

 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	SERVICE PROVIDER AGENCY	S-882A
	EMERGENCY MEDICAL DISPATCH PLAN TEMPLATE	
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Emergency Medical Dispatch Programs - Plan Template

This template (or its digital equivalent) may be used to submit EMD Program information to the San Diego County EMS Office for initial review or upon program changes. Annual updates, including those elements required for the County's EMS Plan, may also be made using this template.

Dispatch Center Service Information

Identify current EMD Service Level, which may include the following with any relevant additional details:

1. Call taking and dispatch without PDI/PAI
2. Call taking and dispatch with PDI/PAI, standard response
3. Tiered Dispatch

Agencies served and service levels:

1. First Responder Agencies
 - a. EMT/BLS
 - b. AEMT/LALS
 - c. Paramedic/ALS
2. Transporting Agencies
 - a. EMT/BLS
 - b. AEMT/LALS
 - c. Paramedic/ALS

Service area map should be attached or submitted digitally

Dispatch Center Program Information

Key Dispatch Center Personnel

1. Medical Director
 - a. Name
 - b. Contact information
 - c. Credentials

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2. Emergency Dispatch Coordinator
 - a. Name
 - b. Contact information
 - c. Credentials
3. EMD program and version
 - a. List the nationally recognized EMD system and current version
OR
 - b. Describe agency-developed EMD program
 - i. Provide comprehensive description of agency-developed EMD program as an attached or submit digitally
4. Post Dispatch/Pre-Arrival Instructions
 - a. List current PDI/PAI practices
 - b. Include optional PDI/PAI EMD Medical Director Authorizations

Dispatch Center Plans and Policies

1. EMD QA/QI Plan
 - a. Provide EMD QA/QI plan as an attachment or submit digitally
2. EMD Continuing Education Program
 - a. Provide Continuing Education program as an attachment or submit digitally
3. PAI/PDI Implementation, for centers that do not currently provide PDI/PAI service
 - a. Provide PDI/PAI Implementation Plan as an attachment or submit digitally

Reporting and EMS Plan Data Elements:

1. Total number of dispatchers on staff
 - a. Number of staff EMD trained
 - b. Number of staff EMT credentialed
 - c. Number of staff AEMT credentialed
 - d. Number of staff Paramedic licensed and locally accredited
2. Total number of emergency ambulance dispatches
3. Total number of PDI/PAIs provided
4. Total number of EMD triaged calls
5. Total number of Tiered Dispatch dispatches, if center is providing
6. Total number of EMD Continuing Education courses provided
7. QA/QI outcomes, as contained in EMD QA/QI plan
8. Additional reporting and outcomes may be required or included to support focused regional projects like opioid mitigation, call taker-directed cardiac compressions, and other clinical data points

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Additional Information, Reports, or Materials:

Other information to support the EMD program may be included or attached below. This may include accreditation materials; agreements; pilot, trial, or academic publications; case studies; best practices; or other data.

EMD Tiered Dispatch Information (optional)

1. Provide Tiered Dispatch plan as an attachment or submit digitally
 - a. Plan should include the following elements:
 - i. Use of First Responder Units (EMT/BLS, AEMT, and/or Paramedic/ALS)
 - ii. Use of EMT/BLS Ambulances
 - iii. Use of Paramedic/ALS Ambulances
 - iv. Anticipated service response intervals
 - v. Resource overload procedures
 - vi. Call reclassification process
 - vii. Other response procedures, which may include multiple patient, stand back for law enforcement, and/or other particular incidents
 - viii. Any additional response practices or protocols relevant to EMD

Additional EMD Innovations, Pilot Program Proposals, and Other Updates (optional)

Centers investigating additional level-of-dispatch call routing programs may request LEMSA review and authorization. These proposals shall include a program description and a comprehensive monitoring and reporting process. These elements may include:

- Updated EMD and QA/QI documents and processes
- Criteria for caller inclusion and exclusion (e.g., proposed EMD determinate codes)
- Community-based healthcare partnerships, including clinics accepting agreed-upon referrals, as applicable
- Other dispatch practice adjustments or improvements, as applicable
- Process for planned, unplanned, or anticipated program adjustments, including QA-informed adjustments made to the initial call handling plan or referral service protocols
- Adjustments to call triage criteria for program referral, 9-1-1 call handling, or other related protocols
- Program and QA/QI reporting
 - Included patient volumes by program or protocol
 - Types of calls receiving alternate dispatch assignments or routing
 - Percentage of calls referred back for 9-1-1 response, with patient outcomes
 - Patient follow-up process, to include post-program patient check contacts
 - Patient feedback trends
 - Patient screening categories, care access, patient routing, and outcome trends