



Dispatch Review Committee

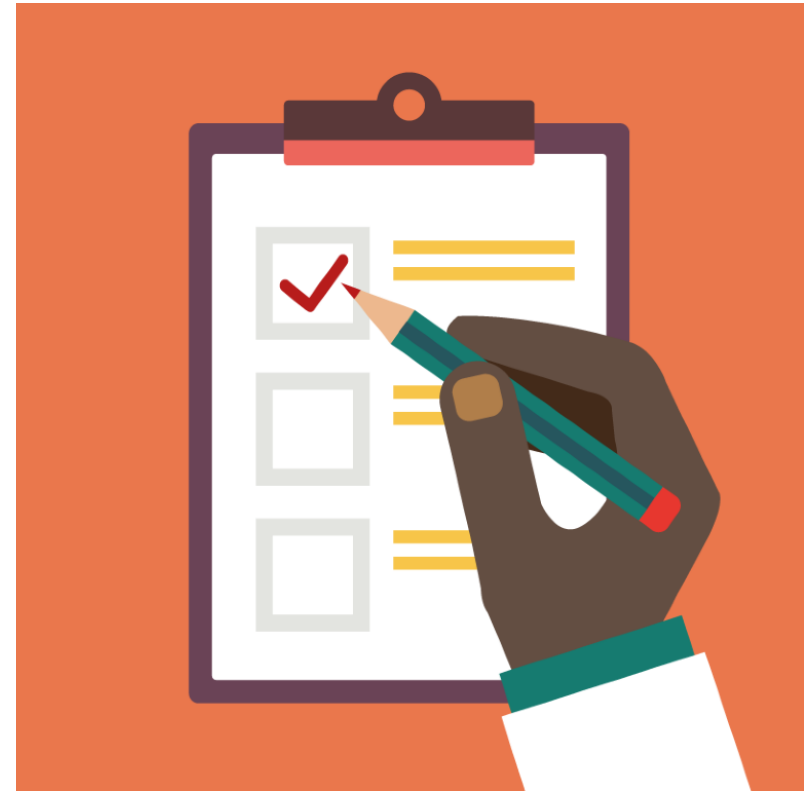
MEETING PRESENTATION

Call to Order



Agenda

1. Approval of Minutes from 09/14/2023
2. Old Business: EFD v8.0 Beta Test
3. New Business: Protocol 37
4. Quality Assurance Updates
5. Round Table Discussion
6. Closing



Meeting
Minutes



Old Business



**FPDS PROTOCOL
UPDATE**

[PRESS RELEASE](#)  [MORE INFORMATION](#) 

IA  EFD

The banner features a dark red background with a subtle pattern of overlapping circles. The main title 'FPDS PROTOCOL UPDATE' is in large, bold, white sans-serif font. Below the title, there are two call-to-action buttons: 'PRESS RELEASE' and 'MORE INFORMATION', both in white sans-serif font with a small white flame icon to their right. In the bottom right corner, the logo 'IA EFD' is displayed, with 'IA' in white, a circular logo containing a gear-like pattern, and 'EFD' in red.

Old Business

1. Issues reported to the IAED:

- a) Spanish won't be available until EFD v8.0 full release.
- b) P53- locally defined definitions not popping up for first party lift assist.
- c) 77003- In the ProQA notes it states the determinate level is "no injuries" and then further down it states, "unconfirmed injuries". This is similar to what ProQA had a long time ago and it caused confusion on sending EMS or not.
- d) Waterflow vs Multiple Alarm issue- could cause confusion as requires CT to select something not 100% accurate (Always Waterflow even if multiple)
- e) PDIa (b/c)- Confusion regarding which PDI is appropriate

