(EMT/PARAMEDIC)

SUBJECT: **PRIVATE PROVIDER AGENCY NON 9-1-1 MEDICAL DISPATCH**

REFERENCE NO. 226

PURPOSE: To establish minimum standards for private ambulance provider medical dispatch programs.

AUTHORITY: Health Insurance Portability and Accountability Act of 1996 (HIPAA) Health and Safety Code, Division 2.5, Sections 1797.220 and 1798 (a), California Code of Regulations, Sections 100172, 100173 and 100175, Los Angeles County Code, Chapter 7.16 Health Information Technology for Economic and Clinical Health Act (HITECH)

DEFINITIONS:

Advanced Life Support (ALS) Transport: The transport of a patient who requires patient care and/or monitoring that is within the paramedic scope of practice. Such transport is performed utilizing an ALS vehicle that has been approved and meets the requirements specified in Reference No. 703, ALS Unit Inventory.

Basic Life Support (BLS) Transport: The transport of a patient who requires patient care and/or monitoring that is within the emergency medical technician (EMT) scope of practice. Such transport is performed utilizing a BLS vehicle that has been approved and which meets the requirements specified in Reference No. 710, Basic Life Support Ambulance Equipment.

Computer Aided Dispatch (CAD)**:** An electronic data management system designed to assist providers in managing ambulance vehicle resources with patient transportation requests and serves as a digital recorder of patient data, provider resource availability and transport pick-up and drop-off times and locations.

Dispatch Medical Director: A physician licensed in California, board certified or eligible in emergency medicine, possesses knowledge of emergency medical systems in California and the local jurisdiction, and provides medical dispatch medical direction and oversees medical dispatch.

Emergency Call: A request for an ambulance where an individual who has not been evaluated and stabilized to the extent possible by a physician on scene at a health facility, has a need for immediate medical attention, or where the potential for such need is perceived by the emergency medical personnel or a public agency that responds to 9-1-1 medical calls.

Emergency Medical Condition: A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure – except for isolated asymptomatic hypertension, oxygen saturation) are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact or Receiving Hospital Notification (as listed in Ref. No. 1200.1,

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Treatment Protocols, et al.) are also considered to have an emergency medical condition. These conditions include, but is not limited to, the following:

- Anaphylaxis
- Cardiopulmonary arrest
- Bradydysrhythmias and Tachydysrhythmias
- Patients in labor
- Persistent altered level of consciousness (new onset)
- Respiratory distress and/or failure
- Signs or symptoms of shock
- Signs and symptoms of stroke
- Status epilepticus
- Suspected cardiac chest pain or discomfort
- Severe traumatic injuries

Interfacility Call: A request for patient transport originating from a health facility for transportation to another health facility.

Jurisdictional 9-1-1 Referral Call: A call received for patient transport where the patient's condition or presentation meets the definition of emergency medical condition based on the medical dispatcher's evaluation of the patient's status, based on information provided by the caller, or EMT's assessment and evaluation upon arrival at the pick-up location.

Non 9-1-1 Medical Dispatcher/Call Taker: A person employed by a private provider agency who provides medical dispatch services and is currently certified as an Emergency Medical Dispatcher (EMD), Emergency Telecommunicator (ETC) or Emergency Medical Technician (EMT).

Non-emergency call: A request for the transport of a patient to or from a private residence, health facility or other non-medical facility in a licensed ambulance and which is neither an emergency call nor a critical care transport.

Prescheduled Call: A prearranged request for transportation scheduled in advance for the purpose of ensuring that an ambulance vehicle is available to transport the patient at predetermined date(s) and time(s).

Private Call: A request for patient transport originating from either a private residence or a non-medical facility to a health facility or non-medical facility.

Re-Route Call: A basic life support call in which field EMTs determine, based on their assessment and evaluation of the patient during transport, that a change in the patient transport destination to the most accessible receiving (MAR) facility is warranted, due to a change in the patient's condition such that the patient meets the definition of emergency medical condition.

Specialty Care Transport (SCT): The transport of a patient who requires patient care and/or monitoring that is within the Registered Nurse (RN) or Respiratory Care Practitioner (RCP) scope of practice. Such transport is performed utilizing a SCT vehicle that has been approved and meets the requirements specified in Reference No. 712, Nurse Staffed Specialty Care Transport Inventory or Reference No. 713, Respiratory Care Practitioner Staffed Specialty Care Transport Unit Inventory.

Urgent Call: An unplanned request for patient transportation (within one hour) of a non-emergent patient to a health facility. This will generally be a transport to an emergency department or urgent care.

Wait & Return Call: A request for patient transportation in which the caller requests that the ambulance crew wait for the patient at the receiving destination then return the patient to the original pick-up location; during this time, EMTs must remain at the patient destination and the ambulance and personnel may not respond to any other calls.

PRINCIPLES:

1. Private provider agency dispatch personnel are responsible for determining whether the call is appropriate for private provider transport or if referral to the jurisdictional 9-1-1 provider is required due to an emergency.

2. Private ambulance providers are prohibited from dispatching an ambulance to any call that would normally be considered an emergency 9-1-1 call for the authorized emergency transportation provider for that geographical area. A private ambulance provider may only dispatch an ambulance to such a call if the request is from either the 9-1-1 jurisdictional provider or the authorized emergency transportation provider requesting back-up services.

