

Maryland Institute *for* Emergency Medical Services Systems Administrative Guidance

Alternative Destination Protocol Implementation

PURPOSE

To define the requirements of EMS Operational Programs that plan to implement the Alternative Destination Protocol in some form.

BACKGROUND

The emergency medical services system is routinely activated for a full spectrum of clinical scenarios. In some cases, EMS patients may be more efficiently served and cared for at facilities other than a traditional emergency department.

The Maryland statewide Alternative Destination Protocol provides uniform guidance to EMS clinicians regarding which patients may potentially be transported to a medical facility other than an emergency department. Because resources within communities vary extensively, and there is less standardization among non-emergency department facilities, some need for local adaptation is anticipated.

It is incumbent upon EMS Operational Programs pursuing innovation to ensure sufficient planning, oversight, and evaluation to protect the safety of their patients and the welfare of the public they serve. Similarly, in its role of coordinating the state's EMS system, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) has a responsibility to ensure that novel approaches to emergency medical care and delivery of services are substantiated by appropriate planning and evaluation.

PROCESS

- 1) MIEMSS shall approve all EMS Operational Programs' plans to implement the Alternative Destination Protocol.
- 2) As a prerequisite, an EMS Operational Program planning to use the Alternative Destination Protocol shall transmit data to the Chesapeake Regional Information System for our Patients via eMEDS®.

- 3) An EMS Operational Program shall submit its Alternative [to emergency department] Destination Plan to MIEMSS with ample time to facilitate an iterative process leading to approval. Plan elements are described below.
- 4) Depending on circumstances, and at its discretion, MIEMSS may choose to visit and survey proposed alternative destination facilities.
- 5) Once implemented, EMS Operational Programs shall, for the first two years and longer as requested, provide MIEMSS with bi-monthly reports regarding evaluation of their Alternative Destination utilization. After two years, reports shall be provided quarterly unless otherwise requested.
- 6) In consultation with the EMS Board and the respective EMS Operational Program, MIEMSS may suspend or revoke its approval of an EMS Operational Program to utilize the Alternative Destination Protocol.

ALTERNATIVE DESTINATION PLAN ELEMENTS

Plans to implement the Alternative Destination Protocol must include the following elements:

- 1) Rationale
 - a. Explain the need to utilize the Alternative Destination Protocol within the EMS Operational Program.
 - b. State the goals, as specific as possible.
- 2) Patients
 - a. Describe, specifically, the target patient population.
 - b. Describe the variables or characteristics of the target patient population.
 - c. Describe how patients who are potential candidates for alternative destinations will be identified.
- 3) Receiving facilities
 - a. Describe EMS receiving facilities.
 - i. If an "urgent care center," include:
 1. Address(es).
 2. Hours of operation.
 3. Primary point of contact.
 4. Accreditation documentation.

5. Staffing complement, indicating presence of a physician, physician assistant, and/or certified registered nurse practitioner qualified in emergency medicine and/or urgent care at all times.
 6. Technical resources and capabilities, including:
 - a. Automatic or manual defibrillator.
 - b. Basic airway and ventilation adjuncts.
 - c. 12 lead ECG.
 - d. X-ray.
 - e. Laboratory testing, including:
 - i. Urinalysis.
 - ii. Pregnancy testing.
 - iii. Basic chemistry and blood count.
 - f. Wound care / suturing.
 7. Documentation from facility indicating agreement to be an EMS-receiving site.
 - a. If part of a network, documentation from each individual site.
 8. Limitations regarding demographic and/or payer source eligibility.
- ii. If a behavioral health / mental health facility, include:
1. Address(es)
 2. Hours of operation.
 3. Primary point of contact.
 4. Documentation of accreditation, licensure, and/or board certification of clinicians who are present at all times.
 5. Staffing complement, including the qualifications of staff who are present at all times (e.g., physician, certified registered nurse practitioner, psychologist).
 6. Medical technical resources, including:
 - a. Automatic external defibrillator.
 - b. Laboratory testing, including:
 - i. Blood glucose.
 - ii. Pregnancy testing.
 7. Documentation from facility indicating agreement to be an EMS-receiving site.
 - a. Statement of mental health capabilities.
 - b. Statement of medical capabilities and limits.

- c. Statement of contingency plan when patients exceed facility capabilities.
 8. Limitations regarding demographic and/or payer source eligibility.
- iii. If another sort of clinical facility or office, include:
 1. Address(es)
 2. Hours of operation.
 3. Primary point of contact.
 4. Documentation of accreditation, licensure, and/or board certification of clinicians who are present at all times.
 5. Staffing complement, including the qualifications of staff who are present at all times (e.g., physician, certified registered nurse practitioner, physician assistant).
 6. Medical technical resources, including:
 - a. Automatic external defibrillator.
 - b. Laboratory testing, including:
 - i. Blood glucose.
 - ii. Pregnancy testing.
 7. Documentation from facility indicating agreement to be an EMS-receiving site.
 - a. Statement of medical capabilities and limits.
 - b. Statement of contingency plan when patients exceed facility capabilities.
 8. Limitations regarding demographic and/or payer source eligibility.
 9. In depth justification for why the facility or office is an appropriate consideration within the jurisdiction of the EMS Operational Program.

4) Education

- a. Describe how EMS clinicians will be educated.
 - i. With regard to protocol.
 - ii. With regard to the specific, detailed capabilities of receiving sites.
- b. Describe how EMS-receiving site personnel will be educated.
 - i. With regard to process.
 - ii. With regard to the capabilities and limitations of EMS clinicians.

5) Operating Procedure

- a. Describe how EMS clinicians will match patients' clinical conditions to receiving site capabilities and limitations.
- b. Describe how EMS clinicians will evaluate patient demographic characteristics and payer sources, and match them to eligibility requirements and limitations of prospective receiving sites.
- c. Describe how EMS clinicians directly, or indirectly through an intermediary, will communicate with prospective receiving sites to receive acknowledgement prior to transporting a patient there.
- d. Describe how an alternative [to an emergency department] receiving facility will be explained to prospective patients.
 - i. Include clinical capabilities.
 - ii. Include financial considerations.
 - iii. Include options to consent or defer.

6) Quality Improvement / Evaluation

- a. Provide a quality improvement / evaluation plan
- b. Include, at least, the following metrics:
 - i. Date, time, and day of week.
 - ii. Information regarding each patient transported to an alternative destination.
 1. Demographic descriptors.
 2. EMS clinician impression (i.e., nature of the problem).
 - iii. Receiving facilities.
 - iv. Relevant time intervals.
 1. Total time of incident.
 2. Transport time interval.
 3. "Off-load" / transfer time interval.
 - v. Patient disposition (e.g., discharge, transfer, additional EMS response).
 - vi. Final diagnosis.
 - vii. Indicators of patient satisfaction.
- c. Describe how the plan will be implemented and be used for continuous improvement.
 - i. Describe who will be included in distribution of results or findings.
 - ii. Describe how any identified need for change or adaptation will be effected.
- d. Indicate commitment to report to MIEMSS as described above.

Approved:

A handwritten signature in blue ink, appearing to read 'Theodore R. Delbridge', written over a horizontal line.

August 21, 2019

Theodore R. Delbridge MD, MPH
Executive Director