



Division 05

Emergency Medical

Chapter 15 – EMRC Medical Communication

October 2011

POLICY

This General Order establishes procedures for medical communications using the MIEMSS Emergency Medical Resource Center (EMRC).

- Transport Notification
- Medical Consultation
- Incident/Transportation Coordination

DEFINITIONS

Base Station Facility – A MIEMSS designation that authorizes a healthcare facility to provide online medical direction to EMS providers using a Base Station Physician.

Transport Notification

A “notification” is made when any member of the EMS Unit crew conveys patient transport information only to the receiving facility. All patient transports, regardless of patient priority, require a notification to the receiving facility. Transport notification does not require the facility to be an approved base station facility, nor does a base station physician need to receive the information.

Base Station Physician – A MIEMSS designation authorizes physicians to provide online medical direction to EMS providers using EMRC.

Notifications include the following information:

SYSCOM – Located within the EMRC at the MIEMSS office in Baltimore provides statewide voice and data communications for aeromedical helicopter operations.

1. Unit designation
2. Primary provider name and level of certification
3. Verification of signal quality
4. Patient’s age
5. Patient’s sex
6. Patient’s chief complaint
7. Estimated time of arrival
8. Special needs upon arrival

PROCEDURES

1. Utilization of EMRC Radio System

EMRC, a statewide communications system coordinated by the Maryland Institute for Emergency Medical Services Systems (MIEMSS), is the primary means pre-hospital to hospital communication. EMS providers shall contact EMRC to establish communication with area hospitals for the purpose of medical consultation and relaying of patient transport information. There are three primary indications for EMS providers to contact EMRC:

Medical Consultation

In addition to the information contained in the transport notification, a medical “consult” is made when the primary EMS Provider conveys patient assessment information to an approved base station facility and receives on-line medical direction. The Maryland Emergency Medical Protocol for Pre-Hospital Providers requires a medical consult for all Priority 1 patients. Online medical consultation is also required for all Priority 2



patients who have persistent symptoms or need further therapeutic intervention(s). Medical consultation requires that the facility is an approved base station facility and a base station physician needs to receive the information and give medical direction.

This medical consultation may not be feasible due to close proximity to a hospital or when providers cannot spare the time because they are involved in aggressive resuscitative efforts. Only in such a case, providers can request Public Safety Communications make a transport notification to the receiving facility.

Incident/Transport Coordination

In large scale incidents, it is critical to provide multiple receiving facilities with advanced notice to prepare and to determine their current patient capacity. This information is essential to create an effective transportation plan. Up to six (6) facilities can be patched together at the same time through EMRC.

2. Hospital Selection

All Maryland hospital emergency departments have EMRC communications. If the approved base station hospital and receiving hospital are not the same, both hospitals must be included in the communication for a medical consultation. A base station is not required for a transport notification. Multiple hospitals (base station, receiving, and specialty referral) may all be linked with the field provider at the same time to facilitate making the optimum choices for the patient.

3. Establishing Radio Communications

To establish radio communications to EMRC:

- Switch radio talkgroup to 8 Bravo 5 (MED Call)
- Initiate communications with the EMRC operator.
 - *“Prince George’s County (Unit Number) to EMRC”*
- Once acknowledged by EMRC, the EMS unit shall request the particular hospital(s) that are to be online for medical consultation.
 - *“Prince George’s (Unit Number) requesting (receiving/consulting facility) online.”*
- EMRC will acknowledge the request and assign a MED Channel (Prince George’s Fire/ EMS will use Med channels 1,2 and 5 which will correspond to MED A, B, and E respectively)
- The EMS unit shall acknowledge EMRC that they have copied the assigned MED Channel and switch the radio selector to the assigned talkgroup.
 - *“Prince George’s (Unit Number) switching to med channel (assigned med channel).”*
 - *Switch the radio selector to the assigned talkgroup.*
 - *MED A(MED 1) is 8 Bravo 6*
 - *MED B(MED 2) is 8 Bravo 7*
 - *MED E(MED 5) is 8 Bravo 8*
- The EMS unit shall immediately “mark up” on the assigned MED Channel. This action will prompt the system for optimal performance.
 - *(Unit Number) on MED Channel (Assigned Channel).*



- Listen for the requested facilities to acknowledge that they are online and begin the consult.
- Terminate notification/consult by officially “clearing” the channel.
 - *“Prince George’s (Unit Number) is clearing the med channel.”*

4. Establishing Telephone Communications

Communication through EMRC can also be arranged through a telephone patch. The toll free number is 1-877-840-4245.

5. Public Safety Communications

Public Safety Communications is responsible for receiving and dispatching 911 incidents; contact SYSCOM for aeromedical resources; monitor hospital alert status. PSC is the primary operational communications link for EMS resources.

REFERENCES

Maryland Medical Protocols for Prehospital Emergency Medical Services Providers

FORMS/ATTACHMENTS

Attachment 1 – MIEMSS Approved Base Station Facilities

Attachment 2 – Example Communications



ATTACHMENT 1

**MIEMSS Approved Base Station Facilities
As of February 2011**

Region V

- Calvert Memorial Hospital
- Civista Medical Center
- Doctors Community Hospital
- Holy Cross Hospital
- Montgomery General Hospital
- Prince George's Hospital Center
- Saint Mary's Hospital
- Shady Grove Adventist Hospital
- Southern Maryland Hospital Center
- Suburban Hospital Association
- Washington Adventist Hospital

District of Columbia

- Children's National Medical Center

Region III

- Anne Arundel Medical Center
- Baltimore Washington Medical Center
- Greater Baltimore Medical Center
- Howard County General Hospital
- Johns Hopkins Bayview Medical Center

- Johns Hopkins Hospital
- R Adams Cowley Shock Trauma
- Sinai Hospital of Baltimore
- Union Memorial Hospital
- University of Maryland Medical Center

The Maryland Medical Protocol for EMS Providers maintains the official list of approved Base Station facilities.

