



# Providing Appropriate & Effective Care without Dispatching an Ambulance

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International Academies of Emergency Dispatch  
Emergency Communication Nurse Specialist

# Emergency Communication Nurse System (ECNS)



**LOWCODE™**  
by

**Priority**Solutions™

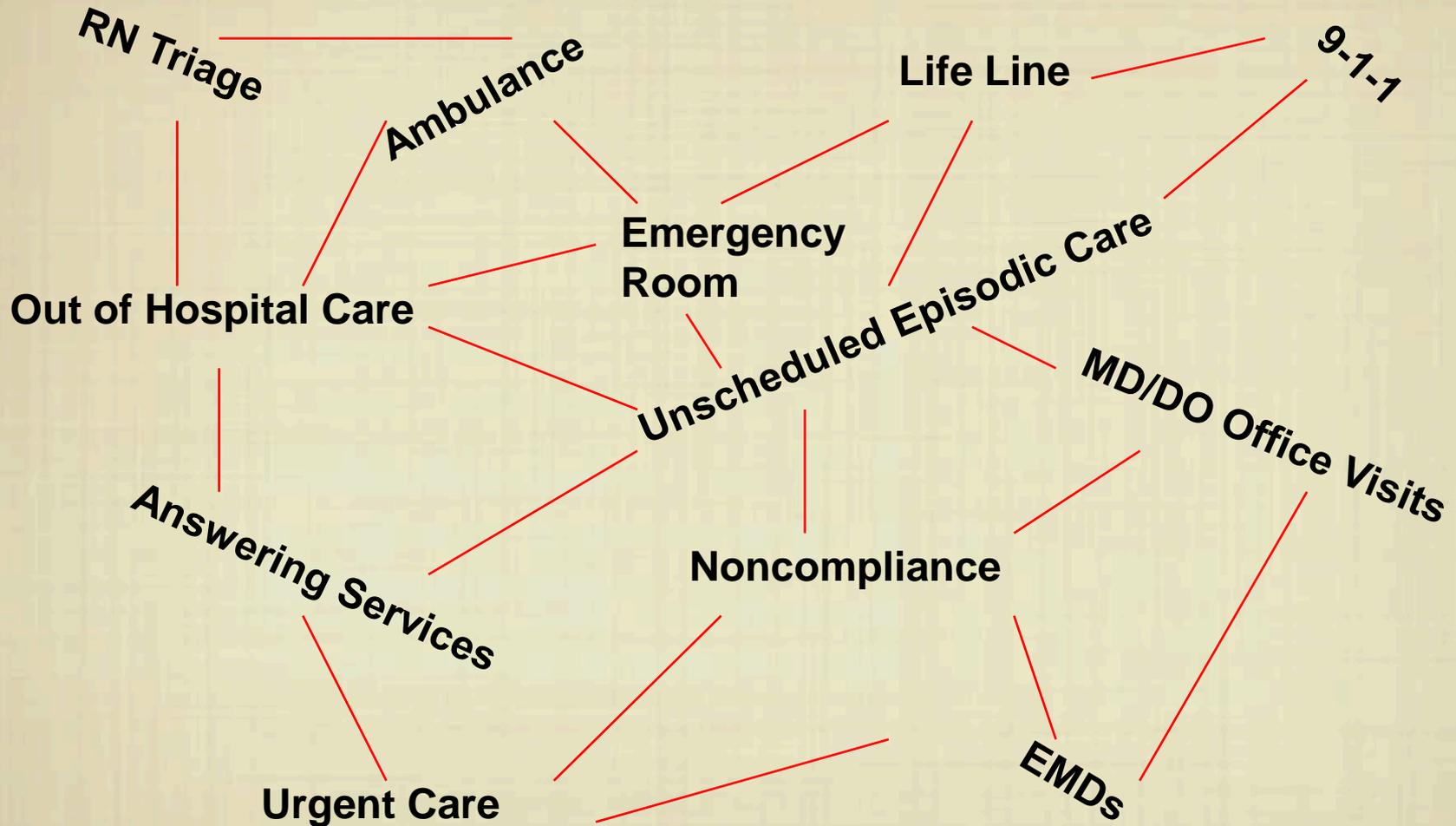
Houston, we have a problem....





# Unscheduled Medical Services

# Current State of “Unscheduled Care”



MEDICAID?  
NAH... WE ALREADY  
HAVE A PLAN  
FOR THE  
UNINSURED...

NICK ANDERSON  
© 7.12.12  
HOUSTON CH POLICE



# Current State of “Unscheduled Care”

## Reasons people call 9-1-1

- To see if they needed to
- It's what we have taught them to do
- Because their doctors tell them to
- They feel it is their only option

32.8% of 9-1-1 requests are non-emergent/non-urgent

# Emergency Department Utilization

- According to the CDC the visit rate is about 38 for every 100 persons each year. In other words, every person has about a 1 in 3 chance that he or she will visit an ED within a year.
- 50% of these ED cases would have done fine with a scheduled office visit.

# Who are the most frequent ER users?

## **Patients who go to the ER > 4-times/year**

- Account for 28% of all ER visits, but only 8% of all ER patients
- 60% are white
- Average age 40
- Most have health insurance
  - 60% with Medicare/Medicaid
  - Only about 15% are uninsured
- Most have a primary care physician

# And the abusers?

## ➤Austin Study:

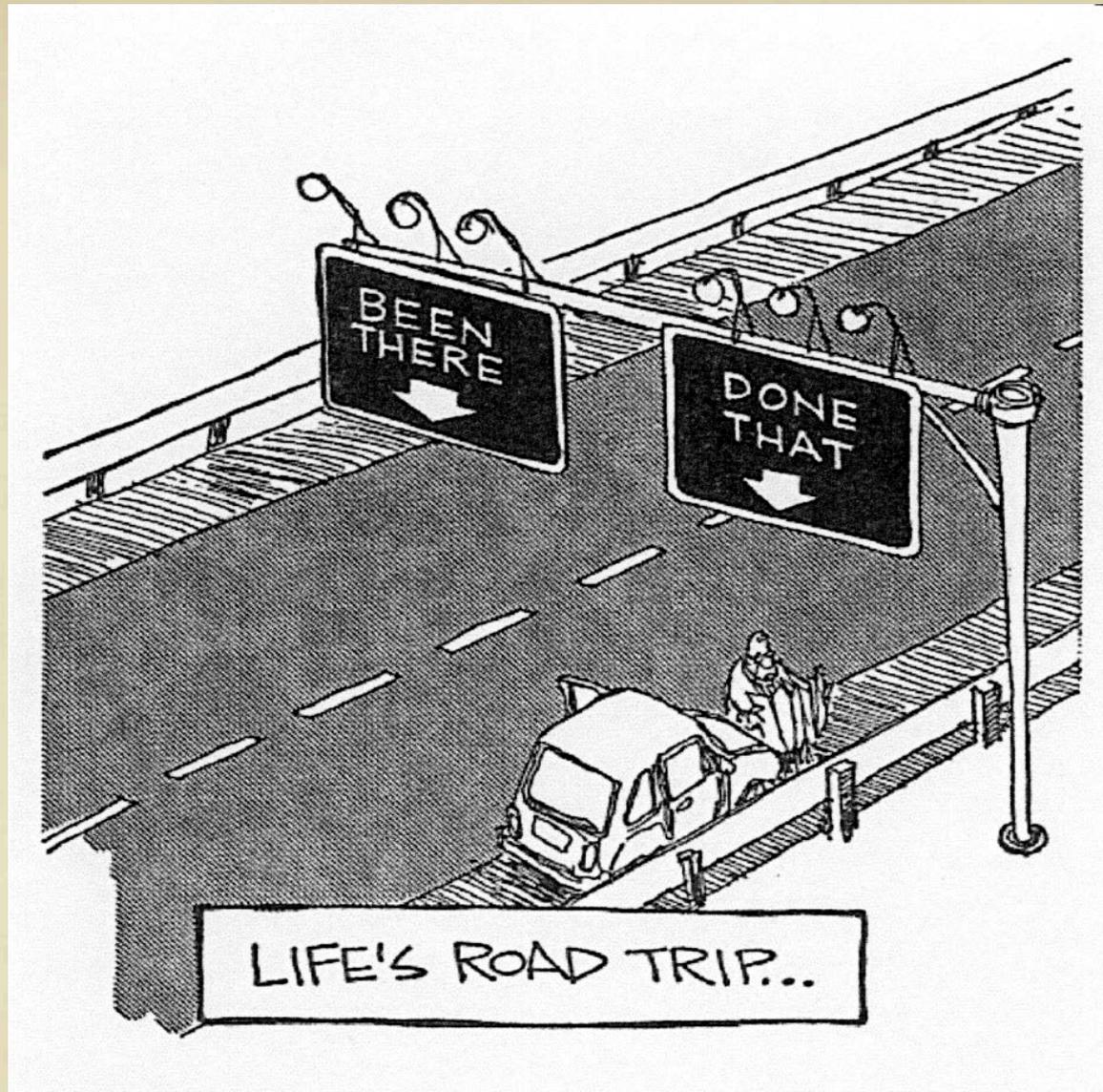
- A small number of individuals have a large impact
- Just 9-patients
- Accounted for 2700 ED visits over a 6-year period
- Cost of providing this care was \$3 million