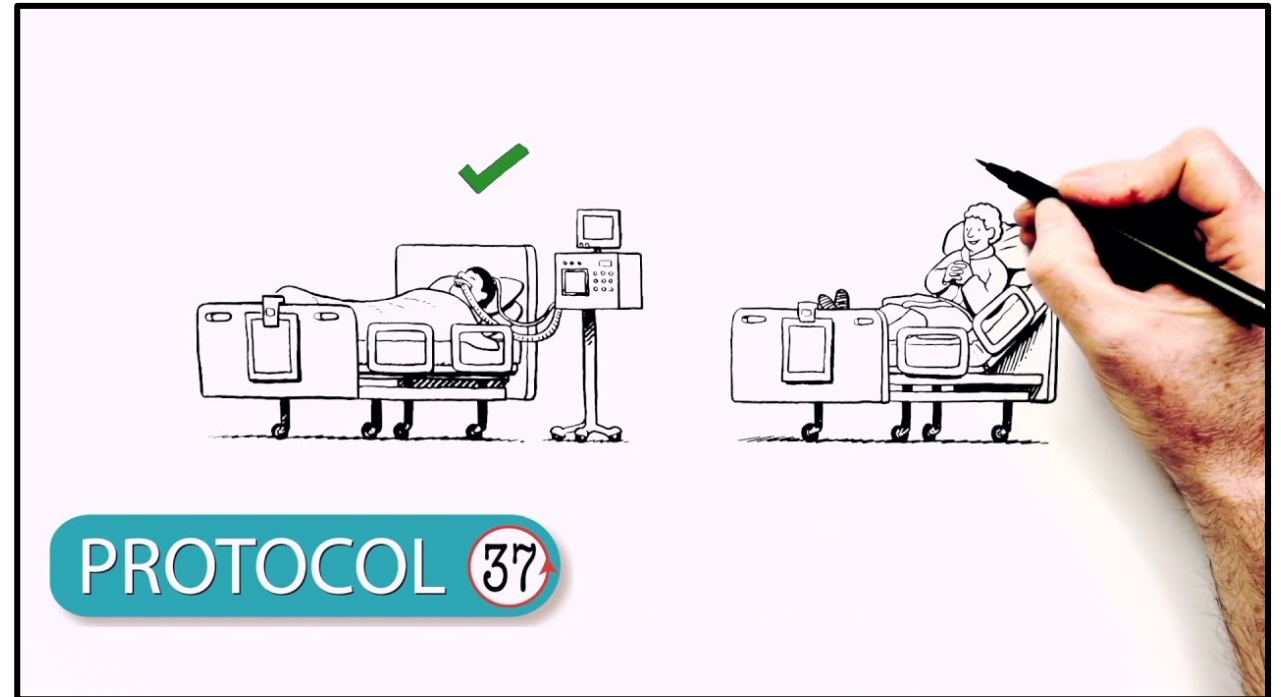


Old Business

2. Chief met with the Fire Chief's Association Ops Committee on and worked on the response matrix for EFD v8.0.



New Business



Purpose & Use of Interfacility **EVALUATION** and **TRANSFER** Protocol

To offer a **response level** based on a **joint** medical professional and EMD evaluation of the patient's medical condition and transport need.

Rules

1. Use this protocol for patient **EVALUATION** when a **NURSE** or **DOCTOR** has **physically assessed the patient in the last two hours**, or when a **medical care facility** or agency requests the patient's **TRANSFER**.
2. When a request for **TRANSFER** (not **EVALUATION**) is obvious, **replace Case Entry Question 3** with: "**What is the reason for the transport?**"
3. If **unsure** of the **response level** after interrogation, the EMD should **ask** the caller **what type of response** is needed.
4. When a health care provider requests a **TRANSFER** (not **EVALUATION**), the EMD may **verbally omit Case Entry Questions 3, 5, and 6** and enter any **obvious information** for those questions.
5. Elapsed time of **STROKE** symptoms (37-C-3) is **locally defined**. Refer to **Protocol 28 A1**.
6. Obtain and relay any **special directions** needed to **locate** the patient in a **medical complex**.
7. **Do not hesitate to use Protocols 1–32** when any question exists about the patient's care environment.

Axioms

1. A **NURSE** or **DOCTOR** with the patient is likely to give an accurate assessment of the patient's condition.
2. It is not necessary to seek permission from the **NURSE** or **DOCTOR** to **upgrade the response level**.

A vertical grey bar is positioned to the left of the text.