Facilities Outside Maryland with EMRC Listen-In Capability

- MEDSTAR
 - Washington Regional Burn Center
- Georgetown
- United Medical Center
 - Formerly Greater Southeast Community Hospital



ATTACHMENT 2

EMS-EMRC –Facility Communications

Transport Notification

EMS: Prince George's Ambulance 829 to EMRC.

EMRC: Go ahead.

EMS: Prince George's Ambulance 829 requesting Southern Maryland Hospital on line.

EMRC: Switch to med channel 1 (Med A)

EMS: Prince George's Ambulance 829 on med channel 1

Southern Maryland Hospital: Southern Maryland online

EMS: Prince George's Ambulance 829 to Southern Maryland, this is EMT-B Smith how do you copy?

Southern Maryland Hospital: Loud and clear.

EMS: This is an information only notification. Transporting a 19 year old female complaining of an ear ache times three months. ETA about 15 minutes.

Southern Maryland Hospital: Southern Maryland is okay, see you in 15. Southern Maryland clear.

EMS: Ambulance 829 clear.

Medical Consultation

EMS: Prince George's Medic 820 to EMRC.

EMRC: Go ahead.

EMS: Prince George's Medic 820 requesting Southern Maryland hospital online.

EMRC: Switch to med channel 1

EMS: Prince George's Medic 820 on med channel 1(Med A).

Southern Maryland Hospital: Southern Maryland online.

EMS: Prince George's Medic 820 to Southern Maryland, I need a physician online. I'll be requesting orders.

Southern Maryland Hospital: Stand by...This is Dr. McDonald, go ahead.

EMS: This Paramedic Smith on PG Medic 820, how do you copy?

Southern Maryland Hospital: Loud and clear, over.

EMS: The patient is a 49 year old male with chest pains and no other symptoms. No Allergies. No medications. No prior medical history. Last oral intake was dinner about four hours ago. The patient was not exerting himself when the chest pain started. He was lying down in bed watching TV about one hour ago when he felt substernal, non-radiating chest "pressure." Nothing makes the pain better or worse. He initially rated the pain 7/10. Initial vital signs: BP 190/110. HR 96. The patient has had 3 nitros and now rates his pain 4/10. Current vitals: BP 162/100. HR 88. Sinus Rhythm without ectopy on the monitor. 12 lead is unremarkable. We have about an eight minute ETA and I am requesting orders for additional nitro as long as the patient remains hemodynamically stable.

Southern Maryland Hospital: Okay, go ahead and continue with the nitro. Your control physician is Dr. McDonald.

EMS: All right, we'll continue with the nitro. See you in eight minutes.

Southern Maryland Hospital: If the patient deteriorates or you need something else contact us again. If not, see you in eight. Southern Maryland is clearing the med channel.

EMS: Medic 820 clear.



Incident/Transportation Coordination

EMS: *Prince George's EMS814 to EMRC*

EMRC: Go ahead

EMS: *We have an MCI and I am requesting multiple hospitals online to coordinate transport destinations. I am requesting Prince George's, MedSTAR, and Children's online.*

EMRC: Switch to med channel 1 (Med A)

EMS: *Prince George's EMS814 on med channel 1 (Med A)*

As the hospitals come online, EMRC should prompt them that multiple hospitals will be online and to remain silent until called. Once all hospitals have marked up, continue.

EMS: *This is Prince George's EMS814. We have an MCI from a motor vehicle crash with a mix of trauma and non-trauma patients. We have a total of 9 patients. How many patients can your facilities take?*

Children's: We can take 2 major, up to 5 minors.

MedSTAR: We can take 2 traumas.

PG: We can only take 1 trauma...we just had a walk in. We can take up to 3 minors.

EMS: *Children's, we'll send you three siblings. Two traumas, 1 minor. We'll send their two parents to MedSTAR. PG will get the other two adults, one is a trauma, other is minor. PG you will also get two minor pediatrics, related to one of the adults.*

So Children's will receive two traumas. 8 year old male with head and chest trauma, 10 year old female with chest trauma. Also, 12 year old female, without any major trauma.

MedSTAR will receive their parents. 37 year old female with head and chest trauma. 39 year old male with chest and lower extremity trauma.

PG will receive a 33 year old male with chest trauma, and 1 adult for neck and back 22 year old female. Also, we have two pediatrics without any significant complaints, 10 year old female and 11 year old male. They are related to another patient going to your facility. Could you possibly accept 4 minors instead of 3 so that the children are not separated?

PG: All right, we can take those 4 with the adult trauma.

EMS: *The individual transport units will contact you with more patient information once they are in en route. Children's copy?*

Children's: Children's copies, two major trauma, one minor.

EMS: *MedSTAR copy?*

MedSTAR: MedSTAR copies, two traumas.

EMS: *PG copy?*

PG: PG copies, one trauma, 4 minors

EMS: EMS814 is clearing the med channel.