# What about the uninsured?

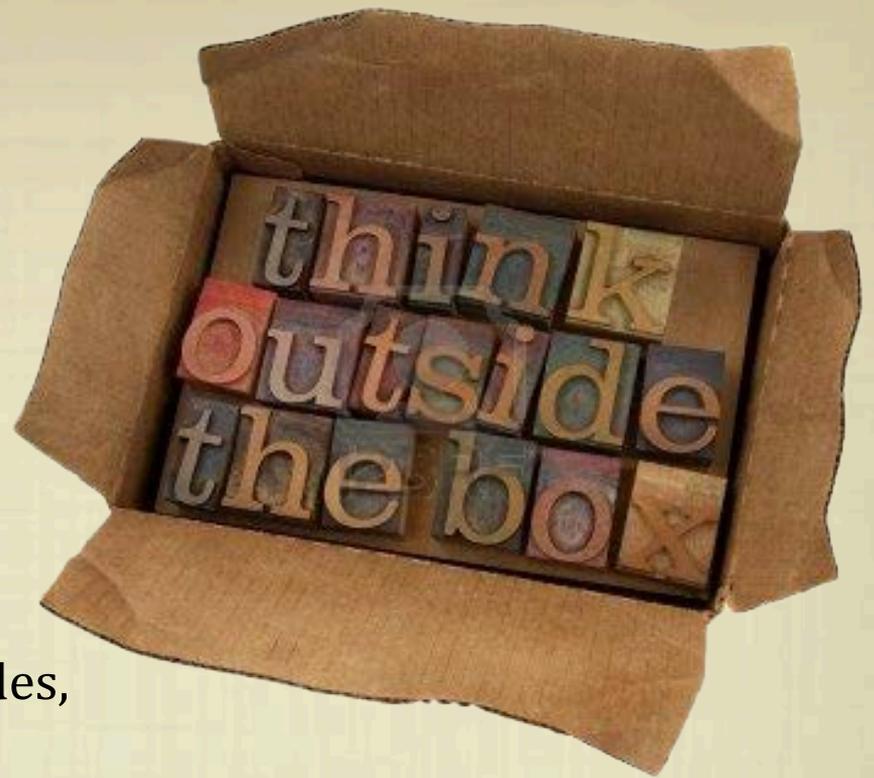
- 1 in 5 use the ER as their primary source of medical care
  - Twice as often as the insured
  - Half as often as Medicaid patients
- Less than 2% are frequent ER users
- More importantly
  - Less likely to know they have a chronic condition
  - Less likely to control it
  - Overall have a 25% ↑ risk of dying compared to the insured





# The GOAL

To safely reduce unnecessary utilization of EMS and ED services by connecting patients with appropriate sources of both medical care and social support.



- Third party service providers:
  - Auto manufacturers
    - On-Star, Ford, BMW, Mercedes, Toyota, KIA, and Hyundai
  - Private 9-1-1 answering points
  - Call-center services
    - Elderly panic buttons, Jitterbug, GreatCall, ActiveCare, Apps(MyFlare), Lifeline, and Lifelink
- 9-1-1 secondary nurse triage

# Putting the pieces together





**There are no inappropriate  
calls to 9-1-1.**

**Now, how we RESPOND to those  
calls can be inappropriate!**

# New EMS Role!

- Right Resource
- Right Time
- Right Patient
- Right Outcome



**The first step...**

# Medical Priority Dispatch System

**Jeff J. Clawson, M.D.**

*The Father of Emergency*

*Dispatch*

*Founded 1979*

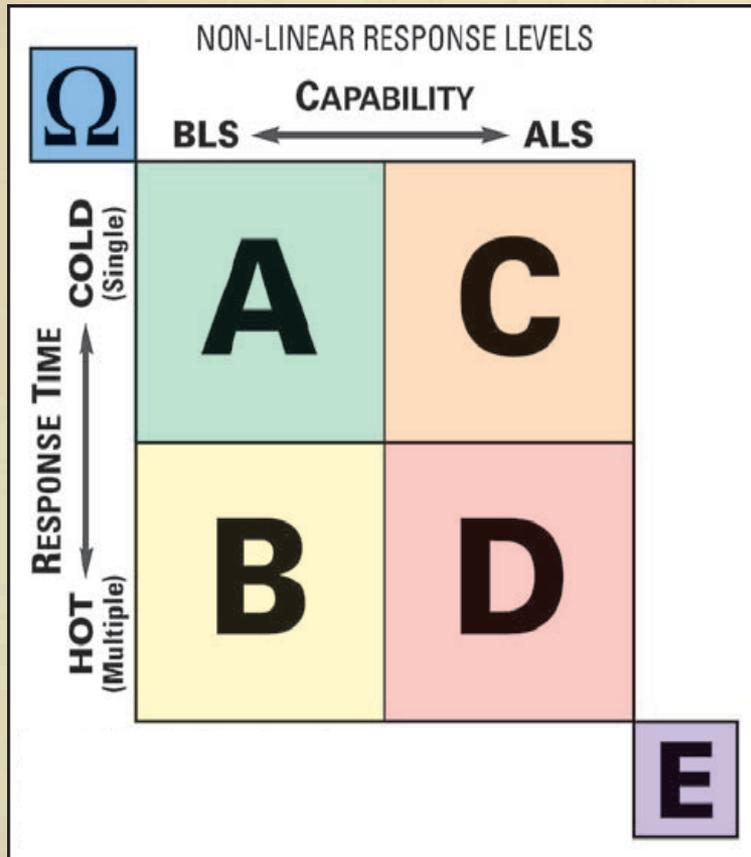
# MPDS

- Version 12.2
- Generates 33 Protocols *-plus-*
  - Zero response time CPR
  - Stroke Diagnostic Tool
  - Aspirin Diagnostic and Instructions
  - Sinking Vehicle
  - Standardized Case Entry/Case Exit
- Locally-defined Responses/Dispatches
- Potential emergency-based ECNS sites must first be an Academic Center of Excellence (ACE) with the IAED

