Purpose:
This REMAC Policy details a concise, uniform framework to be used by EMS providers when notifying hospital emergency departments in advance of an inbound patient and of that patient's status. This policy also provides a mechanism so hospitals can provide EMS with physician medical direction promptly as required.

Background:
The REMAC recognizes that early notification to hospitals and trauma centers by EMS for certain patients is essential to allow the hospital time to mobilize specialty resources (e.g. trauma team, O.R., Neuro, etc). Early notification improves patient care and outcomes and in some cases could be the difference between survival or death.

Policy:
EMS personnel shall provide the emergency department with early notification on all inbound patients.

For patients considered critical and/ or unstable the earliest possible notifications should be made (i.e. as soon as the destination hospital has been decided). Examples of patients considered to be critical include, but are not limited to:
- Those meeting Major Trauma Criteria as defined by NYS protocol
  - Identify which specific criterion they meet
- S-T Elevation MI Patients
- Neuro/Stroke Patients
- Respiratory/ cardiac arrest or impending arrest patients
- Patients requiring decontamination or isolation

Please communicate directly with the E.D. Charge Nurse and/or Medical Command Physician. Initial notification, and subsequent updates if needed, should be made via radio on 155.3400 VMED28 (formally Hospital 1) or telephone (see Appendix B: Med Control Numbers).

If time constraints or technical difficulties prevent direct contact with the ED, communications can be routed through the agency's respective 911 center. In such a case, as many clinical details as possible should be relayed through the dispatch center. Direct contact, as previously discussed, with the E.D. by the EMS unit should be attempted as soon as possible.

Appendix A: Suggested format of EMS notification to Emergency Departments.

(State name of hospital you are contacting) x2 this is (EMS agency name and unit #) requesting:

- Physician for Medical Command (state "STAT" if patient is unstable or critical)
- Nurse for patient report
- MCI notification (with number of each patients in each SMART triage category)

Await response, repeat if necessary

Transmit clinical report including:

- Patient age and sex
- ABC and mental status
- Chief complaint and brief history of current illness/ injury
- Interventions performed and response
- Most current set of vital signs with any relevant trending
- Immediate specialty resource needs
- Estimated Time of Arrival (ETA)

Conclude report with EMS agency name and unit identifier

Appendix B: Phone Numbers for Medical Command

Within Region Facilities		
Facility	**Med Command Number**	**Special Capabilities**
UHS Wilson Medical Center	(607) 763-5944	Stroke Center Level II Trauma Center
Lourdes Hospital	(607) 798-5231	Stroke Center
UHS Binghamton General Hospital	(607) 762-2575	CPEP
Chenango Memorial Hospital	(607) 337-4043	

Out of Region Facilities		
Facility	**Med Command Number**	**Special Capabilities**
Robert Packer Hospital	(570) 887-4640	Level II Trauma Center Stroke Center
Upstate University Hospital	(315) 435-1600	Level I Adult and Pedi Trauma Center Burn Center
Delaware Valley Hospital	(607) 865-2188	

Appendix C: Phone Numbers for County Dispatch Centers

County	Phone Number
Broome	(607) 778-1918
Chenango	(607) 334-5380
Tioga	(607) 687-1010

Appendix D: EMS Frequencies

The National Interoperability Field Operations Guide and the NYS Division of Homeland Security Emergency Services have set aside interoperability frequencies with common nomenclature. Some of these frequencies are currently in use in the region under a different name as outlined below. Agencies should pre-program radios to reflect the changes below.

Frequency	Old Common Name	New Standardized Name
155.1600		Sarr-One-Six-Zero
155.1750		Nye-Med-One-Seven-Five
155.2200		Nye-Med-Two-Two-Zero
155.2800	Hospital 3	Nye-Med-Two-Eight-Zero
155.2950		Nye-Med-Two-Nine-Five
155.4000	Hospital 2	Nye-Med-Four-Hundred
155.7150		Nye-Med-Seven-One-Five
155.3400	Hospital 1	Vee-Med-Two-Eight
155.3475		Vee-Med-Two-Nine