Monterey County EMS System Policy

HOSPITAL COMMUNICATIONS

PURPOSE:

To establish procedures for phone and radio communications between field personnel and hospital personnel.

POLICY

A. This policy addresses procedures to be used in two types of hospital communication: **base hospital contact** and **hospital notification**.

B. **Base hospital contact** is used by paramedic personnel to contact a Monterey County EMS Agency-designated base hospital for the purpose of obtaining medical direction from a base hospital physician.

1. Paramedic personnel shall make base hospital contact in the following circumstances:

   a. To receive direction for administering medications or providing treatments that are restricted by policy or protocol to base contact order only.

   b. For a patient presenting with symptoms that cause uncertainty regarding the appropriate protocol to be used.

   c. To obtain a field pronouncement of death when the patient does not meet the criteria listed in Policy #4100 (Pre-Hospital Determination of Death).

   d. To perform Advanced Life Support (ALS) treatments or administer medications not specifically authorized by Monterey County Policy and Protocol but that are within the Monterey County paramedic scope of practice.

   e. For consultation when:

      1) The patient has a serious or potentially life-threatening condition but is refusing care or transport, and base physician involvement may convince the patient to accept the recommended treatment or transport.

      2) There is disagreement among field providers regarding patient care. Refer to Policy #4000 (Emergency Medical Scene Management).

      3) The paramedic believes that base hospital physician involvement will benefit patient care.

   f. When required by Monterey County EMS System Policy.

2. Base contact is not the appropriate communication modality for discussion of the patient's condition with the base hospital physician, except as detailed above.

3. Base contact should be made to the designated specialty care center when needed as outlined below:

      a. For patients meeting Step 1-3 Trauma Triage Criteria, contact Natividad. **<u>For any questions related to the destination for adult and pediatric patients meeting Step 4 trauma triage criteria, or for any patients who do not meet trauma triage criteria, but whom the paramedic feels may benefit from a trauma center, base hospital contact should be with Natividad.</u>**

      b. For patients who are believed to be experiencing a stroke, contact the nearest Monterey County EMS designated Stroke Center.

      c. For patients who are believed to be experiencing an ST-Elevation Myocardial Infarction (STEMI), contact the nearest Monterey County EMS designated STEMI Receiving Center.

      d. For ROSC in the adult,, contact the nearest STEMI Receiving Center.

4. Base hospital contact shall be with the receiving hospital if that hospital is also a base hospital. If the receiving hospital is not a base hospital, contact the closest base hospital.

      a. If the base hospital is not also the receiving hospital, the base hospital shall contact the receiving hospital with a report on the patient and any orders given by the base hospital.

5. In the event of base hospital communication failure, follow Monterey County EMS System Policy #3091 (Base Hospital Communication Failure).

C. **Hospital notification** is used to contact the receiving hospital to advise the hospital of impending patient arrival and condition. Most hospital communications will be hospital notification only.

1. The purpose of hospital notification is to ensure that the hospital is prepared to receive the patient with the appropriate bed, equipment, and personnel to care for the patient's condition.

2. These notifications should also include the proper specialty alert, in order to help the receiving hospital prepare for the potential needs of the patient.

D. The minimum information to be communicated under base contact or hospital notification is outlined in the procedure section of this policy.

PROCEDURE

A. Base hospital contact shall be made through a dedicated recorded radio channel or phone line.

B. Communication with a designated base hospital will start with specifying whether the communication is for base contact or hospital notification.

C. Communications shall utilize the SBAR mnemonic, as below:

1. **S**ituation

2. **B**ackground

3. **A**ssessment

4. **R**ecommendations/ **R**ecap

D. A full report should take 60 seconds or less, unless there are multiple patients or other mitigating circumstances.

E. Paramedics shall repeat any orders given by a base hospital physician prior to closing communication with the base hospital.

Identify yourself, organization, unit, and type of call *(e.g., "This is Paramedic Smith, AMR Medic 20 with a 52 y/o male Stroke Alert patient")*	

Situation	• Code 2 or Code 3
	 • ETA
	 • Age/Sex/Chief Complaint of patient
	 • State urgent issues and immediate needs up front
	 • Reason for base consult (trauma patient destination, specialty patient, AMA documentation, request for orders, etc.)
	
	 Trauma **Medical**
	
	 Trauma
	 • MVC:
	    o Speed (known mph and/or freeway or city streets)
	    o Type of impact (rollover, head-on, etc.)
	    o Describe significant damage to vehicle (e.g., amount of intrusion, entrapment, steering wheel damaged, etc.)
	    o Number and condition of patients (e.g., 3 moderate, 2 critical)
	 • MCC
	    o Protective clothing
	    o Damage to helmet
	    o Distance of ejection from motorcycle
	 • Falls
	    o Distance (2nd story, ground level fall, etc.)
	 • Assault
	    o Object (e.g., GSW, stabbing, fists, etc.)
	    o Impact area
	
	 Medical
	 • Stroke
	    o Time last known well
	    o Time of onset of symptoms
	    o What was the positive hit on the BEFAST?
	 • STEMI
	    o ECG transmitted
	    o Is this patient s/p cardiac arrest with ROSC?
	 • OB
	    o # of months pregnant
	    o Gravida/Para status
	    o Prenatal care?
	    o Any known complications (e.g., breech presentation)
	 • Behavioral Health
	    o Restraints (physical and/or chemical)
	    o Security needed?
	    o Is the patient on a 5150?

Background	• History of current illness/injury • Pertinent past medical history • Pertinent medications/allergies (e.g., stroke pt with history of A-fib, takes Coumadin, allergic to aspirin)
Assessment	• ABC's • Focused physical assessment • General impression • Vital signs (including systolic and diastolic blood pressure, if possible), GCS, lung sounds, pain level, skin signs, pupils, blood glucose, ECG as appropriate o Vitals to be monitored every 15" for stable patients, every 5" for unstable
Recommendations/ Recap	• Treatment rendered and patient's response • What would you like from the physician? If you are looking for a specific order, state that here.

• Repeat orders given by a physician

A full report should take 60 seconds or less, unless there are multiple patients or other mitigating circumstances.

END OF POLICY

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