

 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	SERVICE PROVIDER AGENCY		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

San Diego County EMS Office (CoSD EMS): The designated Local EMS Agency (LEMSA) for the County of San Diego. LEMSA functions, 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 LEMSA's 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, ~~who possesses knowledge of or emergency medical services, and knowledgeable in~~ EMS systems in California and the local jurisdiction, and ~~who is~~ familiar with dispatching systems and methodologies. ~~This~~The Medical Director ~~will oversee~~oversees enhanced care call routing, including ~~appropriate~~ 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.

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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~~ connections to telehealth (~~including 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: ~~The program shall have a~~ a designated ~~Program Manager who is a California~~ California-licensed paramedic, ~~registered nurse~~ RN, physician assistant, or physician ~~who possesses a minimum of with at least~~ five (5) years of recent relevant experience and ~~holds a~~ current unrestricted license. ~~ECAP Center Program Managers shall~~ Must be a licensed EMS ~~clinicians~~ clinician by January 1, 2030. ~~The Program Manager shall be involved in~~ Responsible for program oversight, ~~as well as day-to-day and daily~~ operations, including quality AQA/QI, ~~policies~~ policy, and protocols. ~~The Program Manager shall also communicate~~ protocol coordination with ~~both the EMD and CoSD EMS~~ Medical Director and the LEMSA Medical Director Directors.

ECAP Navigator: ~~An~~ A California-licensed individual who receives triaged calls and ~~provides connections to medical care via~~ facilitates remote ~~means~~ 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 ~~The LEMSA Medical Director must approve navigator qualifications as specified in the ECAP. Typical ECAP navigator qualifications include RN who is trained in emergency~~

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~~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~~CoSD EMS Medical Director approval is required prior to implementation of an ECAP.-
- B. Call triage ~~shall~~must not ~~result in delays for~~delay access to emergency care.
- C. Patients may refuse ~~the ECAP-offered~~ resources ~~offered through an.~~ For callers who refuse ECAP; if so services, standard ~~resources should~~EMD protocols and resource assignments shall 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.~~ followed.

V. PROGRAM REQUIREMENTS-

- A. An ECAP shall meet the following requirements:-
 - 1. Dispatch center must have ~~an a CoSD EMS-~~approved EMD plan-
 - 2. Programs shall ~~staff~~include the following ~~positions~~roles:-
 - 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~~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.
- 4.5. ECAP must adhere to approved quality assurance (QA) and quality improvement (QI) programs.
- 6. Collect comprehensive data, as specified by CoSD EMS.
- 5.7. An ECAP must provide culturally and linguistically appropriate patient follow-up questionnaires.-

VI. QA/QI COMPONENTS-

A. Quality Assurance

1. Programs shall have a written QA plan which that includes the following standards participate in the QA process in the following ways:
 - a. Compliancey with QA standards set forth in the San Diego County EMS Quality Management (QM) Plan.
 - b. Participating Participation in QM/QI committees as requested by the LEMSA CoSD EMS.
 - c. Regularly submit cases submission to the appropriate reviewing committee committees to support improvement initiatives and share learnings and best practices with the San Diego EMS-Community.
 - 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.
 - e. Providing CoSD EMS access to EMD and ECAP recordings.
 - d.f. Compliancey with CoSD EMS Office requests for data audits.

B. Quality Improvement

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

1. Compliancey with QI standards set forth in the San Diego County EMS Quality Management QM Plan.
1. 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-
2. Submission of required quarterly data.
- 2.3. Conducting random or and incident-specific case reviews to identify calls or /practices that demonstrate excellence in dispatch performance and/ or identify practices which that do not conform to

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defined policy or procedures.

- ~~2. 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.~~
 - ~~3. 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.~~
 - ~~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.~~
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VII. PROCEDURE

A. Proposal Submission Process ~~for proposal submission~~

1. EMS agencies ~~must~~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 ~~prior to final approval~~.
3. ~~Any substantive~~ Substantive changes to provisionally approved proposals ~~require resubmission to the San Diego County EMS~~ must be resubmitted for CoSD EMS Medical Director ~~for approval~~.

B. Probationary Requirements:

~~During the Approved ECAP are in probationary status for the first 12 months. During this~~ probationary period, programmatic programs shall:

1. Submit data ~~shall be sent to CoSD EMS Office~~ every thirty (30) days ~~and/or sooner, upon request. ECAP staff will meet~~
2. Meet monthly with CoSD EMS staff for ~~QA/QI. At the end of the probationary phase, 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 ~~An approved program is required to submit~~
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.
- ~~4.3.~~ Compliance with quarterly and annual ~~reports.~~ report submissions.

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~~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.~~

~~4. The CoSD EMS Office Medical Director will provide continuous oversight to identify best practices. If a patient's~~ 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.

If a patient safety concern is detected ~~arises,~~ the CoSD EMS ~~Office~~ Medical Director may:

~~1. Suspend or revoke ECAP approval.~~

1. ~~Request~~ Require modifications to ECAP protocols, including and/or approved determinant codes.

2. Temporarily suspend or revoke ECAP approval.

D. Local Government Procurements

~~B.~~ 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.