

 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	SYSTEMS		S-883
	EMERGENCY MEDICAL DISPATCH ENHANCED CARE ACCESS		
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I. PURPOSE

To establish the standards and process for implementation of a high-quality, patient-centered Enhanced Care Access Program (ECAP) at a 9-1-1 Emergency Medical Dispatch (EMD) center.

II. **AUTHORITY:** Health and Safety Code, Division 2.5 Sections 1797.220 & 1797.223, 1798 & 1798.8

III. DEFINITIONS

EMERGENCY MEDICAL DISPATCH (EMD) CENTER

EMD Determinant Codes: Determinant codes are an alpha-numeric classification determined by EMD call takers to assign the medically appropriate level of response.

EMD Medical Director: A physician licensed in California, board certified or eligible in emergency medicine, who possesses knowledge of EMS systems in California and the local jurisdiction and who is familiar with dispatching systems and methodologies. This Medical Director will oversee enhanced care call routing, including appropriate determinant codes, protocol development, and QA/QI.

EMD Coordinator: A designated dispatch center employee responsible daily EMD operations, data collection and reporting, quality assurance reviews, and other organizational responsibilities.

EMD Call Taker: An individual who is employed by an agency providing EMD services and is specially trained in triaging calls for service and providing prearrival instructions. Specialty training includes but is not limited to, completion of an EMD training curriculum deployed by a nationally recognized EMD program, and or an approved provider agency specific program.

ENHANCED CARE ACCESS PROGRAM (ECAP) CENTER

ECAP: A program designed to connect patients accessing the 9-1-1 system to medically appropriate resources. These enhanced resource options include connection to telehealth (including nurse advice), transportation to medical care locations other than emergency departments, and other patient-centered care.

ECAP Center: Receives direct call transfers from EMD-trained dispatchers for additional medical screening.

ECAP Center Program Manager: The program shall have a designated Program Manager who is a California licensed paramedic, registered nurse, physician assistant, or physician who possesses a minimum of five (5) years of recent relevant experience and holds a current unrestricted license. ECAP Center Program Managers shall be licensed EMS clinicians by January 1, 2030. The Program Manager shall be involved in program oversight, as well as day-to-day operations, including quality A/QI, policies, and protocols. The Program Manager shall also communicate with both the EMD Medical Director and the LEMSA Medical Director.

ECAP Navigator: An individual who receives triaged calls and provides connections to medical care via remote means. The LEMSA Medical Director must approve navigator qualifications as specified in the ECAP. Typical ECAP navigator qualifications include RN who is trained in emergency medicine with at least five (5) years of recent experience in a California hospital emergency department and possesses an Emergency Severity Index (ESI) triage level certification.

IV. POLICY

- A.** LEMSA Medical Director approval is required prior to implementation of an ECAP.
- B.** Call triage shall not result in delays for access to emergency care.
- C.** Patients may refuse the resources offered through an ECAP; if so, standard resources should be dispatched in accordance with an approved EMD program. If there is any uncertainty regarding whether the patient needs emergency resources, they should be dispatched immediately.

V. PROGRAM REQUIREMENTS

- A.** An ECAP shall meet the following requirements:
 - 1. Dispatch center must have an approved EMD plan
 - 2. Programs shall staff the following positions:
 - a. EMD Medical Director
 - b. EMD Coordinator
 - c. ECAP Center Program Manager
 - d. ECAP Navigator

3. The EMD Medical Director shall provide proposed determinant codes to the CoSD EMS Medical Director for approval prior to implementation of an ECAP.
 4. ECAP must adhere to approved quality assurance (QA) and quality improvement (QI) programs.
 5. An ECAP must provide culturally appropriate patient follow-up questionnaires.
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VI. QA/QI COMPONENTS

A. Quality Assurance

Programs shall participate in the QA process in the following ways:

1. Comply with QA standards set forth in the San Diego County EMS Quality Management Plan
2. Participating in QM/QI committees as requested by the LEMSA
3. Regularly submit cases to the appropriate reviewing committee to share learnings and best practices with the San Diego EMS Community
4. Comply with CoSD EMS Office requests for data audits

B. Quality Improvement

Programs shall have a written plan which includes the following:

1. Comply with QI standards set forth in the San Diego County EMS Quality Management Plan
2. Send required data quarterly as requested by the CoSD EMS Office. Data requirements will be set by the CoSD EMS Office during the application process unless otherwise specified by the San Diego County EMS Quality Management Plan
3. Conduct random or incident specific case reviews to identify calls/practices that demonstrate excellence in dispatch performance and/or identify practices which do not conform to defined policy or procedures
4. Plan and conduct regular and consistent patient outcome studies. Those plans and studies shall be shared with and approved by the CoSD EMS Medical Director
5. Process to confirm that patients referred to care outside of the 9-1-1 system reached the care destination and that medical needs were met.

VII. PROCEDURE

A. Process for proposal submission

1. EMS agencies must submit a complete proposal at least 90 days prior to planned implementation.
2. Approved proposals are subject to a 12-month probationary period prior to final approval.
3. Any substantive changes to provisionally approved proposals require resubmission to the San Diego County EMS Medical Director for approval.

B. Approved ECAP are in probationary status for the first 12 months. During this probationary period, programmatic data shall be sent to CoSD EMS Office every thirty (30) days and upon request. ECAP staff will meet monthly with CoSD EMS staff for QA/QI. At the end of the probationary phase, a comprehensive report shall be sent to the EMS Office. Monthly data reports, probationary program end report, and other programmatic factors observed during the probationary phase will be used to determine the safety, patient-centered effectiveness, and ongoing appropriateness of the program. A probationary program deemed effective may be reclassified as an approved ECAP. An approved program is required to submit quarterly and annual reports.

Probationary programs that do not meet the CoSD EMS Office Medical Director established standards, will not receive approval. At the discretion of the San Diego County EMS Medical Director, such probationary programs may be given extensions, if they agree to take corrective actions designed to bring their program into compliance with the CoSD EMS standards for an approved ECAP.

The CoSD EMS Office Medical Director will provide continuous oversight to identify best practices. If a patient's safety concern is detected the CoSD EMS Office Medical Director may:

1. Suspend or revoke ECAP approval
2. Request modifications to ECAP protocols, including approved determinant codes

C. Local governments may develop an ECAP through procurement from private vendors. Any such programs must meet the ECAP standards as specified in this policy.