

MedStar Emergency Medical Services Alternative Destination/Alternative Transport Program

Goals:

The overall goal of this program is to help assure the right patient, receives the right care, at the right time and the right setting. In doing so, the patient will receive better healthcare at reduced cost to the patient and the community.

Goals of implementing an alternate means of treatment, referral and transport include:

1. More consistent and efficient clinical care for patients with minor acute or chronic illnesses
2. Increased availability of EMS units for true emergencies
3. Increased availability of emergency department resources
4. Improvement of the overall operating efficiencies of the emergency medical care system
5. Increase the economic efficiency of the emergency medical care system

Background/Rationale:

Patients with chronic or non-acute medical conditions are often clinically managed more effectively when the health care practitioners providing the medical care (such as a primary care physician, or medical clinic) are knowledgeable about the patient's medical history and can effectively manage their condition consistently.

When these patients are transported to an emergency department, there is the potential that the consistency of medical care fails since the patient's medical records and detailed history are typically not known by the emergency department providers.

Normally, when an ambulance is summoned to provide care to an ill or injured patient, transportation is provided to a hospital emergency department. Whenever an unplanned medical event occurs, however, the most efficient and appropriate mitigation of the medical event should be considered under specific clinically safe circumstances. This includes assessment, treatment on the scene with referral to follow-up care, transportation to the most appropriate receiving facility destination, including not only the emergency department, but also medical clinics, walk-in centers and primary care physician offices.

MedStar EMS recently trained and certified specially selected paramedics to the level of Advanced Practice Paramedic (APP). The APPs not only became certified as Critical Care Transport Paramedics, but underwent significant training in advanced assessment and crisis intervention. They also received training in the various social service programs available to residents of the greater Fort Worth area.

Due to the high frequency of low acuity calls from specific facilities within Fort Worth, the staff at these facilities has been trained to safely use a non-emergency number to contact the MedStar communications Center. Once received, the Certified Emergency Medical Dispatch at MedStar's Communications Center will assess the call using the Medical Control approved protocols. If the non-emergency call is determined to be "OMEGA" response (determined by the National Academy of Emergency Dispatch as possibly appropriate for alternative referrals), the MedStar APP will be dispatched to assess the patient. The same process applies for patients enrolled in MedStar's Community Health Program (CHP).

Procedure:

In certain instances, patients who have received a MedStar APP response through a 10-digit, non-emergency response will have an illness or injury which can be effectively assessed and treated on the scene and may require follow-up medical care, but not require ambulance transportation to an emergency department.

In these cases, the MedStar EMS Advanced Practice Paramedic may arrange non-ambulance means of transportation to a medical care facility.

Criteria for Inclusion/Exclusion:

1. Always transport patients to an emergency department via ambulance if there is any doubt about the patients' stability or need for emergency care, even if for an intuitive sense that cannot be objectively defined.
2. Patients referred for ***alternate care*** and transport must:
 - a) Be alert and oriented to person, place time and events
 - b) Be responsive to verbal stimuli with coherent, appropriate and meaningful speech and gestures
 - c) Have no acute neurological defects
 - d) Have no acute disorders of coordination or gait
 - e) Have no evidence of life-threatening or debilitating illness or injuries
3. Always transport via ambulance to an emergency department any patient with vital signs that are not within normal limits.
4. Patients should be in an environment where they can wait safely and comfortably, where they are not exposed to extremes of temperature or any hazards, and where the alternate transport provider can easily locate them.
5. Patients may be referred to ***alternate means of transport*** when (all must apply):
 - a) The patient is stable and has no condition which should be treated during transport or poses any risk that the patient may become unstable or deteriorate during transport
 - b) The patient's chief complaint is clearly defined, focal, localized, presents with minimal or no acute distress, and is not life threatening or potentially debilitating
 - c) The patient's chief complaint or condition has no systemic complications which pose potential risk for emergency sequelae
 - d) The patient's chief complaint, medical history, family history, and social history, as well as the anatomy, physiology and pathophysiology of the patient's illness are such that the APP has no reason to doubt the safety of the referral to alternate care

Determining Appropriateness of Alternate Facility:

If the MedStar APP has responded with co-responders, MedStar or first responders, it is very important that **all personnel at the scene concur with the referral to an alternate destination and/or transport method**. Once consensus has been reached on the scene, the APP may suggest the alternate destination to the patient. If the APP has responded alone to the call, it will be their determination exclusively.

The APP will indicate the referral to the patient and/or family alternatives using the following type of script:

‘We suggest you seek additional medical care and evaluation, however, you do not necessarily need *ambulance* transportation to the *emergency room*. If you would like us to transport you to the E/D, we will do so, however, you might receive more comprehensive care at _____ (PCP, Clinic, Walk-in Center, etc.). We can make arrangements for you to be seen at _____ facility and provide non-ambulance transportation to that facility for you if you wish.’

If the patient/family agrees to seek treatment at an alternate facility, the APP will contact the appropriate destination facility and give a verbal report to the receiving care giver. This communication will be through the MedStar communications center to assure the conversation is recorded.

In addition to the patient’s physician, there are currently, the two facilities who have agreed to accept all referred patients.

The JPS Urgent Care Center

1500 South Main Street, Fort Worth

817-927-1451

(Open 24 hours a day, 7 days a week)

The JPS Clinic at the Salvation Army (*exclusively for shelter or homeless patients*)

1855 E. Lancaster Street, Fort Worth

(817) 852-8380

(Open _____)

Patient’s going to either of these two facilities do not need appointments.

Additional facilities will be added in the near future.

Arranging Transportation:

The patients referred to alternate destinations have several transportation options:

1. Drive themselves
2. Request their family to transport
3. Public Transportation
 - a. The APPs have bus passes which can be used for this purpose.
 - i. The passes are for 24 hours only once the pass is scanned by the first fare box.
4. Taxi Cab
 - a. Awesome Transportation can be used for this purpose as a last resort.

Documentation:

The usual ePCR shall be completed for all patients referred to alternative care. The call type used will be “Priority 7 – Home Visit with a response outcome of Call Complete.

In the narrative of the chart, the APP must include the following:

1. The name and phone number of the facility the patient was referred to.
2. The type of transportation used.
 - a. If The-T is used, the APP *must include the following text exactly*:
 - i. **TPASS#xxxxxx**
 - b. This way, we can query all narratives can track the use of the bus pass with the T.

Retrospective Evaluation:

The key to determining the effectiveness of the study is with excellent patient clinical and financial follow-up. At 24, 72 hour and 1 week intervals, the MedStar will contact the patient to assure that they are recovering from their event. MedStar will also contact the patient’s PCP or other referred care provider to ascertain the patients overall status, and if they kept their appointment.

Documentation regarding the patient’s status will be recorded in a secure electronic database for evaluation and relational cross tab reference for study purposes.