# Five Standard Benefits of **Protocol** Usage

1. Reduces Liability
2. Enables Certification/Accreditation
3. Enables Quality Improvement
4. Enables Safe, Prioritization of Responses
5. Establishes a Standard of Service

# MPDS Responses



**Baseline Response Example**  
All actual response assignments are decided by local Medical Control and EMS Administration

Level	Response	Mode
<b>ECHO</b>	Closest Apparatus—Any (includes Truck Companies, HAZMAT, or on-air staff)	<b>HOT</b>
<b>DELTA</b>	Closest BLS Engine Paramedic Ambulance	<b>HOT HOT</b>
<b>CHARLIE</b>	Paramedic Ambulance	<b>COLD</b>
<b>BRAVO</b>	Closest BLS Engine BLS Ambulance (alone HOT if closest)	<b>HOT COLD</b>
<b>ALPHA</b>	BLS Ambulance	<b>COLD</b>
<b>OMEGA</b>	Referral or Alternate Care	

*Source: Medical Priority Consultants AMPDS v12.0*

# What *is* LowCode?

LowCode, the Emergency Communication Nurse System (ECNS) **software**, has been designed specifically to meet the following goals:

- 1) Appropriately manage and support caller access to an increasingly burdened healthcare system, by better allocating resources to meet their non-emergent, non-life-threatening health situations.

-and-

# What *is* LowCode? (cont.)

- 2) Help 9-1-1 Communication Centers and Ambulance Services optimize their outcomes by sending, *when necessary*, the
- ✓ **right personnel** to the
  - ✓ **right place**, at the
  - ✓ **right time**, with the
  - ✓ **right equipment**, using the
  - ✓ **right resources**, to get the patient the
  - ✓ **right care** in the most clinically appropriate way; thereby **reducing overall costs**
  - ✓ **(right cost)**.

# How does the ECNS do this?

- ProQA, the world's renowned emergency triage software system developed by Priority Dispatch Corporation, is linked to a protocol software application, "LowCode", via a CAD interface.
- Callers to 9-1-1 not requiring immediate ambulance transport can be seamlessly directed between EMDs and a Registered Nurse who is specially-trained and certified as an Emergency Communication Nurse.
- ECNs then collect information through the use of protocols and EndPoints, a Directory of Services application, to determine the appropriate level of health services required. They also then help facilitate this care.

# Benefits of ECNS include:

- Effective and standardized clinical assessment and assignment of appropriate recommended care level
- Safely manages the growing demands on health care providers
- Reduces the demand on ambulance transportation services
- Reduces ER visits and wait times
- Reduces unnecessary visits to a primary care physician, yet also provides PCP appt. scheduling
- Solid track record in multiple countries around the world for over 14 years
- Numerous integration efforts completed with 3<sup>rd</sup> party software

# Current Clients:

- MetroSafe; Louisville, Kentucky, USA
- MedStar EMS; Dallas/Ft. Worth, Texas, USA
- Royal District Nursing Services; Melbourne, Australia
- London Ambulance Service; United Kingdom
- East of England Ambulance Service; United Kingdom
- Yorkshire Ambulance Service; United Kingdom
- Great Western Ambulance Service; United Kingdom
- South Central Ambulance Service; United Kingdom

# Current Clients – continued -

- Queensland Ambulance Service; Australia
- 13 Queensland Health; Australia
- GP Assist; Australia
- New South Wales Ambulance Service; Australia
- NetCare; South Africa
- Medical Rescue International; Botswana
- *In Development:*
- Greenville County EMS, South Carolina, USA
- Niagara EMS, Ontario, Canada
- North Shore Health System, NY, USA
- Polk County, Florida, USA
- Salt Lake City, Utah, USA

# By the Numbers...

- ECNS currently has 14 User Centers in 5 countries on 4 continents
- There are over 750 trained Emergency Communication Nurses in the USA and UK alone
- ECNS currently has over 200 protocols – each containing a clinical rationale for the ECN along with a reference list for additional information
- Over 2,000,000 calls have been processed without an untoward incident attributable to the system or content

**The  
Emergency Communication  
Nurse System**

**(ECNS)**

The ECNS ensures safe, effective and appropriate outcomes according to the needs and clinical presentation of the patient. Importantly, it is holistic.

Performed correctly, it offers many advantages such as the appropriate medical utilization of resources and providing support and reassurance to the patient/caller.

Using EndPoints, it delivers **locally-tailored** care to the patient, appropriate to their needs, and reduces unnecessary delays in treatment (such as long waits in an ED).

**\* Co-locating the ECN in the 9-1-1 Center is crucial to success**

# ECNS Will....

- Help bring appropriate care closer to the patient (not necessarily ambulance care)
- Be responsive to patients needs
- Be credible and acceptable – standardized and reproducible
- Enable efficient and effective use of resources
- Link to other agencies and services (Physicians, EDs, Urgent Care Centers, clinics, etc.)
- Use ‘Best Practices’, reflect national guidance, and local services as well as being *locally-tailored*

# Principles of ECNS

- Medical Direction is crucial:
  - Assures EMS system integration into Operations
  - Assures Medical control over all system participants
- Nurse staff co-located in the 9-1-1 center promotes:
  - Collective program management and effective communication
- Patient's needs are of utmost importance
- Empowering patient with knowledge
- Good questioning and active listening techniques
- Safety and with proven efficacy
- Bundled Resources, using EndPoints

# Principles of ECNS

## (continued.....)

- Attitude of empathy and patience
- If a caller feels the situation is an emergency, it is treated as such – err on the side of caution
- Override if patient insists
- Most emergent questions asked early in assessment
- Questions are asked in a non-leading, unassuming, pre-determined manner
- Aid patients in managing their own care
- ECNS is *not* a barrier to care
- Getting to the chief symptom effectively
- Always include callback or follow-up instructions for lack of improvement or changes in the patient's condition

# ECNS Protocols

- Trinary flow protocols (yes, no, unsure)
- Symptom and history-based
- Evidence-based
- Appropriate Recommended Care Level
- 5 principles
  - Most calls benign, self limited
  - Caller information, education
  - Continuing education for nurses
  - Supports good physician care
  - Maximally customizable

# The Call **Process**

- Provide a quick and consistent direction, without leading
- Multiple questions to be interpreted in context  
(in the absence of visualizing patient)
  - Call Intake
  - Pre-Triage Assessment
  - Protocol Selection
  - Protocol Assessment
  - Recommended Care Level (Disposition)
  - Point of Care, if applicable (Based on RCL)
  - Self Care Instructions
  - Directory of Services, EndPoints, as applicable
  - Callback Scheduling, as applicable
  - Case Completion/Final Instructions
  - Documentation/Acceptance of Call

