

Memo

To: All MedEx Ambulance Team Members
From: Ann Brandl ; Michael Pieroni
CC: Lauren Rubinson ; Jim Witteman ; Operations ; Dispatch
Date: March 2, 2012
Re: PRIORITY 4 (Non-Emergency) Calls

Effective immediately, we have added a new priority code to our system, "Priority 4 (Non-Emergency)" code. Effective immediately, ALL transports will be categorized as one of the following:

- No change* **Priority 1 Call** = Emergency with Lights & Sirens to the scene.
- No change* **Priority 2 Call** = Emergency with No Lights & Sirens to the scene.
- No change* **Priority 3 Call** = Non-Emergency with pre-scheduled pick-up time.
- "NEW"* **Priority 4 Call** = Non-Emergency responding as soon as possible.

The "Priority 4" option is being added in order to capture the most accurate data possible. When you are dispatched to a "Priority 4" call, you should respond immediately. These are not pre-scheduled calls. Instead, Priority 4 calls are non-emergency calls, to which we need to respond to AS SOON AS POSSIBLE.

An example of a Priority 4 call:

Dispatch receives a call from the University of Chicago's ER. The ER wants a patient returned to a local area Nursing Home. This is clearly not an emergency call, nor is this a pre-scheduled call. Yet, this is a call which U of C would like to be completed ASAP. This call is a Priority 4 call.

Please contact a supervisor or Ann Brandl with questions.

Memo

To: All EMT-Bs and EMT-Ps
From: Jeff Collins
CC: Operations and Communications Center Personnel
Date: October 13, 2008
Re: Stryker Stretcher Weight Limits

This memo serves to clarify how much weight each of our stretcher models can support. We now have 3 different Stryker stretcher models that you may come in contact with:

Stryker MX PRO can hold 600 pounds.

Stryker Power Stretcher can hold 700 pounds.

Stryker Bariatric Stretcher can hold 850 pounds in the elevated position and 1600 in the lowest position.

Side rails may be lowered for patient comfort; however crews must secure the patients with the safety belts supplied with the stretchers. If needed, additional nine-foot long safety belts are available in the rear cabinet of each ambulance if the standard safety belts are not long enough.

When you are assigned a call for a patient weighing 600 pounds or greater, please verify your stretcher model and the weight capacity and contact Operations or Dispatch if your patient exceeds the weight capability of the stretcher in your ambulance.

Lift assist requests will continue following current criteria. In the event a bariatric stretcher is required, every effort will be made to deploy the bariatric in a box ambulance with an Operations Supervisor, Manager, or MST, in order to provide better response times. If it is an emergency situation, a van ambulance can transport the patient and bariatric stretcher.

Please contact me, Lissette or an Operations Supervisor if you have any questions.

Memo

To: All MedEx Team Members
From: David Grayson
Date: January 28, 2009
Re: New Patient Care Reports

This memo serves to inform you of changes to the Patient Care Report (PCR) form.

The changes to the front of the PCR are as follows:

1. The "ALS, BLS, SCT" boxes from the top of the form have been removed. The level of service should not be hand written on top of PCR.
2. The section where medications are listed has been extended.
3. There is a new section for vent settings in the DRUGS section in the middle of the form. Paramedics should document the patient's vent settings from the facility's ventilator and set the MedEx vent to the same settings. If there are any questions regarding the vent settings or clarification is needed, contact the RT. A signature from the RT will no longer be required and paramedics will not have to fill out a vent sheet. The second line of vent settings on the PCR allows for documentation of any changes required during transport.

The changes to the back of the PCR are as follows:

1. The section for hospital-to-hospital transfers has been removed. Crews should document what services the patient required at receiving facility that were not available at sending facility in the "Comment" section on the front of the PCR.
2. The Medicare Signature sheet (green sheet) has been incorporated on to the back of the run report. We are still in the process of using up the old PCRs. If you are still using the old PCR, then the green sheet would be needed. Please check before you leave base.

Please contact one of us or an Operations Supervisor if you have questions.

Please contact Alicia Pufundt if you have questions related to documentation of ventilator transports.

Memo

To: All Field Crews
From: Jeff Collins
CC: Operations Staff and Dispatch Staff
Date: 8/14/2009
Re: Facility Instructions

As a reminder, whenever crews receive a page for a call, any facility instructions provided must be read and followed. MedEx provides important information that may require you to take a specific action such as designated parking locations, or instructions to turn off your ambulance while inside the facility. Crews who receive complaints from facilities for failing to follow instructions paged to them will be subject to disciplinary action.

