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What's the emergency? MedStar's 911 nurse triage program guides patients to the right level of care

By Amy Gallagher
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With today's economic realities, healthcare entities are working to identify strategies for reducing healthcare costs while ensuring quality of care is not compromised. To that end, MedStar Emergency Services announced plans in January to expand its Fort Worth, Texas, headquarters to a 60,000-square-foot facility by January 2014, which will encompass its call center and mobile healthcare services, notably its nurse triage and community health programs, according to Matt Zavadsky, MS-HSA, EMT, director of public affairs for MedStar.

In May 2012, MedStar launched a new 9-1-1 Nurse Triage Program when Susan Pelton, RN, a former paramedic and dispatcher for MedStar, was hired to serve as the facility's first triage nurse. Pelton graduated from the Tarrant County College School of Nursing in 1997 and has worked for the past few years as an ICU nurse in the local hospital system. "It has been a challenge transitioning from a 'see and treat' to a 'hear and treat' environment, but the time I spent in the clinical setting in the ED, labor and delivery, and sub-acute telemetry areas prepared me well for this new role," Pelton said.

The 9-1-1 Nurse Triage Program is funded by MedStar and three hospital partners — John Peter Smith Health Network, Texas Health Resources and Baylor Health Care System, according to Zavadsky. The rationale behind the new program was to meet the Institute for Healthcare Improvement's Triple Aim of improving care, enhancing the patient experience and reducing expenditures, Zavadsky said.

"Under this program, very low acuity or no acuity 911 medical calls will be transferred to a specially trained RN in MedStar's communication center," he said. "The RN will further evaluate the medical needs of the patient to assure no probability of a medical emergency exists, then work with the patient to find the best resource to address their medical condition."

"Low acuity 911 callers typically wait for extended periods in the ED waiting area, often to be told the ED is not the best place for their care (toothache, chronic pain management, etc.)," Pelton said. "With this program, however, the patient can wait until their scheduled patient-centered medical home appointment in the comfort of their own home, which will allow MedStar to have faster responses to the higher acuity calls with the same number of resources in the system."

Changing callers' expectations

"When someone calls a '1-800' nurse call service, the caller has already determined the situation is not an emergency and they typically do not request an ambulance, so the patient's expectation is different," Pelton said. "In the MedStar program, these are 911 callers, who by default expect an ambulance response and trip to the ED."

The program is designed to primarily assist 911 callers, but is available to people who call a 10-digit nonemergency number for the call center. "Changing expectations of the caller is achieved by distinguishing the nonemergent calls — a broken toe or a sprained ankle — from the true emergencies," she said. "By helping the low acuity 911 callers find appropriate alternate resources to better care for their healthcare need, the program meets IHI's 'Triple Aim' goals."

Assessing the need

According to Pelton, all 911 calls initially are received by certified emergency medical dispatchers. "These call takers are trained to use specific scripts and protocols to categorize incoming 911 calls based on potential severity," she added. "If the call taker triages the incoming call as a very low-acuity call [hiccups, toothache], the call is transferred to the 911 triage nurse. High priority calls don't get transferred to the triage nurse."

According to Pelton, the nurse can quickly send a call back to the dispatcher for an ambulance response, if it is necessary. The computer-based algorithms and protocols triage nurses use have been internationally developed during the past decade and are used extensively in the U.K. and Australia, she said. "The final recommendation for the patient outcome, such as a primary care provider referral, is locally approved by our medical director," Pelton said.

Financial and long-term benefits

"Patients who go to the ED typically receive care that is not coordinated through a patient-centered medical home," Pelton said. "By arranging a PCMH visit for low-acuity 911 callers, we are connecting them to resources that benefit their long-term medical needs by creating a healthcare provider-patient relationship."

The "Triple Aim" also is focused on reducing costs for the patient and the provider. "The average charge for an emergency services bill in Texas is about $3,000, and the average payment is about $1,300," Pelton said. "If we are able to get the patient to a clinic or PCP appointment with private transportation, or even taxi, the payer has a greatly reduced expenditure."

Nurse triage personnel are available only from 9 a.m. until 5 p.m. Monday through Friday, but the program will operate 24 hours a day, seven days a week starting this fall. "There is amazing interest in this service delivery model," Pelton said. "We've had over 50 communities visit MedStar in the past two years to learn about this process to use in their local area."

Pelton said there are plans to add additional nurses who may rotate between working in the communication center and in the field on a critical care ambulance. "I can see a huge opportunity for nurses with this type of service," she said.