# Recommended Care **Level** (Disposition)

**In essence, calls can be broken down into several outcomes:**

- Problems that require an Immediate EMS Response
- A Scheduled Appointment
- Problems that require an In-Person Evaluation as soon as possible (Same Day)
- Problems that require a specialized remote clinical assessment and instructions
- Problems that require an In-Person Evaluation within 1-3 Days/follow-up
- Problems that require Self Care and/or ECNS Follow-Up Instructions

# Point of Care

## Local Resources within the Community

- 1) Scheduling patient callbacks should be a standard of care.
- 2) The ECN facilitates and assists the patient in scheduling appointments/offering resources such as:

Community Paramedics

Pediatric Services

Physician Specialist Crisis

Management Services

Urgent Care Center

Health Departments

Dentist/Oral Surgeon

2-1-1 or Local Government Programs

Behavioral Health

Falls Team/Minor Injury Unit

Social Services

# **LOWCODE**

# **SYSTEM NAVIGATION**

# EMD triages using ProQA and a low acuity determinant is reached

ProQA 3 for Windows (3.3.0.195)

File View Spec Logs Options Tabs Help

18: Headache

Entry KQ PD/CEI DLS Summary

Send: 18-0-1

KQ Answers

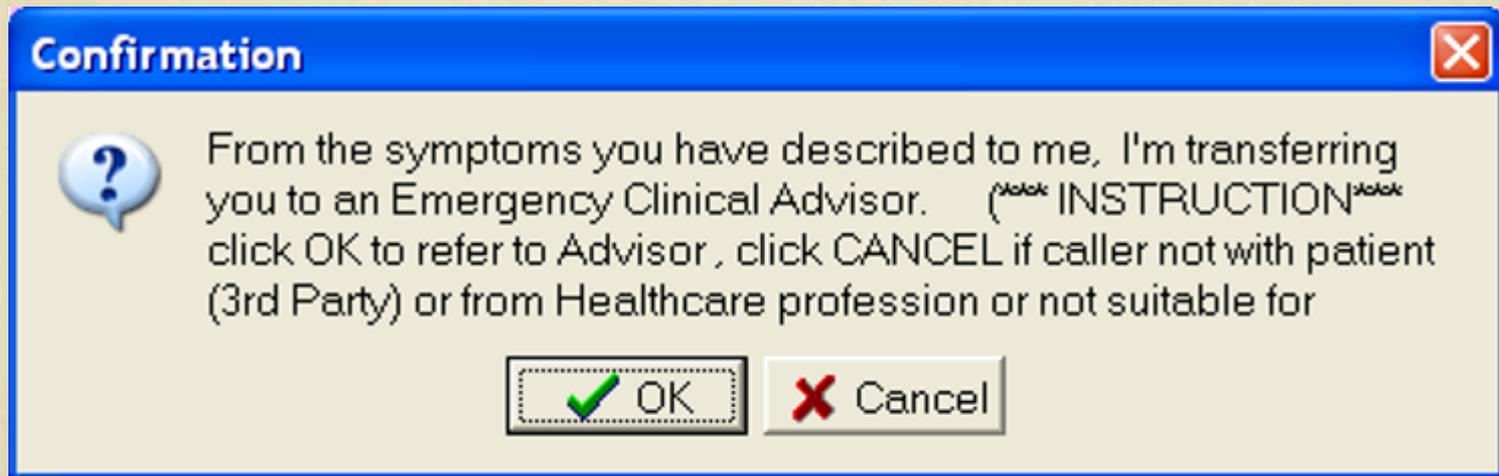
- There is no numbness or paralysis.
- There has not been a recent change in behaviour.
- EMD spoke with the patient to verify his condition.
- 1st party discussion verified his condition.

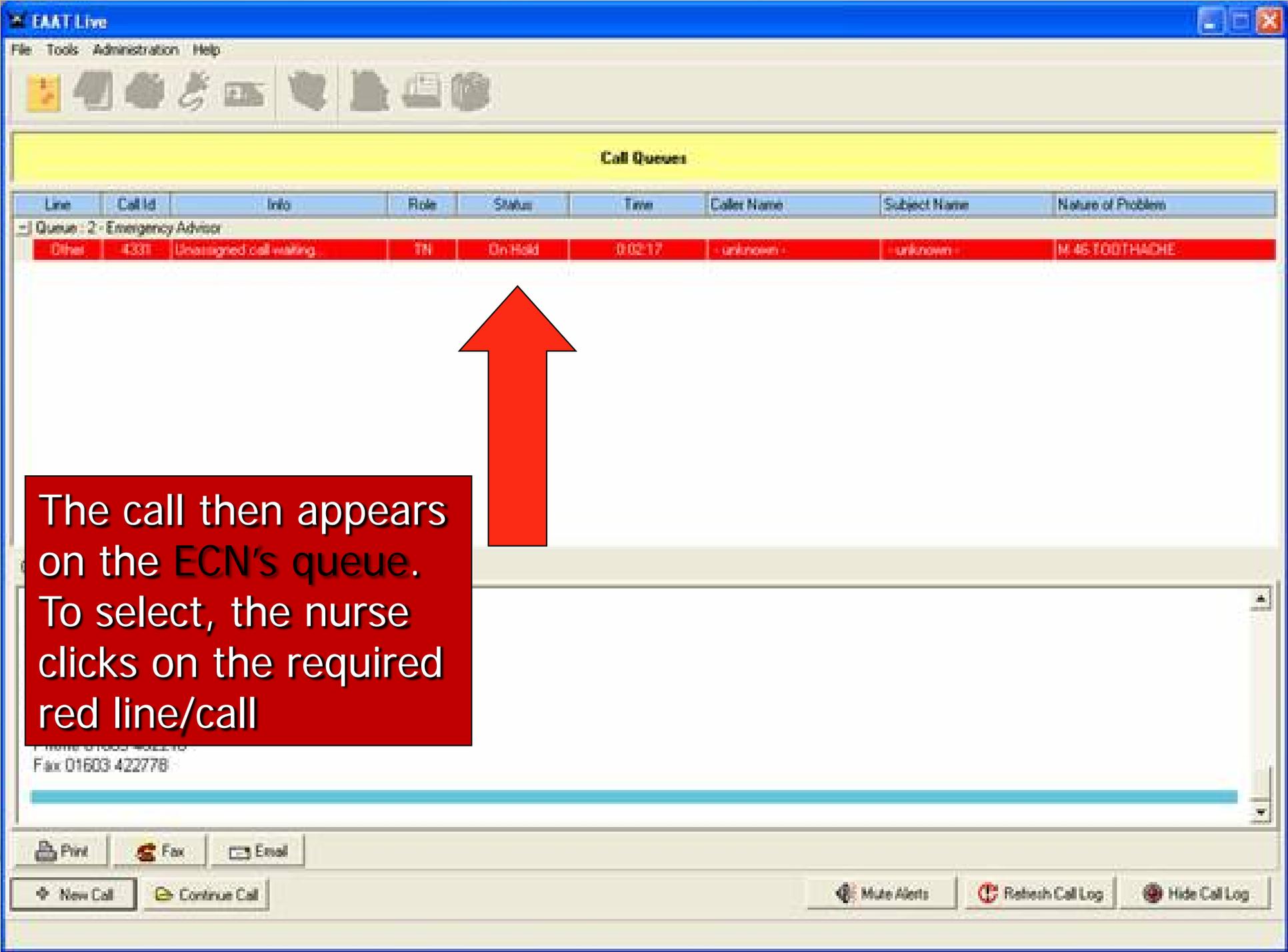
Determinants	Responses (user-defined)
<b>D</b> 1 Breathing normally with 1st party verification (without priority symptoms)	Omega
<b>A</b> 0 Override	Alpha
1 Breathing normally without 1st party verification (without priority symptoms)	Alpha
<b>B</b> 0 Override	Bravo
1 Unknown status (3rd party caller)	Bravo
<b>C</b> 0 Override	Charlie
1 Not alert	Charlie
2 Abnormal breathing	Charlie
3 Speech problems	Charlie
4 Sudden onset of severe pain (<= 3hrs)	Charlie
5 Numbness or paralysis	Charlie
6 Change in behaviour (<= 3hrs)	Charlie

You are responding to a patient complaining of a headache. The patient is a 25-year-old male, who is conscious and breathing.

