

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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FIELD TO HOSPITAL COMMUNICATIONS

I. PURPOSE

- A. To establish consistent criteria for field personnel to determine when it is appropriate to contact:
 - 1. Receiving Hospitals for advance notification of an incoming patient.
 - 2. Base Hospital Physicians for medical consultation or treatment authorization.
 - 3. Field Supervisors for administrative consultation.
- B. To provide field personnel with guidelines for providing a clear and concise report that conveys pertinent patient information to Receiving Hospital personnel, Field Supervisors, or Base Hospital Physicians.
- C. To establish consistent procedures for field personnel to utilize alternative communication methods in the event of a radio failure.

II. AUTHORITY

- A. California Health and Safety Code 1797.204 and 1797.220.
- B. California Code of Regulations, Title 22, Sections 100173-100175.

III. POLICY

- A. 800 MHz radio communications between field personnel, Receiving Hospital personnel, Field Supervisors, and Base Hospital Physicians shall adhere to the standards presented within this policy.
- B. Field personnel shall document radio contacts with Receiving Hospital personnel, Field Supervisors, or Base Hospital Physicians on the prehospital care record (PCR).
- C. Field personnel shall also adhere to any additional operational reporting guidelines for Field Supervisor contact as required by their respective ambulance provider. Any additional operational reporting guidelines required by the respective ambulance provider shall be consistent with the guidelines noted in this policy.

IV. RECEIVING HOSPITAL NOTIFICATION

- A. Field personnel shall provide advance notification to a Receiving Hospital except San Francisco General Hospital, for **all** direct emergency department patient transports. This includes all Advanced Life Support and Basic Life Support direct emergency department transports of stable and unstable patients.

- B. Field personnel shall provide SFGH with advance notification for an incoming patient **only** if the patient's condition is critical or meets specialty care need (e.g., trauma, pediatrics, etc.).
- C. Interfacility transfers pre-arranged with a physician and hospital are excluded from advance notification except in situations where the patient has unexpectedly deteriorated and requires immediate care in the emergency department.
- D. Field personnel shall provide a brief, clear report that provides pertinent information to Receiving Hospital personnel (see *Attachment 1*).
- E. Under no circumstances shall the Receiving Hospital physician or nursing personnel provide medical direction to field personnel.
- F. Hospital notification during periods of diversion:
 - 1. EMS providers should determine diversion status before transport
 - a) EMResource displays current diversion information.
 - b) Hospitals will accept any patient in which the diversion status has changed after initiation of transport.
- G. For suspension of Receiving Hospital contact in the event of a multi-casualty incident (MCI), please refer to EMS Agency Policy #3010, *EMS System Communication Standards*.

V. BASE HOSPITAL PHYSICIAN CONTACT CRITERIA

- A. EMT-Ps shall contact the Base Hospital Physician for treatment authorization or medical consultation for any of the following circumstances:
 - 1. Prior to administering any drug or initiating any treatment that requires Base Hospital Physician contact according to the EMS Agency *Treatment Protocols*.
 - 2. Any questions or clarifications regarding the appropriate destination or specialty care receiving facility for a patient.
 - 3. Any patient whose care requires deviation from the EMS Agency *Treatment Protocols*.
 - 4. Any patient, who in the EMT-P's judgement, would benefit from a Base Hospital Physician medical consultation.
 - 5. Any patient in which an on-scene physician wishes to assume total responsibility for medical care.
 - 6. Any patient refusal that requires Base Hospital contact in accordance with EMS Agency Policy #4040, *Prehospital Evaluation and Transport*.
- B. The EMT-P shall provide a brief, clear report that provides pertinent information to the Base Hospital Physician in accordance with *Attachment 1* of this policy.
- C. The Base Hospital Physician shall provide medical consultation to EMT-P personnel in the circumstances noted in accordance with EMS Agency Policies #5011 *Base Hospital Standards* and #5000 *Destination Policy*, and all other applicable EMS Agency policies.
- D. After the EMT-P has made Base Hospital Physician contact, the EMT-P shall then notify the Receiving Hospital of any patient enroute to that facility. In rare

circumstances such as a critical patient, the EMT-P's respective dispatch center shall relay this information if the EMT-P is unable to do so.

E. For suspension of Base Hospital contact in the event of an MCI, please refer to EMS Agency Policy #8000 *EMS MCI Policy*.

VI. FIELD SUPERVISOR CONTACT CRITERIA

A. Field personnel shall contact their respective Field Supervisor for advice or consultation for any internal administrative or operational issues.

VII. RADIO COMMUNICATION FAILURE IN THE FIELD

A. In the event of radio communication failure in the field, the field personnel's respective dispatch center shall relay information from the field personnel to the Receiving Hospital as needed according to the approved reporting guidelines.

VIII. QUALITY IMPROVEMENT

A. The EMS Agency will monitor implementation of this policy through EMS Agency Policy #6020, *Performance Management Reporting*, and, at its discretion, random audits of field communication records.

ATTACHMENT 1

I. FIELD COMMUNICATION: REPORT FORMAT

- A. For Receiving Hospital Notification – Always confirm the name of the contacted hospital.
- B. For Base Hospital Consultation – Always confirm the name of the contacted physician.
- C. For Field Supervisor Contact – Always confirm the name of the contacted supervisor.
- D. Field personnel ID number. Confirm that the Receiving Hospital, Field Supervisor, or Base Hospital Physician can clearly hear the transmission.
- E. Reason for Receiving Hospital, Field Supervisor, or Base Hospital Physician contact.
- F. Transport code and ETA.
- G. Age, gender, chief complaint, mechanism of injury, or onset of illness.
- H. Level of consciousness.
- I. Vital signs.
- J. Pertinent positive and negative physical findings.
- K. Interventions already instituted, patient's response, and any problems encountered (e.g., unable to intubate the patient).

II. ADDITIONAL CONSIDERATIONS

- A. Receiving Hospital personnel and Base Hospital Physicians should avoid requesting information from Field Personnel that is not essential.
- B. Receiving Hospital personnel and Base Hospital physicians shall repeat reports only when the transmission is unclear.
- C. Every reasonable effort shall be made to minimize voice radio traffic.
- D. Radio transmissions should be in plain English.