POLICY:

I. Private Provider Agency Medical Dispatch Program Requirements

Private provider agencies are responsible for maintaining dispatch requirements that include the following:

A. Basic Medical Dispatcher/Call Taker Training

B. Dispatch Policies and Procedures in accordance with Prehospital Care Manual and with Los Angeles County

C. Records management of dispatcher's current EMT, Emergency Medical Dispatcher (EMD) or Emergency Telecommunicator (ETC) certification and in-service training

D. Staffing

E. Medical Direction and Oversight

F. Establishment and maintenance of a Quality Improvement Program in accordance with Ref. No. 620

G. Dispatch Data Collection

II. Private Provider Individual Dispatcher/Call Taker Requirements

A. Minimum qualifications for medical dispatchers/call takers:

1. Current certification as an EMD or ETC meeting the standards of the National Academies of Emergency Medical Dispatch or current EMT in the State of California

2. New employees hired as dispatchers/call takers must have current EMD, ETC, or EMT within six (6) months of the date of hire

B. Medical Dispatcher/Call Taker duties include:

1. Receiving and processing calls for non 9-1-1 transport or referral to jurisdictional 9-1-1 provider when indicated

2. Determining, through key medical questions and as outlined in prehospital care policies, the nature and urgency of a medical incident, whether the call is emergent or non-emergent and the level of service required.

3. Dispatching the appropriate level of resources and the mode of response:

a. BLS Transport
b. ALS Transport
c. SCT Transport

4. Giving corresponding information to responding personnel

5. Coordinating with jurisdictional 9-1-1 EMS providers or the authorized emergency transportation provider requesting back-up services

6. Maintaining patient information confidentiality and security

III. Private Provider Agency Policies and Procedure Requirements

Private Provider Agencies are responsible for developing and maintaining company specific policies and procedures that ensure compliance with the County Code and/or Prehospital Care policy and shall address, at minimum, the following:

A. The medical dispatch call is completed and call back number is obtained.

B. Systematized caller interview questions. Refer to Reference 226.1, Private Ambulance Provider Non 9-1-1 Dispatch Caller Interview Guidelines.

C. Protocols that determine vehicle response mode and configuration or referral to the 9-1-1 jurisdictional provider based on the medical dispatcher's/call taker's evaluation of severity of injury or illness.

D. A call classification system that describes how the provider identifies the following call types:

1. Non-Emergency Calls

a. Private Calls

b. Interfacility Calls

i. Pre-Scheduled Calls
ii. Urgent Calls

2. Emergency Calls

a. Jurisdictional 9-1-1 Referral Calls

i. Private Calls
ii. Interfacility Calls

b. Re-Route or Upgraded Calls – Dispatcher/Call Taker shall immediately perform the following:

i. Dispatcher/Call Taker shall document the date, time and rationale for re-route of the patient
ii. Contact the MAR facility where the patient is being transported and provide the patient information
iii. Contact the original receiving location and inform them that the patient is being transported to an alternate location
iv. Contact the original pick-up location and inform them of the change in patient destination and provide them with the new destination

3. Wait and Return Calls

E. Roles and responsibilities of the Dispatcher/Call taker during a Multiple Casualty Incident (MCI) as outlined in Reference No. 519.3, Multiple Casualty Incident Transportation Management

F. Protocols that describe the data system utilized and the requirements for data entry (CAD or hand-written copy)

G. A record-keeping system, including report forms or a computer data management system to permit evaluation of patient care records and ensuring that patient confidentiality is maintained in compliance with protected health information (PHI) regulations including the Health Insurance Portability Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act

IV. Staffing

The dispatch center shall be staffed with sufficient personnel to accomplish all dispatch operations and management which include:

A. A readily accessible dispatch supervisor or designee twenty-four (24) hours a day, seven (7) days a week

B. Medical dispatchers who have met minimum certification requirements

C. Medical dispatch staff that is on site on a continuous 24-hour basis

V. Medical Direction and Oversight

Dispatch centers shall appoint a medical director who will provide medical oversight of the dispatch center by:

A. Reviewing and approving all dispatch policies and procedures related to patient care

B. Providing ongoing periodic review of dispatch records for identification of potential patient care issues

C. Providing oversight and participating in dispatch quality improvement, risk management and compliance activities

VI. Dispatch Data Collection

A. Such information will include, at minimum, the following data elements and the date and time (hours and minutes) for the:

1. Initial call
2. Patient complaint/problem at time of call
3. Dispatch of ambulance
4. Ambulance enroute to call
5. Ambulance on scene of incident
6. Ambulance enroute to facility/destination
7. Ambulance arrival at facility/destination
8. Ambulance available
9. Ambulance cancelled, if applicable
10. Calls that have been referred to 9-1-1; if applicable

B. The dispatch and patient care data shall be made available upon request to the EMS Agency for review

VII. Site surveys
The EMS Agency will conduct, at minimum, annual site surveys to audit compliance with medical dispatch standards, agreement obligations, policy and procedure, and any other regulations applicable to the operations of medical dispatch.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 226.1, **Private Ambulance Provider Non 9-1-1 Medical Dispatch Caller Interview Questions**
Ref. No. 414, **Specialty Care Transport (SCT) Provider**
Ref. No. 517, **Private Provider Agency Transport/Response Guidelines**
Ref. No. 519.3, **Multiple Casualty Incident Transportation Management**
Ref. No. 602, **Confidentiality of Patient Information**
Ref. No. 618, **EMS Quality Improvement Program Committee**
Ref. No. 620, **EMS Quality Improvement Program (EQIP)**
Ref. No. 710, **Basic Life Support Ambulance Equipment**

Ref. No. 712, **Nurse Staffed Critical Care Transport (CCT) Unit Inventory**
Ref. No. 713, **Respiratory Care Practitioner Staffed Critical Care Transport Unit Inventory**
Ref. No. 802, **Emergency Medical Technician (EMT) Scope of Practice**
Ref. No. 1200, **Treatment Protocols**, et al.