Print Viewer ProQA 3 for Windows (...)

Depending on the CAD provider, the EMD may receive a **Pop Up Box** (as below) or have to select an option to **send**

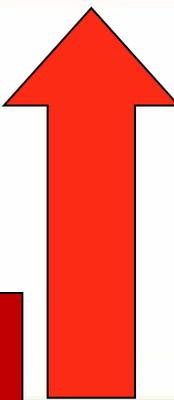


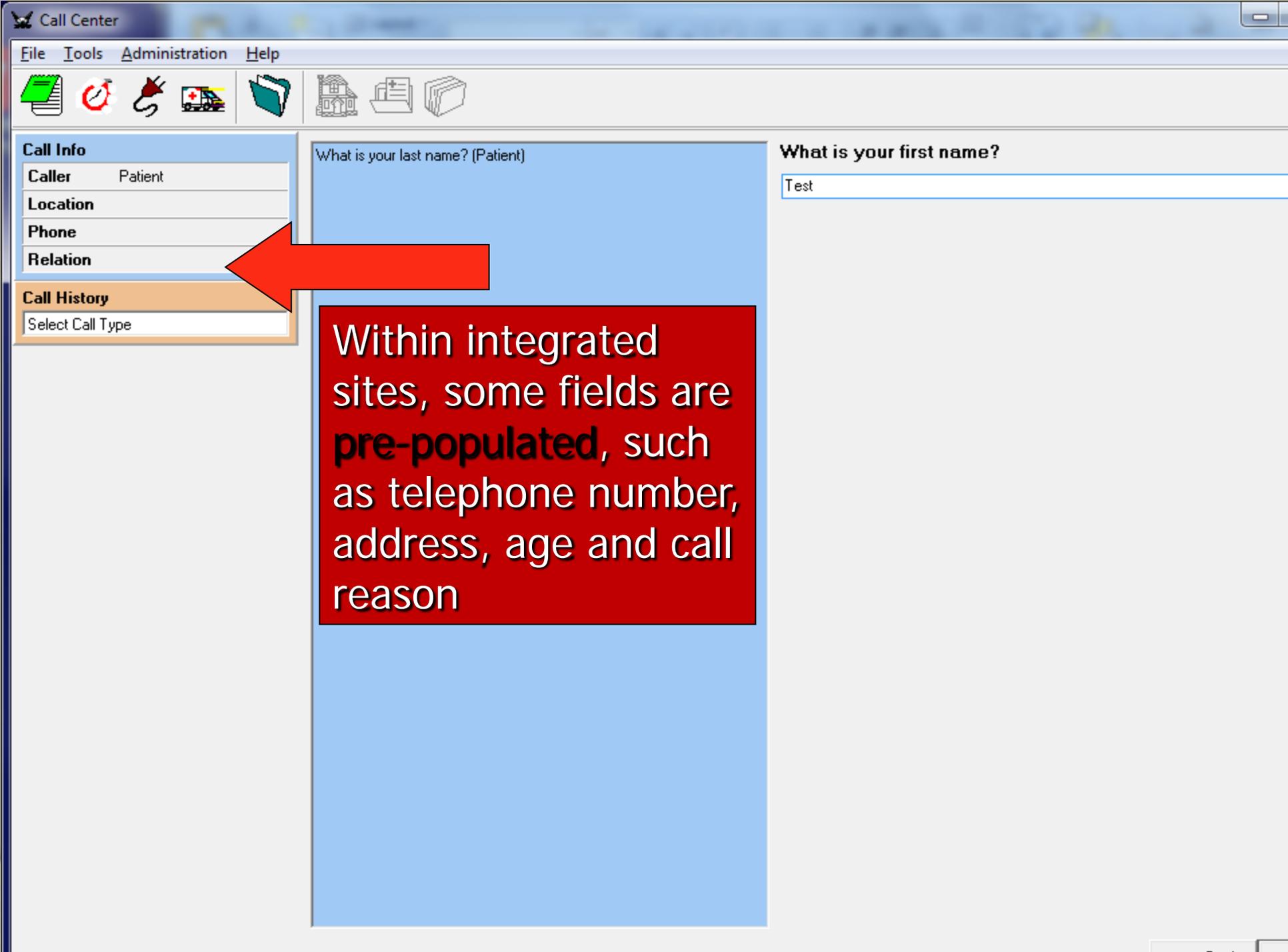


### Call Queue

Line	Call Id	Info	Role	Status	Time	Caller Name	Subject Name	Nature of Problem
- Queue - 2 - Emergency Advisor								
Other	4331	Unassigned call waiting	TN	On Hold	0:02:17	- unknown -	- unknown -	M 46 TOOTHACHE

The call then appears on the ECN's queue. To select, the nurse clicks on the required red line/call





Call Info

Caller	Patient
Location	
Phone	
Relation	

Call History

Select Call Type

What is your last name? (Patient)

What is your first name?

Test



Within integrated sites, some fields are **pre-populated**, such as telephone number, address, age and call reason

Quick CAD Info Queued: 0

**Call Info**

Caller

Location

Phone

Relation Friend

**Call History**

Select Call Type

Caller Information

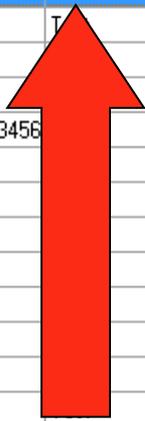
### Select Demographic Record

Enter Demographic Search Criteria

\*Search Method: \*Last Name: \*First Name: Address Line 1 Unique ID: Date Of Birth: Active Status Inactive Date

Starts With Test Test [ ] [ ] [ ] All [ ] Find Show All

Demographics Record(s)														
Inactive On	Active	Unique	First	Last	Middle	Line 1	Line 2	City	State	Postcode	DOB	Phone	Sex	
	<input checked="" type="checkbox"/>		Test	Test		Test		test	Norfolk		10/10/1972	01603424	Male	
	<input checked="" type="checkbox"/>		T	Test		Test	Test	test	Suffolk		10/10/1972	test	Femal	
	<input checked="" type="checkbox"/>			Test		Test		test	Norfolk	test	10/10/1970	test	Male	
	<input checked="" type="checkbox"/>			Test		Test House		test	Norfolk		11/16/1990	01603 454	Femal	
	<input checked="" type="checkbox"/>	123456		Test		Test House		t	Norfolk		11/16/1986	test street	Male	
	<input checked="" type="checkbox"/>												Male	
	<input checked="" type="checkbox"/>												Femal	
	<input checked="" type="checkbox"/>												Femal	
	<input checked="" type="checkbox"/>												Femal	
	<input checked="" type="checkbox"/>												Male	
	<input checked="" type="checkbox"/>												Male	
	<input checked="" type="checkbox"/>												Male	
	<input checked="" type="checkbox"/>		Test										Male	
	<input checked="" type="checkbox"/>		Test										Male	
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	<input checked="" type="checkbox"/>		Test										Male	
	<input checked="" type="checkbox"/>		Test										Male	
	<input checked="" type="checkbox"/>		Test										Male	
	<input checked="" type="checkbox"/>		Test										Femal	



Once the initial data is entered, the system will look to see if this patient is **known** within LowCode. If a record exists a blue line will appear. If no line exists, select 'Add' to add a record.

