PURPOSE

To identify the PSMH personnel that are authorized to answer the MERCI and telemetry radios in the ED.

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 responsibility of handling calls received via the telemetry console lies with the Resource or Associate hospitals. These voice orders must be given by or under the direction of the EMS Medical Director or the EMS MD’s designee, who shall be either an Emergency Communications Registered Nurse, an Emergency Department Physician, PA, or EMS Coordinator.

I. Only nurses who have completed the Resource Hospital’s or a Resource Hospital approved ECRN course will be allowed to operate the telemetry console.

II. Physician direction shall be provided from the telemetry base station of the Resource Hospital or Associate Hospital. Not withstanding the foregoing, the EMS Medical Director may, in his discretion, direct that all communication be provided from the telemetry base station of the Resource Hospital in the interest of patient care, or the needs of the system, or any of it’s providers.

III. EMS Direction shall be utilized via Telemetry of cellular phone contact with the Resource Hospital.

A. A physician or ECRN must respond to all calls, acknowledge the call by verifying the provider agency and stating the name of the hospital.
B. After receiving information regarding the patient’s history, assessment and treatment already rendered, the base station may choose to give additional orders. These orders must be based on the System Standing Medical Orders. Any deviation from the SMOs must be ordered by a physician.

IV. The ECRN or physician handling the call is responsible for completing the log sheet. It is very important to record the Provider Agency, Receiving Hospital, ETA, date, and time along with ECG strips if one was requested to be transmitted. Also, the Receiving Hospital must be notified and the name of RN or MD accepting to report documented on the telemetry log sheet. If the patient is transported to St. Mary’s Hospital Emergency Department, the yellow copy of the telemetry log sheet must go with the patient’s chart.

V. An ECRN must request physician consultation or turn the call over to a Base Station physician in the following situations:

A. When deviating from the Standing Medical Orders;

B. When there is any question whether or not to grant patient refusal of treatment or transport;

C. Conflict with law enforcement on scene;

D. Cessation of CPR in the pre-hospital setting;

E. Request for transport to other than the nearest hospital when patient stability is in question, and;

F. Diversion to other than the nearest hospital when the nearest hospital is on bypass and there is concern that the diversion would not be in the best interest of the patient

VI. Region VII protocols allows System Providers, if they so choose, to contact receiving facility hospitals direct, as long as the hospital falls within the geographical boundaries of the Region.

VII. MERCI Radio Communications

A. Is the required method of relaying all BLS patient information to the receiving facility, or as a backup mode to cellular communication malfunctions.

B. MERCI radio frequency is 155.340.

C. All agencies must be licensed through the FCC to operate this frequency.
D. When initiating MERCI radio communications, proper identifiers and/or call letters must be utilized.

E. Transmitting patient run information over MERCI radio should be concise and brief in order to minimize needless radio traffic, while giving only pertinent and critical details as it pertains to the call.

VIII. Standard Communication Protocol

A. Agency name or proper identifiers must be utilized at all times by both provider agencies and the consulting hospital.

B. Plain English is the accepted manner of communication, both on MERCI radio and cellular phone lines. The use of 10-codes or similar terminology is not recommended.

C. All medication and treatment orders provided by the consulting hospital must be repeated by the provider agency personnel to ensure accuracy.

D. ECG transmissions, when requested, should not exceed 6-10 seconds.

E. It is required that the consulting hospital signs off with its name and appropriate call letters.

F. ECRN shall advise EMS “to follow SND’s and recontact as needed” prior to signing off.

IX. Outline for Radio Report

A. Agency name and vehicle ID

B. Requested destination, closest hospital and ETA

C. Age, sex and approximate weight of patient

D. Chief complaint, including symptoms and degree of distress

E. Level of consciousness and orientation

F. Clinical condition; vitals, focused and detailed patient assessment findings

G. History of present illness/injury
H. AMPLE history: Allergies, meds, past medical history, last ate, events surrounding incident

I. Any treatment initiated and response to treatment

X. Convey the above information using one of the following modes of transmission in order of priority as listed:

A. Telemetry Radio; if unable to communicate then proceed to item b.

B. Telephone direct to the ER telemetry radio (815-933-7409); if unable to communicate then proceed to item c.

C. MERCI radio; if unable to communicate then proceed to item IX.

XI. If the Pre-hospital Provider has not been able to contact the Resource or Receiving hospital personnel through the Telemetry Radio, telephone or MERCI Radio, the Prehospital Provider may institute the appropriate Standing Medical Orders. Additionally, the Prehospital Provider will submit an unusual occurrence report to the EMS System Coordinator within 24 hours of occurrence documenting all aspects of the pre-hospital run with special attention to radio failure and institution of Presence St. Mary’s EMS Systems Standing Medical Orders.

XII. All radios and equipment are maintained by Mobile Communications of 761 Main Northwest, Bourbonnais, Illinois (815) 935-9980 or after hours at 1-800-800-9725.

A. In the event of radio system failure, the charge ERCN shall initiate the following steps:

1. Notify Riverside Medical Center of the equipment malfunction so they can intercept radio calls.

2. Contact the Emergency Department Director and EMS System Coordinator.

3. Notify Mobile Communications

4. Utilize the radio that is functioning if able.
NOTE: Policies with original signatures are on file in Administration.