

POLICY #122: COMMUNICATION FAILURE

I. PURPOSE

- A. Establish policies and procedures for Advanced Life Support (ALS) personnel when communication cannot be established or maintained with a Base Hospital or Specialty Care Center Mobile Intensive Care Nurse (MICN) or emergency physician and a delay in treatment may jeopardize the patient's care.

II. SCOPE

- A. This policy applies to all County of San Luis Obispo (SLO) accredited paramedics while on duty with a County of SLO ALS provider.

III. DEFINITIONS

- Communication Failure: A communication failure is deemed to have occurred when either party in a conversation using radio, telephone, cell phone, or other two-way communication device is unable to hear the other party clearly enough to understand what is being said; or when a paramedic contacts a Base Hospital or Specialty Care Center and there is no MICN or emergency physician available to take a patient condition report and/or give directions or orders.
- Emergency Medical Services Quality Improvement Coordinator (QI Coordinator): That individual within a provider organization delegated the duties of QI review for that provider.

IV. POLICY

- A. When a communication failure occurs, a paramedic may perform ALS procedures and/or administer medications as identified in County of SLO Emergency Medical Services Agency (EMS Agency) policies and procedures as "Base Physician Order Only" when those procedures/medications are indicated by protocol and patient condition, and to prevent the imminent deterioration of the patient.
- B. If a communication failure occurs and a paramedic believes that unusual circumstances or patient condition requires consultation with a Base Hospital or Specialty Care Center emergency physician, communication may be attempted with a Base Hospital or Specialty Care Center other than the intended receiving facility.

V. PROCEDURE

- A. In each instance where ALS procedures are initiated or attempted under conditions specified in this policy, the paramedic will:
 - 1. Utilize the appropriate ALS treatment guideline as described in EMS Agency policies and procedures.
 - 2. Continue to attempt to establish communication with the intended Base Hospital or Specialty Care Center throughout the call utilizing all

communications devices available as circumstances and patient care priorities permit.

3. If contact is established, advise the intended Base Hospital or Specialty Care Center that a communication failure occurred, and what, if any, procedures and/or medications were administered during the communication failure.
4. Within twenty-four (24) hours following delivery of patient to a hospital, complete Communication Failure Report (Attachment A) detailing information relating to the communications portion of the call, including any contact with a Base Hospital or Specialty Care Center other than the intended receiving facility.

B. Follow up actions:

1. The paramedic forwards the Communication Failure Report to the QI Coordinator of the provider agency for evaluation and appropriate action
2. The provider's QI Coordinator forwards a copy of the Communication Failure Report to the EMS Agency to determine whether the incident was an isolated event or requires further investigation.
3. The EMS Agency's QI Committee will review and audit the call in a timely manner if necessary.

VI. AUTHORITY

- California Code of Regulations Title 22, Division 9, Section 100144.
- Health and Safety Code Division 2.5, Section 1797.84, 1797.185, 1797.200, 1797.220, 1798, 1798.100, 1798.102.

VII. ATTACHMENTS

- A. Communication Failure Report Form

COMMUNICATION FAILURE REPORT

Paramedic: complete and submit original to your EMS/QI Coordinator within twenty-four (24) hours of the incident.

Provider EMS/QI Coordinator: forward a copy to the EMS Agency in person, mail, email or Fax: (805) 788-2517.

INCIDENT #: _____ INCIDENT DATE: _____ INCIDENT TIME: _____

INCIDENT LOCATION: _____

PROVIDER AGENCY: _____ UNIT #: _____

COUNTY PARAMEDIC #: _____ PARAMEDIC: _____

CONTACT ATTEMPTED UNSUCCESSFULLY WITH: _____

INTENDED RECEIVING HOSPITAL: _____

HOSPITAL CONTACTED (IF ANY): _____

MICN#: _____ and/or PHYSICIAN: _____

REASON FOR REPORT: ☐ Equipment Failure

☐ No MICN/Physician Available

☐ Physician Consultation Needed

☐ Other (describe) _____

DETAILS: (including nature of equipment failure, number of attempts made, unusual patient condition or circumstances, etc):

NAME/SIGNATURE: _____ DATE: _____