Please see an operations supervisor or me with questions.

Memo


To: All Field Employees
From: Jeff Collins
CC: Operations; Dispatch
Date: 8/14/2009
Re: OLR Linen

When dropping off a patient at Our Lady of Resurrection Hospital, please exchange *only* the linen you used on your patient for a one for one exchange. OLR has requested providers not take any additional linen than replacing those used by the patient being dropped off

Thank you in advance for your cooperation.

Please see any Operations Supervisor or me with any questions.


Memo

To: All Field Personnel
From: Jeff Collins 
CC: Operations Staff and Dispatch Staff
Date: 8/14/2009
Re: Resurrection Medical Center

Resurrection Medical Center is now using non-disposable pillows. Please do not take the facility's pillow when you pick up a patient.

Thank you in advance for your cooperation. Please see an operations supervisor or me with any questions.

Memo

To: All MedEx Paramedics & Communications Center Specialists
From: Alicia Pufundt, RN, MSN 
CC: L. Wax, RN, R. Hoiberg
Date: 8/31/09
Re: IMMC OB/NICU Team Transport Protocol

Effective immediately, MedEx Ambulance will begin transporting patients to IMMC OB and NICU from other hospitals. The following MedEx Ambulance protocol is to be followed when IMMC contacts us for an OB/NICU transport. All OB and NICU transports will be ALS transports with IMMC OB/NICU team accompanying MedEx paramedics to the sending facility.

Dispatchers may only receive minimal patient information when the call is received. An ALS box ambulance should be dispatched for all team transports. All paramedics will be directed to obtain a demographic sheet from the sending facility.

TRANSPORT PROCEDURE:

- PARAMEDICS WILL BE MEETING THE OB TRANSPORT TEAM IN THE AMBULANCE BAY. PLEASE CALL 773/296-8999 WHEN YOUR ETA IS 5 MINUTES FROM IMMC AND THE TEAM WILL COME TO THE AMBULANCE BAY. THIS NUMBER WILL BE PROGRAMMED IN YOUR NEXTEL BY NEXT WEEK. THE OB TEAM WILL BRING THEIR EQUIPMENT WITH THEM.
- PARAMEDICS WILL NEED TO GO UP TO THE NICU ON THE SECOND FLOOR TO MEET WITH THE NICU TRANSPORT TEAM. THEY WILL HAVE EQUIPMENT AND AN ISOLETTE MOUNTED ON A STRETCHER. YOU CAN LEAVE YOUR STRETCHER OUTSIDE OF THE NICU IN THE CORRIDOR. PLEASE CALL 773/296-5233 WHEN YOUR ETA IS 5 MINUTES FROM IMMC SO THE NICU TEAM WILL BE PREPARED. THIS NUMBER WILL BE PROGRAMMED IN YOUR NEXTEL.
- PARAMEDICS ARE REQUIRED TO OBTAIN THE PATIENT DEMOGRAPHIC SHEET FROM THE SENDING FACILITY.
- TWO RUNS SHEETS NEED TO BE COMPLETED FOR EACH TRANSPORT. ONE CLEARLY INDICATING "PERSONNEL TRANSPORT ONLY."
- THE SECOND PATIENT CARE RUN SHEET SHOULD INCLUDE:
 - VITAL SIGNS TAKEN BY THE TEAM
 - REASON FOR TEAM TRANSPORT
 - DEMOGRAPHIC INFORMATION
 - COMMENT SECTION EXAMPLE: "Ambulance XYZ called to transport special needs neonate/OB patient (reason for transport) with IMMC OB/NICU Transport Team. All medical care provided by transport team consisting of RN, RT, MD, etc. Include documentation of specialized equipment (e.g., isolette, ventilator, O2."
 - DOCUMENTATION SUCH AS "TEAM TRANSPORT ONLY" IS INSUFFICIENT
- IF THE PATIENT'S CONDITION DETERIORATES EN ROUTE, PARAMEDICS SHOULD FOLLOW CNEMSS SMOs AND CONTACT MEDICAL CONTROL.
- WHEN AN IMMC PHYSICIAN ACCOMPANIES THE PATIENT DURING TRANSPORT, THE PARAMEDICS SHOULD FOLLOW THEIR PHYSICIAN/NURSE ON THE SCENE POLICY.

If you have any questions, please contact Alicia or Jeff.