**Quick CAD Info** Queued: 0

**Call Info**

**Caller**

**Location**

**Phone**

**Relation** Friend

**Call History**

Select Call Type

Caller

**Select Demographic Record**

Enter Demographic Search Criteria

\*Search Method: \*Last Name: \*First Name: Address Line 1 Unique ID: Date Of Birth: Active Status Inactive Date

Starts With Test Test [ ] [ ] [ ] All [ ] Find Show All

Demographics Record(s)													
Inactive On	Active	Unique	First	Last	Middle	Line 1	Line 2	City	State	Postcode	DOB	Phone	Sex
	<input checked="" type="checkbox"/>		Test										
	<input checked="" type="checkbox"/>		Test										
			Test										
		123456	Test										
			Test										
			Test										
			Test										
			Test										
			Test										
			Test										
			Test	Test		Test		test	Norfolk		10/10/1934	test	Female
			Test	Test		Test		test	Suffolk		1/19/1936	test	Female
			Test	Test		Test		test	Norfolk		10/10/1972	test	Male
			Test	Test		Test		test	Norfolk		1/24/2001	test	Male
			Test	Test		4Th 2Nd 5T		test	Norfolk		2/2/1972	09875429	Male
	<input checked="" type="checkbox"/>		Test	Test		T		t	Norfolk		1/27/1977	t	Male
	<input checked="" type="checkbox"/>		Test	Test		Test		test	Norfolk		1/27/1977	test	Female

**Demographic Information**

Prior Call Warning

Searching all calls within the past 6 months...

This caller has called 1 time within the past 2 Months.

Continue

If records do exist, and the ECN clicks on a record, then the repeat caller function will alert the ECN the number of calls



**Info**

**Caller** John Doe

**Address** 123 Main Street

**Phone** 801-555-5555

**Relation** Self

---

**History**

Recent Call Type

Caller Information

### Maintain Demographic

<b>Personal Information</b> <u>Last Name</u> * <input type="text" value="Doe"/>		<b>Contact Information</b> <u>Primary Phone</u> * <input type="text" value="801-555-5555"/>		<u>Phone Type</u> * <input type="text" value="Home Phone"/>
<u>First Name</u> * <input type="text" value="John"/>		<u>Address Line 1</u> * <input type="text" value="123 Main Street"/>		
<u>Middle Name</u> <input type="text"/>	<u>Unique ID</u> <input type="text"/>	<u>Address Line 2</u> <input type="text"/>		
<u>Ethnicity</u> <input type="text"/>		<u>City</u> * <input type="text" value="Salt Lake City"/>	<u>State</u> * <input type="text" value="Utah"/>	<u>Zip Code</u> * <input type="text" value="84111"/>

**PMH, Medications and Allergies are entered in the respective fields. All fields are predictive text.**

**Medication**

What is the name of the Medication that the caller is on? \*

- Antihypertensives
- Antilymphocyte Sera
- Antimetabolites
- Antiparkinson Agents

<b>Medical Conditions</b> <table border="1"> <thead> <tr> <th>Medical Conditions</th> <th>Active</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>ADHD</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	Medical Conditions	Active	Hypertension	<input checked="" type="checkbox"/>	ADHD	<input checked="" type="checkbox"/>	<b>Allergies</b> <table border="1"> <thead> <tr> <th>Allergies</th> <th>Active</th> </tr> </thead> <tbody> <tr> <td>None</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	Allergies	Active	None	<input checked="" type="checkbox"/>	<b>Medications</b> <table border="1"> <thead> <tr> <th>Medications</th> <th>Active</th> </tr> </thead> <tbody> <tr> <td>Ritalin</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	Medications	Active	Ritalin	<input checked="" type="checkbox"/>
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Hypertension	<input checked="" type="checkbox"/>															
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Allergies	Active															
None	<input checked="" type="checkbox"/>															
Medications	Active															
Ritalin	<input checked="" type="checkbox"/>															

+ Add    Edit

\* indicates a required field

**Quick CAD Info** Queued: 0

**Call Info**

Caller  
Location  
Phone  
Relation Friend

**Subject Info**

Name Test Test  
Age 38 Years  
Sex Female  
Reason chest pain

**Medical Info**

Allergies  
Conditions  
Meds  
Special

**Call History**

Select Call Type  
Caller Information  
Select Subject  
Problem Description  
Pre-Triage Questions

Algorithm Chest Pain - Overview

Show Aliases

Sex

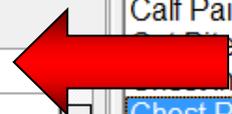
- Female
- Male

Age

- All Ages
- Newborn (0-90)
- Infant (3-12 Months)
- Toddler
- Child
- Adult
- Geriatric

Select an Algorithm

- Calf Pain
- Penetrating Injury
- Chest Pain**
- Chest Wall Pain**
- Colds and Flu
- Confusion
- Constipation
- Contact Lens Problems
- Convulsion
- Cough
- Coughing Up Blood
- Cramps - Abdominal
- Cramps - Calf
- Cramps - Menstrual
- Cramps - Muscular
- Crisis Call
- Cuts



**Protocols that display are both age and gender-specific.**

Algorithm Topics

Areas of inquiry

- Acute Myocardial Chest Pain
- Possible Thoracic Aneurysm
- Symptoms of Shock
- Respiratory Distress
- Persisting Chest Pain
- Chest Trauma
- Penetrating Injury
- Object Still In Place
- Uncontrolled Bleeding From Chest
- Uncontrolled Bleeding From Neck
- Dyspnoea
- Possible Pneumothorax
- Open Wound
- Uncontrolled Bleeding From Face
- Factors Involving Injury
- Upper Abdominal Pain
- Dyspnoea
- Possible Pneumothorax
- Rib Pain
- Pleuritic Chest Pain
- Bleeding Disorders
- Abdominal Pain Radiating

A B C D E F G H I J K L M N O P R S T U V W

Select

Call Center

Call Center

File Tools Administration Help

**Call Info**

**Caller** Test Patient

**Location** 555 State Street

**Phone** 222-222-2222

**Relation** Self

**Subject Info**

**Name** Test Patient

**Age** 42 Years

**Sex** Female

**Reason** chest pain

**Medical Info**

**Allergies**

**Conditions**

**Meds**

**Call History**

Select Call Type

Caller Information

Select Subject

Problem Description

Pre-Triage Questions

Question History

Chest Pain - Question 1 of 64

Chest Pain - Overview

OVERVIEW

Chest pain is an unpleasant physical sensation emanating from the thorax. It may be secondary to cardiovascular, pulmonary, gastrointestinal, musculoskeletal or psychological causes. There is no correlation between the intensity of the pain and the seriousness of the underlying disorder, and in fact the classical syndrome of cardiac ischemia is generally described with words such as squeezing, pressing and dull rather than "pain" per se.

