

 <b>COUNTY OF SAN DIEGO</b> EMERGENCY MEDICAL SERVICES	SERVICE PROVIDER AGENCY		<b>S-883</b>
	<b>EMERGENCY MEDICAL DISPATCH ENHANCED CARE ACCESS</b>		
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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.

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

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## III. DEFINITIONS

**San Diego County EMS Office (CoSD EMS):** The designated Local EMS Agency (LEMSA) for the County of San Diego. LEMSAs function, as authorized in California Health and Safety Code, Division 2.5, Sections 1797 & 1798 et seq., include providing medical oversight and assuring medical accountability through the planning, implementation, and evaluation of the prehospital health care system within the LEMSAs' geographic boundaries.

### **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 or emergency medical services, and knowledgeable in EMS systems in California and the local jurisdiction, and familiar with dispatching systems and methodologies. The Medical Director oversees enhanced care call routing, including determinant codes, protocol development, and quality assurance/quality improvement (QA/QI).

**EMD Coordinator:** A designated dispatch center employee responsible for 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

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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 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 connections to telehealth services (such as physician consultations or nurse advice), transportation to medical care locations other than emergency departments, and other patient-centered care options.

**ECAP Center:** Receives direct call transfers from EMD-trained dispatchers for additional medical screening. May be separate from or co-located with an EMD center.

**ECAP Center Program Manager:** A designated California-licensed paramedic, RN, physician assistant, or physician with at least five (5) years of recent relevant experience and a current unrestricted license. Must be a licensed EMS clinician by January 1, 2030. Responsible for program oversight and daily operations, including QA/QI, policy, and protocol coordination with the EMD and CoSD EMS Medical Directors.

**ECAP Navigator:** A California-licensed individual who receives triaged calls and facilitates remote care access. ECAP Navigator qualifications must be approved by the CoSD EMS Medical Director and shall include clinical licensure and relevant emergency care experience as defined by CoSD EMS.

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**IV. POLICY**

- A.** CoSD EMS Medical Director approval is required prior to implementation of an ECAP.
- B.** Call triage must not delay access to emergency care.
- C.** Patients may refuse ECAP-offered resources. For callers who refuse ECAP services, standard EMD protocols and resource assignments shall be followed.

## **V. PROGRAM REQUIREMENTS**

### **A. An ECAP shall meet the following requirements:**

1. Dispatch center must have a CoSD EMS-approved EMD plan
  2. Programs shall include the following roles:
    - a. EMD Medical Director
    - b. EMD Coordinator
    - c. ECAP Center Program Manager
    - d. ECAP Navigator
  3. The EMD Medical Director shall provide the following ECAP components to the CoSD EMS Medical Director for approval prior to implementation of an ECAP.
  4. ECAP components include:
    - a. Determinant codes used.
    - b. Inclusion and exclusion criteria.
    - c. Processes for assisting callers who are non-English speaking and those with hearing impairments.
    - d. EMD Call Taker-ECAP Navigator bilateral handoff procedures.
    - e. Caller consent procedures, including EMD Call Taker scripting.
  5. ECAP must adhere to approved quality assurance (QA) and quality improvement (QI) programs.
  6. Collect comprehensive data, as specified by CoSD EMS.
  7. An ECAP must provide culturally and linguistically appropriate patient follow-up questionnaires.
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## **VI. QA/QI COMPONENTS**

### **A. Quality Assurance**

1. Programs shall have a written QA plan that includes the following standards:
  - a. Compliance with QA standards in the San Diego County EMS Quality Management (QM) Plan.
  - b. Participation in QM/QI committees as requested by CoSD EMS.
  - c. Regular cases submission to the appropriate reviewing committees to support improvement initiatives and share best practices.
  - d. Maintaining a process to confirm that every person referred to resources outside of the 9-1-1 system successfully accessed clinically appropriate patient care.

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- e. Providing CoSD EMS access to EMD and ECAP recordings.
- f. Compliance with CoSD EMS data audits.

**B. Quality Improvement**

Programs shall have a written QI plan that includes the following:

1. Compliance with QI standards set forth in the San Diego County EMS QM Plan.
2. Submission of required quarterly data.
3. Conducting random and incident-specific case reviews to identify calls or practices that demonstrate excellence in dispatch performance or identify practices that do not conform to defined policy or procedures.
4. Providing outcome data to CoSD EMS.
5. Ongoing review and submission of patient feedback collection.
6. Verification that referred patients received clinically appropriate patient care.

## **VII. PROCEDURE**

### **A. Proposal Submission Process**

1. EMS agencies shall submit a complete proposal at least 90 days prior to planned implementation.
2. Approved proposals are subject to a minimum 12-month probationary period.
3. Substantive changes to provisionally approved proposals must be resubmitted for CoSD EMS Medical Director approval.

### **B. Probationary Requirements:**

During the probationary period, programs shall:

1. Submit data to CoSD EMS every thirty (30) days or sooner, upon request.
2. Meet monthly with CoSD EMS staff for QM reviews.
3. Submit a comprehensive QM report within thirty (30) days of the end of the probationary period.

CoSD EMS will review all data, reports, and program outcomes to assess safety, effectiveness, and ongoing appropriateness. Successful completion of the probationary period may result in reclassification as an approved ECAP..

At the end of the probationary period, programs may be:

1. Approved
2. Extended to gather additional data
3. Extended with improvement plans
4. Concluded

### **C. Approved Program Requirements**

Approved ECAPs shall maintain program functions consistent with CoSD EMS approval. This includes:

1. Compliance with EMD program authorization requirements.
2. Compliance with ECAP Program authorization requirements.
3. Compliance with quarterly and annual report submissions.
4. Participation in all QM activities.
5. Submission of program staffing changes within 10 business days.
6. Submission of all substantive ECAP changes for CoSD EMS Medical Director approval. Substantive changes include, but are not limited to, modifications to caller screening processes, inclusion/exclusion criteria, care referral modalities, and QA/QI procedures.

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If a patient safety concern arises, the CoSD EMS Medical Director may:

1. Require modifications to ECAP protocols and/or approved determinant codes.
2. Temporarily suspend or revoke ECAP approval.

**D. Local Government Procurements**

Local governments may procure ECAP services from private vendors. All such programs must comply with the standards outlined in this policy and receive CoSD EMS approval..

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