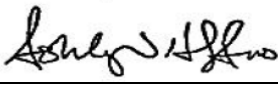


Methodist Health Services Corporation UnityPoint Health- Proctor EMS	Page # 1 of 3	Section:	Policy #: 24
	Approved by: 		Date: 02/2019 Review by: 2/2020
	Supersedes: Date Revised: 6/2017, 2/2019		
	Primary Responsible Parties: Dr. Ashley N. Huff Secondary Responsible Parties:		
	Joint Commission Standard:		
SUBJECT: RESOURCE HOSPITAL MEDICAL CONTROL "OVERRIDES"			

- I. POLICY:
Resource Hospital Medical Control "Overrides"
- II. PURPOSE AND STANDARD:
- III. POLICY SCOPE: Departmental
- IV. GENERAL INFORMATION:
 - A. UnityPoint Health Proctor Hospital will be the Resource Hospital for the UnityPoint Health EMS System. As Resource Hospital, UnityPoint Health Proctor Hospital reserves the right to override the delegated medical control of an Associate Hospital to assure appropriate patient care in compliance with [Section 515.330 \(1\)\(8\)](#).
 - B. The Resource Hospital Medical Control "Overrides Policy assures a mechanism whereby the Resource Hospital will override an Associate Hospital's orders in an appropriate and ethical fashion.
 - C. Definitions
 - 1. **MERCI Radio** – VHF radio used to communicate on the primary MERCI ambulance to hospital frequency of 155.340 for both local and statewide ambulance traffic or on the hospital to hospital frequency of 155.280 and other VHF frequencies which may be identified and reserved by IDPH in the future for the use of ambulance to hospital or hospital to hospital communications.
 - 2. **Telemetry Phone** – Reserved and recorded direct lines used by EMS providers to call the hospital for the transmission of patient reports and requesting orders for the care of patients.

3. **CAREPoint Console** – Computerized console which controls the MERCI radio and the telemetry phone lines from one location. The CAREPoint Console will be considered the operational control point for the EMS System.
4. **Operational Control Point** – A location where all MERCI (VHF), UHF, Telemetry Phone and intercom communications are located and from which all Online Medical Control is provided by the EMS Medical Director or his/her designee which may be an Emergency Department Physician or ECRN.
5. **Medical Control Physician** – The EMS Medical Director or his designee, the Alternate EMS Medical Director or Emergency Department Physician on duty in the UnityPoint Health Proctor Hospital Emergency Department.

D. Policy and Procedure

1. An override call occurs when Resource Hospital personnel intercede in the medical direction of a pre-hospital call directed by an Associate Hospital. The override may be requested by the EMT-B, EMT-I, EMT-P, ECRN, Pre-hospital RN and initiated by the on-duty Medical Control Emergency Department Physician at the Resource Hospital.
2. The following issues may indicate the need for the Override:
 - a) When the original medical control of the call by Associate Hospital personnel could result in unreasonable or medically inaccurate treatment causing potential harm to the patient.
 - b) When there is undue delay in initiating transport of a critically ill patient. (Greater than 20 minutes)
 - c) When there is no response from the Associate Hospital to the EMT or Pre-hospital RN after three (3) attempts to contact.
3. If the pre-hospital care provider encounters an indication for a Resource Hospital override, the EMS provider shall notify the Associate Hospital of the request for override and terminate communications with the Associate Hospital.
4. The pre-hospital care provider shall then contact the Resource Hospital and notify the Medical Control Physician of their request for override and relay the patient's pertinent medical history and condition for appropriate medical control guidance.
5. After medical control guidance has been completed, the Resource Hospital Medical Control physician shall notify the Associate Hospital Medical Control physician that an override was initiated and completed. All pertinent information shall be conveyed to the Associate Hospital medical control regarding an update on the patient's medical status and

the pre-hospital treatment rendered. The Associate Hospital shall be given an Estimated Time of Arrival of the patient to their facility.

6. The Resource Hospital Medical Control Physician and the EMS provider shall both submit, from their own perspective, a written summary of the intervention, including the reason(s) for the requested, granted/denied Resource Hospital override. The summary shall be written on an Incident Report Form and submitted to the EMS System Coordinator.
7. A summary of the intervention shall also be written by the Associate Hospital Medical Control physician and submitted to the EMS System Coordinator.
8. The EMS System Coordinator shall collect all written Incident Reports and forward them to the EMS Medical Director for a final determination and follow-up.
9. The EMS Medical Director may interview the parties involved in the call during the investigation.
10. The EMS Medical Director may take appropriate action to suspend an ECRN or Medical Control Physician's authority to provide medical direction within the UnityPoint Health EMS System during the investigation.