There are many possible causes of chest pain and they range from conditions which are potentially life threatening to those which are far less serious. Potentially life-threatening causes of chest pain include angina, myocardial infarction, pulmonary embolism, and aortic dissection. Less serious causes include acute pericarditis, pleurisy, costochondral pain, chest wall pain, oesophageal pain, emotional disorders, cervical disc disease, osteoarthritis of the cervical or thoracic spine, abdominal disorders (peptic ulcer, hiatus hernia, pancreatitis, biliary colic), pneumonia and intercostal neuritis (as with herpes zoster).

CARDIOVASCULAR RELATED PAIN

Angina pectoris should always be ruled out in patients complaining of "chest wall pain" and the history is an effective means to do so. Angina pectoris is associated with chest pain that is classically described as substernal pressure, squeezing or constricting, with radiation to the inner aspect of the left arm. The pain is predictably triggered by exertion, emotional upset, or meals, and it is usually relieved with nitroglycerine. Since angina is associated with coronary artery disease, the patient usually has one or more coronary risk factor present; they include male gender, age >55, history of hypercholesterolaemia, hypertension, diabetes, cigarette smoking and positive family history of cardiac disease. Unstable angina pectoris is defined as prolonged (>20 minutes) episodes of angina, angina that occurs at rest, or angina not relieved with three nitroglycerine tablets. Unstable angina is a medical emergency.

The pain associated with acute myocardial infarction is similar to that of angina pectoris, though it may be more severe or have characteristics similar to that of unstable angina. It is often associated with dyspnoea, nausea, vomiting, diaphoresis and/or lightheadedness.

Aortic dissection is associated with very severe, tearing or ripping chest pain that radiates to the back and is not affected by position. Aortic dissection is slightly more likely to occur in pregnant patients and in those with a history of hypertension.

Acute pulmonary embolism is frequently accompanied by pleuritic, sharp chest pain and shortness of breath. It may also be accompanied by cough and haemoptysis. Pulmonary emboli are more likely to occur in people who are immobilised or are in a leg cast, people with a history of cancer or people who have recently had a long car or aeroplane trip.

Call Centre

File Tools Administration Help

Quick CAD Info Queued: 0

Algorithm Chest Pain - Overview

Call Info

Caller

Location

Pho

Rela

Subj

Na

Age

Sex

Rea

Medi

Aller

Con

Med

Spe

Call

Sele

Cal

Sele

Pro

Pre-T

Algorithm

Chest Pain - Overview

Show Aliases

Sex

Select an Algorithm

Calf Pain

Cat Bite

Algorithm Topics

Areas of inquiry

- Acute Myocardial Chest
- Possible Thoracic Aneur
- Symptoms of Shock
- Respiratory Distress
- Persisting Chest Pain
- Chest Trauma
- Penetrating Injury
- Object Still In Place
- Uncontrolled Bleeding F
- Uncontrolled Bleeding F
- Dyspnoea
- Possible Pneumothorax
- Laceration Or Wound
- Uncontrolled Bleeding F
- High-Energy Factors In
- Sternal Bruise
- Haemoptysis
- Worsening Injury Pain
- Upper Abdominal Pain
- Dyspnoea
- Possible Pneumothorax
- Rib Pain
- Pleuritic Chest Pain
- Bleeding Disorders
- Abdominal Pain Radiati

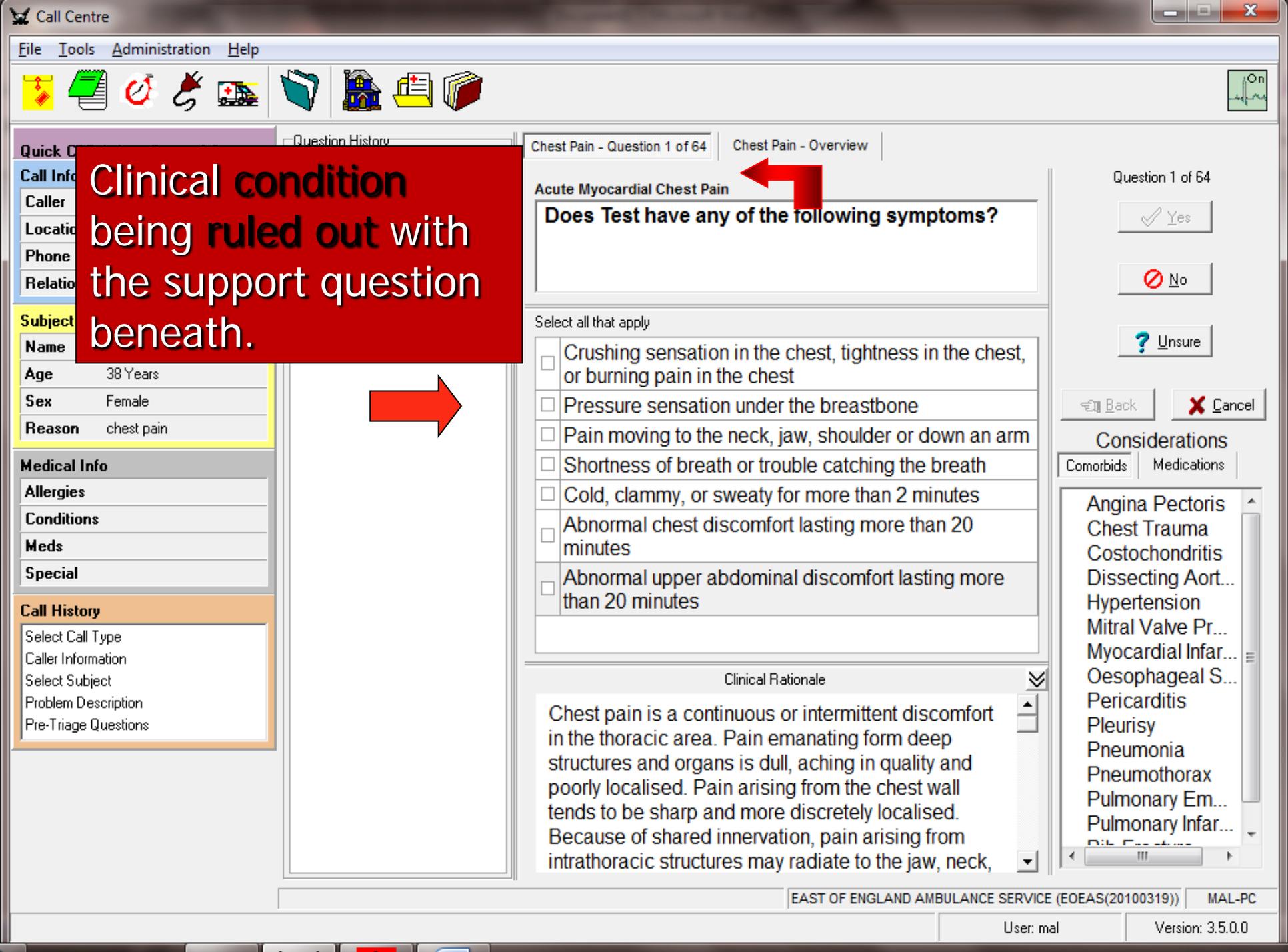
A B C D E F G H I J K L M N O P R S T U V W

