MEDICAL COMMUNICATION POLICY

The West Virginia OEMS protocols are designed to allow EMS personnel the ability to provide a wide variety of treatments to many types of patients by utilizing off-line protocols. However, since protocols cannot cover all situations, on-line medical direction is essential to a quality EMS system.

EMS personnel are expected to contact **Medical Command** for on-line medical direction as outlined in the protocols or anytime additional consultation is needed by the provider. Additionally, EMS personnel should notify **Medical Command** on inter-facility transports being transferred to the emergency department not less than fifteen (15) minutes prior to arrival. All ALS treatment rendered, even by off-line protocol, requires notification of **Medical Command**. In order to provide for the most efficient and accurate communication between the provider and the **Medical Command** Operator, the following procedures will be used when communicating with **Medical Command**.

A. **Call-in Status Level:** In order to quickly and effectively identify the level of interaction required to properly manage the patient, the following terminology will be used:

1. **Status 3** - Provider has provided care to patient following off-line protocol and no further consultation or orders are required at this time. **Medical Command** is being notified to receive a report on the patient, to confirm the treatment given, to identify which protocol was used, and to allow notification of appropriate destination facility.

Note: Even if treatment was rendered fully by off-line protocol, notification and report are still required. **Medical Command** Operator will also confirm that proper protocol procedure was followed and request additional information as required.

2. **Status 2** - Provider has provided care to patient and has followed protocol to the point where contact with **Medical Command** is now required in order to proceed with additional off-line treatment or treatments found in the protocol. These treatments within the protocols will include the words... ***"by order of Medical Command"*** or ***"in consultation with Medical Command"*** or ***"contact Medical Command."*** Status 2 consultation allows the provider and the Medical Command operator to confer and confirm that the next steps in treatment are appropriate by jointly interpreting that section of the protocol. If they both agree, then **Medical Command** will provide the necessary confirmation to proceed. If they do not agree, then consultation with the **Medical Command Physician (MCP)** is indicated.

3. **Status 1 Charlie** ("C" signifies "Consultation"): Provider has provided care to patient and has followed protocol to the point where consultation with **Medical Command Physician (MCP)** is now required in order to proceed with

additional treatment(s). These orders or treatments within the protocols will include the words....“by order of MCP” or “by MCP order” or “in consultation with MCP”. The **Medical Command Operator** is permitted to relay the consult information between the provider and the **MCP** and communicate the orders back to the provider from the **MCP**. If any uncertainty exists during this process, then the provider, operator, or **MCP** may upgrade the call to a Status 1 Delta.

4. **Status 1 Delta** (“D” signifies “Direct”): Provider has provided care to patient and has followed protocol to the point where direct voice communication with **Medical Command Physician (MCP)** is now required in order to proceed with additional treatment or treatments. These orders or treatments within the protocols will include the words....”by direct order of **MCP**” or “by direct **MCP** order” or “in direct consultation with **MCP**”. There are only a few situations where direct communication with **MCP** is required in the protocols (i.e. Cease-Efforts Protocol 9102 requires direct consultation with **MCP** to discontinue efforts in the field). Occasionally field providers will encounter patients who, in their opinion, require direct consultation with the **MCP** in order to formulate the proper care plan for the patient. Additionally, there may be situations which are so complex that direct consultation with the **MCP** is critical for proper resolution of the situation (i.e. discussion with family concerning a certain therapy, physician on the scene who wishes to take control of the patient, etc.). In these situations, field providers can request a **Status 1 Delta** to speak directly with the **MCP**. In addition, Medical Command Operators or MCPs can also upgrade any call to a **Status 1 Delta** if they feel the situation dictates.

B. **Communication Procedures:** When communicating with **Medical Command**, the provider should use the following designations:

1. Unit with an EMT-P level of ALS care should be designated as a “Medic” Unit. (For example: “*Oakland County **Medic** 690 calling Charleston MedBase on Call 9"*).

2. Unit with an EMSA-I level of ALS care should be designated as an “ALS” Unit. (For example: “*Oakland County **Intermediate** 690 calling Charleston MedBase on Call 9"*).

3. Unit with an EMT-B level of BLS care should be designated as an “EMT” Unit. (For example: *“Oakland County **EMT** 690 calling Huntington MedCom on Call 9*”).

4. Unit with a CCT-Paramedic or CCT-Nurse should be designated as a “CCT” Unit. (For example: “*Oakland County **CCT** 690 calling WVU*

MedCom on 340").

C. Methods for contacting **Medical Command:** There are three (3) general methods for contacting Medical Command:

1. Telephone (landline): Should be used whenever the patient's location and condition permit. It offers the best quality communication available and keeps radio frequencies less congested. It also provides a greater amount of security for discussion of sensitive patient information. Providers may use the local phone number of the Medical Command Center or the toll free 800 number of the specific center.

2. Cellular Phone: Cell phone is an acceptable method of contact if landline is not available and sensitive information needs to be given, however, when in a mobile unit, it is not a substitute for radio contact if the coverage is available.

3. UHF or VHF Radio: Direct radio contact with **Medical Command** is the preferred method of contact while responding to a call, transporting a patient, or on the scene of an MVC or other non-residential incident. Depending on the area of the state, this may best be accomplished by either UHF or VHF frequencies.

D. **Inability to contact Medical Command:** If the provider is unable to make contact with Medical Command by any of the above means, properly authorized EMS personnel may continue to follow the appropriate protocol(s) in the best interest of the patient. However, the provider must then:

1. Immediately upon arrival at the receiving facility, contact **Medical Command** by phone and provide a full patient report **and** the method, time, and location of the unsuccessful efforts to reach **Medical Command**.

2. If this report is made prior to leaving the receiving facility, no further reporting is required by the provider.

3. If **Medical Command** is not contacted prior to leaving the receiving facility, by law, the provider must submit a report (Appendix H) to the State Office of Emergency Medical Services on the appropriate form within 48 hours. Failure to do so may be grounds for suspension or even legal action.

E. **Details of Call-in:** When contacting **Medical Command** the following specific procedures should be followed:

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1. In establishing initial contact, EMS personnel shall identify their unit with the proper designation as above.

2. After **Medical Command** has answered, provide the following information:

    - Unit ID
    - EMSP last name and certification number
    - Age and sex of patient
    - Chief Complaint
    - Status of call
    - Destination

3. **Medical Command** will then determine priority of call if other calls are also occurring.

4. **If Status 1 Delta**, **Medical Command** will alert the **MCP** and establish contact between provider and MCP.

5. **If Status 1 Charlie, Medical Command** will take information and consult with **MCP** for further orders.

6. **If Status 2, Medical Command** will take information and either concur with further treatment by protocol or consult with **MCP** for further orders.

7. **If Status 3**, **Medical Command** will take information for report, clarify details, confirm protocol usage, and notify the receiving facility. If there is increased traffic during this time, the Medical Command Operator may ask the provider to continue transport and call by phone after arrival at the receiving facility, and give complete report at that time.

8. When **Medical Command** is prepared to receive the full report, the provider will give the following pertinent patient information:

    - Age and sex of patient
    - Chief complaint/mechanism of Injury
    - Brief history of present condition
      BREAK
    - Past medical history
    - Medications
    - Allergies
    - Vital signs, GCS, and ECG
    - Assessment

BREAK

- Treatment given and in progress (include protocol # (s))
- Treatment and orders requested
- Updated ETA and destination

9. If the patient's condition changes or new complaints develop, **Medical Command** shall be recontacted with updated findings and treatment.