



Greater Miami Valley EMS Council

Optional Community EMS Program

Created by the Research Committee

Prehospital Care Plan

Updated: December 6, 2015

Introduction:

One of the many challenges facing EMS agencies is frequent users of 911 services within our response districts. Some of these requests may be an inappropriate use of EMS. These frequent requests for EMS services place a strain on agency resources and may place the community at risk. One potential solution to this challenge is through the use of a Prehospital Care Plan (PHCP).

Purpose:

The purpose of the PHCP is to provide procedures to assist selected participants in getting the services they need while reducing the need for EMS in non-emergency situations. This program is optional for area departments. If an EMS agency wishes to adopt the PHCP program, they must have approval from their medical director and have a quality improvement (QI) process in place.

Note that this is offered by Greater Miami Valley EMS Council as a template and actual implementation is entirely the responsibility of the implementing agency/department.

Target Participants:

- Frequent users of 911 EMS except those whose underlying conditions require standard EMS response.

Administrative Enrollment Procedure:

- 1) A new participant candidate review can be generated through EMS provider referrals resulting from multiple responses to the same address or patient, or as the result of an administrative review of frequent 911 EMS response data.

The EMS agency may establish a threshold, such as a specific number of responses per month, quarter, or year that may automatically trigger a new participant candidate review.

- 2) The EMS chief or designee (e.g., the department's QI officer or QI committee) shall initiate all new participant candidate reviews.
- 3) The EMS chief or designee shall notify the EMS agencies' medical director when a new participant candidate review may need to be considered. The medical director and the EMS chief or designee shall thoroughly review each patient considered for enrollment into the PHCP program. Communication between the medical director and the patient's primary care physician or other healthcare provider/payer is also often beneficial. During the candidate review, safety should be the foremost concern.
- 4) Options for participants under the PHCP program can vary based upon the patient's specific conditions and needs. The *Prehospital Care Plan List* (Attachment A) includes some examples of PHCP candidate options that may be utilized. Each EMS agency may define their own specific PHCP candidate options based upon their needs, with medical director approval of each option.

Each PHCP option is associated with a specific letter of the alphabet. The participant's specific PHCP is identified by simply referencing the associated letter within the *Prehospital Care Plan List* (Attachment A).

If the option for a specific hospital to be used, it shall be pre-arranged with the receiving facility through the EMS Coordinator.

- 5) The EMS chief or designee will then update the current *Prehospital Care Plan List* (Attachment A) and distribute it through appropriate means for access by the agency's EMS providers. The PHCP is considered protected healthcare information under HIPAA. All *Prehospital Care Plan Lists* (Attachment A) shall be maintained in a secure manner in accordance with the EMS agency's HIPAA policies.

Prehospital Care Plan Procedures:

- 1) Upon a 911 response to a participant of the PHCP program, the EMS crew is expected to follow the patient's assigned option, unless the patient presents with exclusion criteria, including the best judgment of the EMS crew.

The following exclusion criteria are complaints or situations which the EMS crews may not decline transport or in any way suggest alternate means of transportation, except where these are specifically addressed by the PHCP:

- Chest pain
- Dyspnea/shortness of breath
- Claimed or apparent neurological deficit
- First time seizure

- Syncope
- Severe headache
- Overdose
- Suicide attempt
- Incapacitating intoxication (not mere use of alcohol or drugs)
- Abuse or neglect of adult or child
- Any patient scenarios where the crew's best judgment indicates transport.

If the PHCP option includes an exception to the exclusion criteria, extreme caution must be used, and only after a thorough physical assessment has been conducted.

