



ENGAGING ALTERNATIVE CARE SYSTEMS BY EMS

PURPOSE

This policy outlines how EMS agencies may engage Alternative Care Systems (defined below as Care Navigation, TeleConsult, TeleMedicine, Alternative Destination, and Alternative Transportation) in order to provide efficient, safe, and medically appropriate prehospital care.

POLICY

In order to facilitate the rapidly expanding capabilities of EMS to engage Alternative Care Systems, this policy provides definitions, expectations, and responsibilities for the approval and oversight of those systems.

This policy enables the Regional Medical Director to provisionally approve programs and modifications to programs without placing the undue burden and delays from REMAC approval for an addition or change to an existing program. In order to reduce the potential for any real or perceived conflict of interest, the Regional Medical Director must obtain unanimous approval of the REMAC Chair and MLREMS Council Chair in order to implement the Alternative Care System(s) as outlined within this Policy. Any disagreement requires review and action of the REMAC. All provisional approvals by the Regional Medical Director require presentation to the REMAC in the meeting following their administrative approval by the Regional Medical Director.

The use of any of these systems by a Public Safety Answering Point (PSAP / 911 call center) is at the direction and oversight of the Medical Director of that PSAP and is outside the purview of the MLREMS Council and its REMAC.

The use of any of these systems (individually or in any combination) by an EMS Agency requires approval as outlined below.

EMS ELIGIBILITY FOR ALTERNATIVE CARE SYSTEMS

In all cases, Agency or Regional policy must outline, in writing, the eligibility criteria for an EMS provider engaging an Alternative Care System as defined herein. Considerations include:

- No EMS practitioner with a patient demonstrating an immediate life threat will engage an Alternative Care System. Traditional EMS Protocols and Policies apply.
- Patients contacted by EMS and felt eligible for an Alternative Care System must, PRIOR to engaging that Alternative Care System, have at a minimum:
 - Complete history of present incident (to include mechanism of injury if applicable)
 - Full and complete set of vital signs (Heart Rate, Respiratory Rate, Blood Pressure, Pulse Oximetry)
 - Head to toe physical and neurologic exam as clinically indicated
- Although abnormal vital signs in and of themselves are not a contraindication for the use of an Alternative Care System, they must be noted and EMS practitioner judgment applied unless specific exclusion criteria exist for the Alternative Care System being engaged. High risk criteria, as defined in Refusal of Medical Attention protocol, may be an indicator of potential ineligibility:
 - Age <2 months
 - Pulse >120 or <50 or outside of age-appropriate heart rate
 - Adult systolic Blood Pressure >200 or <90 mmHg or outside of age-appropriate systolic blood pressure
 - Adult Respirations >29 or <10 or outside of age-appropriate respiratory rate



- Serious chief complaints (including, but not limited to chest pain, shortness of breath, syncope, focal neurologic deficit, or altered mental status)
- Significant mechanism of injury or high index of suspicion
- Fever in a newborn or infant under 8 weeks old
- The ability of the patient to ambulate without assistance is required before engaging Alternative Transportation and/or Alternative Destination systems.
- The patient must consent to application of the Alternative Care pathway.

CARE NAVIGATOR

- Care Navigator refers to the use of a central point of contact to navigate a patient to an appropriate source of care. This may be provided by a nurse, physician, advanced practice provider, crisis counselor, etc. Care Navigators should use a standardized triage tool to connect patients with local resources, and may involve the use of TeleConsult, TeleMedicine, Alternative Transportation, or Alternative Destination.
- The use of a Care Navigator by an EMS practitioner requires the sponsoring entity to outline the eligibility and call handling process in writing.

TELECONSULT

- TeleConsult refers to the use of a telephonic (voice-only) connection from an EMS practitioner or Care Navigator to a Physician for the purposes of providing clinical guidance to include care direction to the level of EMS practitioner credential as well as disposition guidance.
- Use of TeleConsult by an EMS practitioner or Care Navigator requires the sponsoring entity to outline the eligibility and process for transfer, as well as the credentials of the individuals providing the clinical guidance, in writing.
- When used within this context and subject to verification of sufficient training for providing guidance to EMS practitioners, the TeleConsult physician may provide Medical Control to the EMS practitioner as recognized by the REMAC's authority to credential Medical Control Physicians.

TELEMEDICINE

- TeleMedicine refers to the use of both voice and video communication from an EMS practitioner or Care Navigator to a Physician for the purposes of providing clinical guidance to include care direction to the level of EMS practitioner credential as well as disposition guidance.
- Use of TeleMedicine by an EMS practitioner or Care Navigator requires the sponsoring entity to outline the eligibility and process for transfer, as well as the credentials of the individuals providing the clinical guidance, in writing.
- When used within this context, and subject to verification of sufficient training for providing guidance to EMS practitioners, the TeleMedicine physician may provide Medical Control to the EMS practitioner as recognized by the REMAC's authority to credential Medical Control Physicians.

ALTERNATIVE DESTINATION

- Alternative Destination refers to the direction of a patient to a facility other than an Emergency Department.
- Directing a patient to an Alternative Destination requires patient consent and confirmation that the facility is capable of managing the patient's condition.
- The determination by an EMS Practitioner to direct a patient to an Alternative Destination under Standing Order without engaging Medical Control or a Care Navigator requires Regional Policy with REMAC approval.
- The use of a Care Navigator to aid the EMS Practitioner in directing a patient to an Alternative Destination may be done on Standing Order provided the sponsoring entity outlines the eligibility



and process for transfer, and the credentials of the individuals helping to choose the Alternative Destination, in writing.

ALTERNATIVE TRANSPORTATION

- Alternative Transportation refers to the use of a vehicle other than an ambulance to convey a patient to a source of care.
- Engaging Alternative Transportation requires patient assent and confirmation that the transportation mode (ride-share, car, van, etc.) is medically appropriate for their condition and ambulatory status AND the facility to which the patient is being transported is capable of managing the patient's condition.
- The use of Alternative Transportation requires the ability to confirm pickup and dropoff of the patient to the facility.

DOCUMENTATION

- The use of a Care Navigator, TeleConsult, or TeleMedicine by EMS with resultant non-transport to any source of care should be completed as Treat In Place encounter.
- The use of Alternative Transportation by EMS should use a separate documentation process that allows the patient to accept the Alternative Transportation to the health care facility identified as part of the assessment. In this case, it's not a refusal of transport, but rather an assent to transportation by alternative vehicle.
- Critical to measuring the performance of Alternative Care Systems is the documentation surrounding their use for quality improvement and refinement. The following Outcomes are strongly recommended:
 - Treat In Place, Care Navigator
 - Treat In Place, TeleConsult
 - Treat In Place, TeleMedicine
 - EMS Transport to Alternative Destination
 - Alternative Transportation to ED
 - Alternative Transportation to Alternative Destination

Approved by the Monroe-Livingston REMAC 6/27/2022