Local Response Matrix

All **actual response assignments** and emergency modes must be decided by local **Medical Control** and **EMS Administration**.

EVALUATION

Patient is being transported to a higher level of care **for evaluation or stabilization of an acute or chronic problem.**

TRANSFER

Patient is being transported to or from a medically supervised environment **for the purpose of routine treatment, procedure, checkup, palliative care, or relocation.**

NURSE or DOCTOR

Local Medical Control must define and authorize the minimum qualifications of medical personnel defined as **NURSE** or **DOCTOR** for Protocol 37 interrogation:

- Medical doctor (MD)
- Physician assistant (PA)
- Nurse practitioner (NP)
- Registered nurse (RN)
- Licensed practical nurse (LPN)
- Other (select only if approved by Medical Director)

Priority Symptoms

The presence of:

- **Abnormal breathing**
- **Chest pain/discomfort** (any)
- **Decreased level of consciousness**
- **SERIOUS** hemorrhage

HEART ATTACK Symptoms

EMDs may initially receive non-specific complaints in heart attack cases. Due to patient denial or caller confusion, the following **symptoms may not be recognized as a heart attack**:

- Aching pain
- Chest pain/discomfort (now gone)
- Constricting band
- Crushing discomfort
- Heaviness
- Numbness
- Pressure
- Tightness

While these symptoms are most common in the **chest**, they may also (or only) be present in the **arm(s), jaw, neck, or upper back**.

STROKE Symptoms

- Sudden **speech** problems
- Sudden **weakness, numbness, or paralysis** of the face, arm, or leg **on one side** of the body
- Sudden **loss of balance** or **coordination**
- Sudden **trouble seeing** in one or both eyes
- Sudden, **severe headache** with no known cause

While **symptoms** such as trouble speaking, trouble understanding, or confusion may be caused by a **STROKE**, they may also be due to a decreased level of consciousness (**priority symptom**) caused by many other problems.

STROKE Treatment Time Window

The **time of symptom onset** is determined in **Key Questions**. Hospital and/or responder notification of this finding plays an important part in preparing the patient's therapy. The suffix codes for **STROKE** include a **locally defined** treatment time window: **Less** than "T" hrs, **Greater** than "T" hrs, and **Unknown**.

"T" = Time window set by local Medical Control

Chief Complaint Code?

37




Interfacility Evaluation / Transfer

Interfacility evaluation

Interfacility transfer



1.  **Type of incident?**

Caller Statement: ****TEST CASE**** P37 test- new onse

Evaluation – Interfacility

Transfer – Interfacility

2. Was the patient **seen** by a **NURSE** or **DOCTOR** in the last **2 hours**?

Caller Statement: **TEST CASE** P37 test- new onse

Yes

No

Unknown

3.  Choose another Chief Complaint Protocol:

Caller Statement: **TEST CASE** P37 test- new onse

KQ Answers

Additional Info

Problem Suffixes

Deter

1. **This is an interfacility evaluation case.**
2. **The patient was not seen by a NURSE or DOC**

Abdominal Pain / Problems

Allergies (Reactions) / Envenomations (Stings, Bites)

Animal Bites / Attacks

Assault / Sexual Assault

Back Pain (Non-Traumatic or Non-Recent Trauma)

Breathing Problems

Burns (Scalds) / Explosion (Blast)

Carbon Monoxide / Inhalation / HAZMAT / CBRN

Cardiac or Respiratory Arrest / Death

Chest Pain / Chest Discomfort (Non-Traumatic)

Choking

Convulsions / Seizures

Diabetic Problems

Drowning (Near) / Diving / SCUBA Accident

Electrocution / Lightning

Eye Problems / Injuries

Other (17-32)

Entry P37 P37 P37 Summary

← →

2. Was the patient **seen** by a **NURSE** or **DOCTOR** in the last **2 hours**?

Caller Statement: ****TEST CASE**** P37 test- new onse

Yes
No
Unknown

Entry P37 P37 P37 Summary

← →

3. **Ø** Any of the following conditions identified?