- 2) Before advocating other means of transport, the paramedic must do all of the following:
 - Perform an appropriate focused medical history and physical exam.
 - Obtain a full set of vitals
 - Read the *Prehospital Care Plan Script* (Attachment B) out loud to the patient, including their assigned option.
 - Suggest other transportation options such as public transit, taxi, or private ambulance.
- 3) Contact medical control or a departmental supervisor for advice concerning difficult or questionable situations.
- 4) Customer service and respect for the patient shall remain a priority, even when enforcing the PHCP. When declining transportation of the patient is appropriate according to the PHCP, it shall be done in a courteous manner, demonstrating compassion and concern for the patient's problems.
- 5) The EMS crew shall thoroughly document all patient encounters, including those when a PHCP is used.

Training and Quality Assurance (QA)/Quality Improvement (QI):

Prior to implementing a PHCP program, the EMS agency must provide training for personnel over the risks, benefits, and components of this plan. Prior to implementing a PHCP program, it is strongly recommended that the agency notify the local governing body of the program and its purpose.

There should be an appropriate QI/QA system in place to review each participant within the PHCP program. The Medical Director must be a part of this process. This process should be repeated on a frequent and routine basis to ensure the needs of each patient are being met.



(Attachment A)

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Prehospital Care Plan List

PHCP Option Examples:

- A. "Alternative Transport" (meaning encouraging the patient to use some other means of transportation to go to a family physician, an urgent care facility, Emergency Room, or other healthcare facility).
- B. Transport when patient requests, but only transport to (Hospital name), even if this hospital is rerouted.
- C. Generally, Alternative Transport or transport to a specific hospital, unless the patient meets criteria for Cardiac, Stroke, or Trauma Alert.
- D. Alternative Transport if awake, alert and not actively seizing.
- E. Use Alternative Transport to include complaints of headache or subjective complaints of rapid heart rate (provided heart rate is below 120 BPM and other vital signs are within normal limits). Ask open ended questions in assessment (e.g., "What is your complaint?" not "Do you have chest pain?"). Do not transport unless the patient has objective signs of illness (e.g., abnormal vital signs, diaphoresis, obvious dyspnea), and then only transport to (Hospital Name).
- F. Alternative Transport provided that the patient has good mental status, is not grossly intoxicated, has vital signs within normal limits, and no signs of withdrawal are present (e.g., tachycardia, tremors, diaphoresis).
- G. Alternative Transport to include complaints of back pain if stable. If transported, go only to (Hospital Name), unless the patient meets criteria for a trauma alert.
- H. Alternative Transport provided that patient has good mental status, not grossly intoxicated, vital signs are within normal limits, and no signs of withdrawal are present (e.g., tachycardia, tremors, diaphoresis). If transported, only transport to (Hospital Name). Do not give narcotics.
- I. Alternative Transport unless patient has objective signs of illness (e.g., abnormal vital signs, diaphoresis, obvious dyspnea).
- J. Alternative Transport for a patient's concern is that he/she may have a seizure.
- K. Do not perform blood pressure checks or glucose checks unless en-route to the hospital.

(The above is not all inclusive. This may be modified as the Medical Director feels appropriate)

PHCP patients for (specific date range):

Participant's Name	Address	DOB	SSN	PHCP Option
<i>John Doe (example)</i>	<i>123 Main St.</i>	<i>1/1/65</i>	<i>123-45-6789</i>	A



(Attachment B)

Greater Miami Valley EMS Council

Prehospital Care Plan Script

- After reviewing your past requests for EMS, this Prehospital Care Plan (PHCP) has been drafted to help meet your needs.
- Having completed an examination and patient history for you, we have found that your condition does not warrant emergency ambulance transportation.
- This does not mean you do not need medical care. Contact your physician for recommendations.
- We encourage you to take your medications as prescribed or advised by your physician.
- (Name of Department) policies limit ambulance transportation for certain conditions. Ambulances must be reserved for those who are more critically ill.
- We strongly encourage you to use some other means of transportation to go to your family physician or an Urgent Care facility. If you feel you should go to the hospital, you may seek other means of transportation.
- If you have any questions regarding this care plan, please contact (Department name and phone number).