



Hospital Notification

PURPOSE

- I. To outline communication responsibilities when a patient is transported from the field to a receiving facility and to identify what should be done when communication is disrupted.

POLICY

I. RECEIVING FACILITY NOTIFICATION

- A. The receiving facility will be notified, by the ambulance crew, that a patient(s) is enroute to their facility, via ambulance, unless communication has been established with a base hospital, and the base hospital has been requested to contact the receiving facility.
- B. Basic Hospital Notification Information:
 - 1. Unit ID
 - 2. ETA
 - 3. Patient profile (age, gender, weight)
 - 4. Chief Complaint
 - 5. Treatment and response to treatment

II. AMBULANCE COMMUNICATIONS

- A. When communication with a base hospital has not been established, the ambulance will notify the receiving facility.
- B. Each receiving facility shall have a dedicated phone line and Med Net located at an area which is designated for ambulance communication.
 - 1. The phone line is to be used only to receive communications from EMS units.
 - 2. Communications via landline will conform to the same policies and procedures that govern ambulance communications via radio communication.
 - 3. Each ambulance will maintain a list of the dedicated landline telephone numbers for each receiving facility.

III. RADIO LOG

- A. Each receiving facility will continuously maintain a log book at the area designated for ambulance communication.
- B. Legal Document: This log is a medical legal document and will be retained at the receiving facility for seven (7) years.
- C. Contents: All communications by time in chronological order. This will include a brief description of all communications received or transmitted (e.g., patient cases, daily radio tests).
- D. Notation of patient cases within the radio log will include, at a minimum:
 - 1. "Event Number" assigned to the EMS call
 - 2. Patient's chief complaint/problem.
 - 3. Name of Radio Nurse who received the call
 - 4. Pertinent comments

IV. SPECIALTY CARE CENTER ALERTS

- A. When a prehospital patient requires care from a Specialty Care Center, early notification is in the best interest of the patient and shall be performed and documented on PCR/ePCR.
- B. STEMI Alert:
 - 1. Basic Hospital Notification Information
 - 2. 12-Lead ECG indicates STEMI or suspected STEMI
- C. Stroke Alert
 - 1. Basic Hospital Notification Information
 - 2. Last Known Well Time
- D. Trauma Alert
 - 1. Basic Hospital Notification Information
 - 2. Mechanism
 - 3. Injuries
 - 4. Vital Signs

V. DISRUPTED BASE HOSPITAL COMMUNICATION

- A. When a paramedic is directed by a field treatment guideline to contact the Base Hospital and he/she is unable to establish or maintain contact and determines that a delay in treatment may jeopardize the patient, the paramedic may initiate indicated ALS care as specified in the Field Treatment Guidelines until Base Hospital contact can be established or until the patient is delivered to the closest appropriate receiving hospital. The paramedic shall transport the patient as soon as possible while providing necessary treatment enroute.
- B. If ALS procedures normally requiring Base Hospital contact are performed under disrupted communications, the paramedic shall:
 - 1. Immediately following delivery of the patient to the receiving hospital:
 - a. Complete the ePCR documenting the ALS skills performed;
 - b. Notify Napa Central Dispatch of the communication problem, if the paramedic suspects that any radio problem was due to a situation other than geographical location.
 - 2. Within twenty-four (24) hours, send a copy of the completed PCR/ePCR and a written report explaining the reason(s) or suspected reason(s) for communication failure to the paramedic provider agency EMS Coordinator. The paramedic shall be prepared to demonstrate that the treatment delivered was appropriate.