

 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	SERVICE PROVIDER AGENCY		S-883A
	EMERGENCY MEDICAL DISPATCH ENHANCED CARE ACCESS PLAN TEMPLATE		
	Date: TBD		Page 1 of 2

Emergency Medical Dispatch Enhanced Care Access – Plan Template

This template (or its digital equivalent) may be used to submit Emergency Medical Dispatch Enhanced Care Access Program information to the San Diego County EMS Office for initial review or upon program changes.

Dispatch Center Service Information

Identify the name and version of the Enhanced Care Access Program which may include the following with any relevant additional details:

1. Description of Enhanced Care Access Program including trademarked or customized program name
2. Proposed areas of service

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

San Diego County Emergency Medical Services Office
Policy / Procedure / Protocol

2. Emergency Dispatch Coordinator
 - a. Name
 - b. Contact information
 - c. Credentials
3. Enhanced Care Access Program Manager
 - a. Name
 - b. Contact information
 - c. Credentials
4. Medical Call Takers
 - a. Program Information (location, company name, key concepts)
 - b. Contact information
 - c. Credentials

Alternate Call Routing Plans and Policies

1. Enhanced Care Access Routing QA/QI Plan
 - a. Provide EMD QA/QI plan as an attachment or submit digitally
2. Enhanced Care Access Program Continuing Education Program
 - a. Provide Continuing Education program as an attachment or submit digitally
3. Call routing referral criteria for inclusion, including:
 - a. EMD determinant codes
 - b. Caller situations and types, including the use of patient's primary spoken/understood language
 - c. scene type/locations
 - d. referral consent process
4. All determinant codes to be used for the purposes of triaging 9-1-1 requests to an Enhanced Care Access Program
 - a. Determinant codes will be presented to the CoSD EMS Medical Director for approval
 - b. Any subsequent requests for a change in determinant codes must be presented to the CoSD EMS Medical Director for approval
5. Enhanced Care Access Program protocols and/or referral algorithms proposed for use
6. Process and criteria when subsequent identification of an emergency condition exists, and a traditional 9-1-1 response is required
7. Partnering medical facilities triage accepting referrals
8. If the proposed service is contracted, statements of work and other agreements for all aspects of the program