Caller Statement: ****TEST CASE**** P37 test- new onse

No
Suspected STROKE
Hemorrhage
Suspected acute heart problems or MI (heart attack)
Acute onset of difficulty breathing
Sudden change in level of consciousness

KQ Answers Additional Info Problem Suffixes Deter

4. Will the crew need to **administer** or **monitor** any **medication**?

No
Administer (specify):
Monitor (specify):
Not applicable

Caller Statement: **TEST CASE** P37 test- new onset altered mental status

5. Will any **special equipment** be necessary?

No
Yes:

Caller Statement: **TEST CASE** P37 test- new onset altered mental status

6. Will **additional personnel** be necessary?

No
Yes
Unknown

Caller Statement: **TEST CASE** P37 test- new onset altered mental status

42:36

37: Interfacility Evaluation / Transfer



Entry KQ PDI/CEI DLS Summary

← →



7. Select from one of the following response options.



- DELTA: EVALUATION
- CHARLIE: Emergency response requested
- CHARLIE: EVALUATION
- BRAVO: EVALUATION
- ALPHA: EVALUATION



Caller Statement: **TEST CASE** P37 test- new onset altered mental status

KQ Answers Additional Info Problem Suffixes Determinants w/ Suffixes **Det. Codes** CC Selection Rules

- A**
 - 1 **EVALUATION**
 - 2 **TRANSFER level I**
 - 3 **TRANSFER level II**
 - 4 **TRANSFER level III**
- B**
 - 0 **Override**
 - 1 **EVALUATION**
 - 2 **TRANSFER**
- C**
 - 0 **Override**
 - 1 **Acute onset** of priority symptom(s)
 - 2 Suspected acute **heart problems** or **MI** (heart attack)
 - 3 Suspected **STROKE** (≤ "T" hours)
 - 4 **Medication management** required
 - 5 **Emergency response** requested
 - 6 **EVALUATION**
 - 7 **TRANSFER level I**
 - 8 **TRANSFER level II**
 - 9 **TRANSFER level III**
- D**
 - 0 **Override**
 - 1 **NOT BREATHING/INEFFECTIVE BREATHING**
 - 2 **EVALUATION**
 - 3 **TRANSFER**

Entry	PDI/CEI	DLS	Summary
			
8. What's the name of the patient ?			
<div style="border: 1px solid black; padding: 5px;">Enter name: No name Unknown</div>			
Caller Statement: **TEST CASE** P37 test- new onset altered mental status			

Entry	PDI/CEI	DLS	Summary
			
9. Does the patient have any advance directives ?			
<div style="border: 1px solid black; padding: 5px;">No Yes: Not applicable</div>			
Caller Statement: **TEST CASE** P37 Test- new onset altered mental status			

Entry	PDI/CEI	DLS	Summary
			
10. What's the name of the referring doctor ?			
<div style="border: 1px solid black; padding: 5px;">Enter name: No doctor No name Not applicable</div>			
Caller Statement: **TEST CASE** P37 Test- new onset altered mental status			

Entry

RD

PD/CEI

DLS

Summary



11. What's the **name** of the responsible **Health Care Professional**?

- Enter name:
- No Health Care Professional
- No name
- Not applicable

Caller Statement: ****TEST CASE**** P37 Test- new onset altered mental status

Entry

RD

PD/CEI

DLS

Summary



12. What's your **fax number**?

- Enter fax number:
- No fax number
- Not applicable

Caller Statement: ****TEST CASE**** P37 Test- new onset altered mental status

Post-Dispatch Instructions

Additional Information

- a. **(Appropriate) Help** is on the way as requested.
- b. We will be sending a _____ **response**.
- d. **(Appropriate)** Please have any **advance directives ready** for the **paramedics** (ambulance).
- e. If she gets **worse** in any way, please **call** us back **immediately**.

Critical EMD Information

- * Confirm the **destination hospital**.
- * Confirm any **time requirements**.

c. (PAIs possible) Would you like further instructions on doing CPR?

DLS Links



Close case

X-Card

a

b

d

e

Alias: medical_backup

Protocol: STD

General COVID-19 Ebola Monkeypox 6 9 10 13 25 26 37 39 40

Interfacility Evaluation / Transfer

Logistics Questions

Select the **optional questions** that should be used in the protocol

- What's the name of the patient?
- Does the patient have any advance directives?
- What's the name of the referring doctor?
- What's the name of the responsible Health Care Professional?
- What's your fax number?

Interfacility Evaluation / Transfer (37)

Determinants

Enter Responses/Values

- A 1 **EVALUATION**
- A 2 **TRANSFER level I**
- A 3 **TRANSFER level II**
- A 4 **TRANSFER level III**
- B 0 **Override**
- B 1 **EVALUATION**
- B 2 **TRANSFER**
- C 0 **Override**
- C 1 **Acute onset** of priority symptom(s)
- C 2 Suspected acute **heart problems** or **MI**
- C 3 Suspected **STROKE** (\leq "T" hours)
- C 4 **Medication management** required
- C 5 **Emergency response** requested
- C 6 **EVALUATION**
- C 7 **TRANSFER level I**
- C 8 **TRANSFER level II**
- C 9 **TRANSFER level III**
- D 0 **Override**
- D 1 **NOT BREATHING/INEFFECTIVE**
- D 2 **EVALUATION**
- D 3 **TRANSFER**

NURSE or DOCTOR

- Medical doctor (MD)
- Physician assistant (PA)
- Nurse practitioner (NP)
- Registered nurse (RN)
- Licensed practical nurse (LPN)
- Other (approved by Medical Director)

* Note: Local Medical Control must define and authorize the minimum qualifications of medical personnel defined as NURSE or DOCTOR.

STROKE Treatment Time Window

- T =
N/A

* Note: Local Medical Control must set and authorize the STROKE time treatment window before the Determinant Suffixes can be used.






EL PASO - TELLER COUNTY

9-1-1 Authority

Colorado



This protocol works a little bit differently since it is the calltaker's responsibility to pick a final determinant code. To be able to accurately code the call, we need to find out exactly what is happening with the patient in Case Entry. On transport calls, we are mainly concerned with priority symptoms or stroke. The blue is for you question, "Any of the following conditions identified?" will help us to keep track of this.

Entry	KQ	PDI/CEI	DLS	Summary
				
3.  Any of the following conditions identified?		<div data-bbox="1258 786 2104 1039"><p>No</p><p>Suspected STROKE</p><p>Hemorrhage</p><p>Suspected acute heart problems or MI (heart attack)</p><p>Acute onset of difficulty breathing</p><p>Sudden change in level of consciousness</p></div>		

There are 3 approved evaluation levels that are approved for use. Definitions for each of these can be found by clicking on "Determinants w/ Suffixes".

Delta Evaluation: Priority Symptoms Identified

Charlie Evaluation: Emergency response requested by staff at the facility

Bravo Evaluation: Not used by agency model

Alpha Evaluation: Any condition that does not fall into a priority symptom category

The screenshot displays a software interface with a navigation bar at the top containing tabs: "Entry", "KQ", "PDI/CEI", "DLS", and "Summary". Below the navigation bar are two buttons with left and right arrows. The main content area shows a question: "7. Select from one of the following response options." A dropdown menu is open, listing the following options: "DELTA: EVALUATION" (highlighted in blue), "CHARLIE: Emergency response requested", "CHARLIE: EVALUATION", "BRAVO: EVALUATION", and "ALPHA: EVALUATION". At the bottom of the interface is a horizontal menu with tabs: "Question Answers", "Additional Information", "Problem Suffixes", "Determinants w/ Suffixes" (highlighted in cyan), and "Det. Codes". Below this menu are two input fields: "Determinants" and "Responses (user-defined)".

Giving PDI's is quick and easy on these calls since the patient is already being tended to by a nurse or doctor.

