

Policy Title: PROCEDURE FOR HANDLING OVERRIDES			No. O - 1
Board Approval: 3/20/08	Effective: 8/1/23	Supersedes: 7/1/10	Page: 1 of 1

I. PURPOSE

To provide a quality improvement mechanism for system members when they believe that EMS orders originating from an Associate Hospital may result in harm to a patient due to omission or commission. Initiation of an override does not imply fault, blame or error. It provides a mechanism to transfer on-line medical control (OLMC) responsibility for a call to the Resource Hospital without debate, and offers an opportunity to conduct a quality assessment and performance improvement review as a learning tool.

II. INDICATIONS FOR an OVERRIDE

When EMS providers or Resource hospital personnel believe that the original OLMC initiated by Associate Hospital personnel could result in foreseeable risk of harm and/or are inconsistent or nonconforming to System standards of practice.

III. PROCEDURE

- A. An override occurs when Resource Hospital personnel intervene to take medical control of an ALS call originally directed to an Associate Hospital. The override may be requested by EMS personnel in the field or be initiated, for cause, by the physician or ECRN at the Resource Hospital.
- B. If requested, or an Override is announced, the call shall be completed without debate by NCH OLMC.
- C. It is imperative that the Resource Hospital ECRN notify the following:
EMS Admin Dir (847) 618-4485 (office); (847) 493-9974 (cell); or e-mail cmattera@nch.org or the EMS MD (847) 962-6008 as soon as possible after the override.
- D. The Resource Hospital ED ECRN shall document the facts leading to the override on an Override Report Form. Copies of the Communications Log and the Override report shall be forwarded immediately to the NCH ED EMSC's office by personal service. Preserve the medium on which the call was recorded for review.
- E. The involved Associate Hospital EMSC shall pull their Communications Log and preserve the medium on which the call was recorded to help compile all relative data and to aid in the QI review. This data shall be forwarded immediately to the NCH ED EMS Coordinator.
- F. The NCH ED EMSC shall conduct a QI review of the call that involves listening to the recording of all OLMC calls, discussing the call with the originating Associate Hospital EMSC and the involved EMS personnel, and providing the EMS MD and EMS Administrative Director with their report.

Matthew T. Jordan, MD, FACEP
EMS Medical Director

Connie J. Mattera, MS, RN, PM
EMS Administrative Director

Northwest Community EMS System
OVERRIDE REPORT FORM

Top half to be completed by Resource Hospital ED personnel handling Override call.

Date:	Time:	Comm. Log #:
Associate Hospital:	Assoc. MD/ECRN:	
EMS Provider:	Ambulance run #:	
Patient name:	Age:	Sex: [] M [] F [] Other
Chief complaint:		
Circumstances resulting in Override:		
Describe Resource Hospital's intervention and ultimate completion/outcome of the call:		
NCH Physician:	NCH ECRN:	

Notify Connie Mattera at 847/618-4485 (M-F days) | 847/493-9974 (Cell) or e-mail to cmattera@nch.org OR
 Dr. Matthew Jordan, EMS MD EMS MD 847/ 962-6008
 Time contact made or message left:
Send this form & the Communications Log to the NCH ED EMS Office

Date of critique: Time:	Persons participating:
Discussion/conclusions/learning points:	
Resolution/corrective action, if any.	
NCH ED EMSC conducting the QI review:	Date:
EMS MD:	EMS Administrative Director:

