override occurrence. Each party to an override (ECRN/MD at the System hospital and the involved EMS agency) must also complete documentation regarding the call and submit it to the EMS office within 72 hours. Any audio-tape of the call will be included as part of the documentation.

C. The involved hospital emergency department personnel should pull their tape of the run as well as the Ambulance Report Form and the patient’s Emergency Department Record to help compile all data and aide in the run critique.

D. Following receipt of all required documentation, the EMS Office will review the override (including any additional interviews if necessary) and, if appropriated, initiate a corrective action plan.

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**RESOURCE HOSPITAL OVERRIDES**

DATE:  _______________________  TIME:  ___________

HOSPITAL ORIGINALLY TAKING CALL:  ______________________________

AMBULANCE SERVICE:  ____________________________  RUN #:  __________

PATIENT’S NAME:  ________________________________  M_____F_____

CHIEF COMPLAINT:  _____________________________  AGE:  ____________

NAME OF EMT REQUESTING OVERRIDE (if applicable):  __________________________

CIRCUMSTANCES NECESSITATING OVERRIDE:  ____________________________
DESCRIBE RESOURCE HOSPITAL'S INTERVENTION AND OUTCOME OF CALL:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

COMMENTS:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

SIGNATURE OF ECRN

SIGNATURE OF ED PHYSICIAN

FOLLOW UP (For office use only):

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
NOTE: Policies with original signatures are on file in Administration.