Paramount for Medical (5.1.1.27 - 7/12/2018)

File View Spec Logs Options Go to Language Tabs Version About ProQA

29:39 27:43 37: Interfacility Evaluation / Transfer 37-D-2

Entry KQ PDI/CEI DLS Summary

Post-Dispatch Instructions Additional Information

a. **(Appropriate) Help** is on the way as requested.

b. We will be sending a _____ **response**.

c. **(Appropriate)** Please have any **advanced directives ready** for the **paramedics (ambulance)**.

d. If he gets **worse** in any way, please **call us back immediately**.

Critical EMD Information

- * Confirm the **destination hospital**.
- * Confirm any **time requirements**.

DLS Links

Close case

X-Card

a

b

c

d

Provide the caller PDI's A, B, D and follow the Close Case DLS Link

PDI b-The blank should be filled in with either Emergent or Non-Emergent depending on the situation.

(C is only appropriate if the information about an advanced directive was volunteered by the caller.)

Pros

- Telehealth- Easier to filter out the medical facilities for data purposes
- Potential for easier implementation of procedural changes during conditional statuses
- PDIs easier for call management purposes.



Implementation & Training

- Timeline?
 - Need to push out ASAP
 - How long do we think staff will need to train prior to “Go Live”?
- Training Medium?
 - Should training be in person, Teams, or LMS?



Quality
Assurance



QA Updates and Trends

Updates

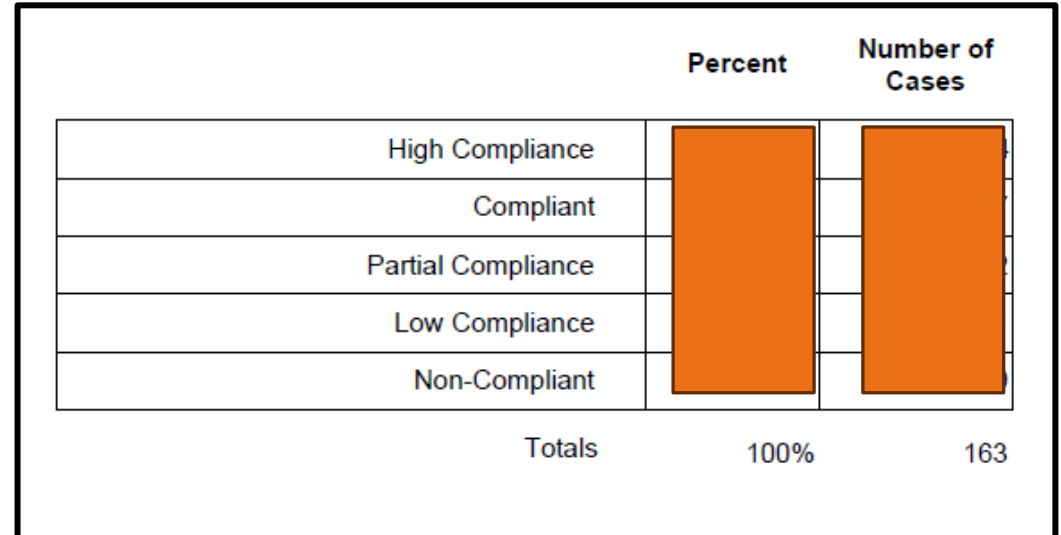
- Beginning the re-accreditation process
- Jim is in QA in a full-time capacity
- Reminder differences between random reviews and focused reviews
- Focused reviews: Telehealth, some cardiac arrests, BLS Alerts, probationary call takers, and below threshold call takers
- Meetings for any below compliant cases and kudos
- Quarter 4- reports

Trends

- Telehealth numbers are down significantly with new script. Trend is calltakers not looking for opportunities to use the clarification script.
- Time Benchmarks Exceeded
- Revisit Addressing SOP
- Issues with Fast Track (used and not used)
- Reminder to provide reassurance early and often

QA Statistics

- December stats
- Completing slightly more cases for 2024 compared to 2023 due to an increase in call volume.



Roundtable



Round Table Discussion

- CBP- Thoughts?
- Discipline selection (EMD vs EFD) training coming soon
- APCO CTO certification course in progress
- New hires start soon
- Continuing to work on consistency amongst CTOs, recent DOR workshop meeting



Closing



Topics for Next Meeting

- FSA
- Accreditation