Select

EAST OF ENGLAND AMBULANCE SERVICE (EOEAS(20100319)) MAL-PC

User: mal Version: 3.5.0.0

**On the right hand pane, you can read the conditions addressed by the protocol in the order that they appear in the protocol. The list gives you a rough idea if the protocol you have chosen addresses the caller's symptoms. Remember, though, that these conditions are NOT protocols.**



**Clinical condition being ruled out with the support question beneath.**



**Quick Call Information**

Question History

**Call Information**

Caller

Location

Phone

Relation

**Subject**

Name

Age 38 Years

Sex Female

Reason chest pain

**Medical Info**

Allergies

Conditions

Meds

Special

**Call History**

Select Call Type

Caller Information

Select Subject

Problem Description

Pre-Triage Questions

Chest Pain - Question 1 of 64 | Chest Pain - Overview

Acute Myocardial Chest Pain

**Does Test have any of the following symptoms?**

Select all that apply

- Crushing sensation in the chest, tightness in the chest, or burning pain in the chest
- Pressure sensation under the breastbone
- Pain moving to the neck, jaw, shoulder or down an arm
- Shortness of breath or trouble catching the breath
- Cold, clammy, or sweaty for more than 2 minutes
- Abnormal chest discomfort lasting more than 20 minutes
- Abnormal upper abdominal discomfort lasting more than 20 minutes

Question 1 of 64

Yes

No

Unsure

**Considerations**

Comorbidities | Medications

- Angina Pectoris
- Chest Trauma
- Costochondritis
- Dissecting Aort...
- Hypertension
- Mitral Valve Pr...
- Myocardial Infar...
- Oesophageal S...
- Pericarditis
- Pleurisy
- Pneumonia
- Pneumothorax
- Pulmonary Em...
- Pulmonary Infar...
- Rib Fracture

Clinical Rationale

Chest pain is a continuous or intermittent discomfort in the thoracic area. Pain emanating from deep structures and organs is dull, aching in quality and poorly localised. Pain arising from the chest wall tends to be sharp and more discretely localised. Because of shared innervation, pain arising from intrathoracic structures may radiate to the jaw, neck,

Quick CAD Info Queued: 0

**Call Info**

Caller  
Location  
Phone  
Relation Friend

**Subject Info**

Name Test Test  
Age 38 Years  
Sex Female  
Reason chest pain

**Medical Info**

Allergies  
Conditions  
Meds  
Special

**Call History**

Select Call Type  
Caller Information  
Select Subject  
Problem Description  
Pre-Triage Questions

- Question History
- Symptom : ( 1) Chest
- 1 Acute Myocardial Chest Pain: Does Test have any of the following symptoms? (No)
  - 2 Possible Thoracic Aneurysm: Is Test having a tearing, intense pain between the shoulder blades or mid chest? (No)

Chest Pain - Question 3 of 64 Chest Pain - Overview

Symptoms of Shock

**Does Test have any of the following symptoms?**

**As the questions progress, the question and answer entered are shown in this panel. This acts as a quick reference point.**

Question 3 of 64

Yes

No

Unsure

Considerations

Comorbidities Medications

- Adrenal Insuffici...
- Anaphylaxis
- Arrhythmias
- Ascites
- Atrial Myxoma
- Bowel Obstructi...
- Burns
- Cardiomyopathy
- Dehydration
- Diabetes Mellitus
- Diarrhoea
- Exfoliative Der...
- Haemolysis
- Haemorrhage
- Myocardial Infar...

Clinical Rationale

Lightheaded sensations especially with standing may indicate significant hypovolaemia or impending vascular collapse as may pale or clammy skin. Fainting or loss of consciousness, in this setting, should be considered due to significant hypovolaemia until clarified otherwise.

Quick CAD Info Queued: 0

**Call Info**

Caller  
Location  
Phone  
Relation Friend

**Subject Info**

Name Test Test  
Age 38 Years  
Sex Female  
Reason chest pain

**Medical Info**

Allergies  
Conditions  
Meds  
Special

**Call History**

Select Call Type  
Caller Information  
Select Subject  
Problem Description  
Pre-Triage Questions

Question History

Chest Pain - Question 1 of 64 Chest Pain - Overview

Acute Myocardial Chest Pain

**Does Test have any of the following symptoms?**

Select all that apply

- Crushing sensation in the chest, tightness in the chest, or burning pain in the chest
- Pressure sensation under the breastbone
- Pain moving to the neck, jaw, shoulder or down an arm
- Shortness of the breath
- Lasts 2 minutes
- Lasts more than 20 minutes
- Worsening more

Question 1 of 64

Yes

No

Unsure

Considerations

Comorbidities Medications

- Angina Pectoris
- Chest Trauma
- Costochondritis
- Dissecting Aort...
- Hypertension
- Mitral Valve Pr...
- Myocardial Infar...
- Oesophageal S...
- Pericarditis
- Pleurisy
- Pneumonia
- Pneumothorax
- Pulmonary Em...
- Pulmonary Infar...
- Rib Fracture

**Other factors to consider: existing conditions or medications.**

**Note: if this box is greyed out, then there are no considerations for this question.**



Clinical Rationale

Chest pain is a continuous or intermittent discomfort in the thoracic area. Pain emanating from deep structures and organs is dull, aching in quality and poorly localised. Pain arising from the chest wall tends to be sharp and more discretely localised. Because of shared innervation, pain arising from intrathoracic structures may radiate to the jaw, neck,



Quick CAD Info Queued: 0

**Call Info**  
Caller  
Location  
Phone  
Relation Friend

**Subject Info**  
Name Test Test  
Age 38 Years  
Sex Female  
Reason chest pain

**Medical Info**  
Allergies  
Conditions  
Meds  
Special

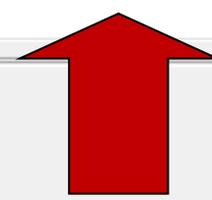
**Call History**  
Select Call Type  
Caller Information  
Select Subject  
Problem Description  
Pre-Triage Questions

- Question History
- 2 Dyspnoea:
  - 7 Does Test have any of the following symptoms? (No)
  - 4 Cardiac
  - 0 Arrhythmias: Does Test have any of the following symptoms? (No)
  - any of the following symptoms? (No)
  - 4 Prior Cardiac
  - 2 History: Does Test have a history of angina or heart attack and is this pain similar to previous angina pain she has had before? (No)
  - 4 Worsening Pain
  - 4 Over 12 Hours:

Chest Pain - Question 45 of 64 Chest Pain - Overview

Fever

**Does Test have a fever (temperature over 101F/38.3C) or does she feel feverish?**



**A few questions later we start to identify a fever.**

Clinical Rationale

Fever is an abnormal elevation of body temperature due to alterations in the thermoregulatory centre of the hypothalamus. The alterations are usually triggered by prostaglandins in the bloodstream. Although "normal" temperature is generally thought to be 98.8 F (37 C), in actual fact, "normal" temperature ranges from a morning low of 98.9 F (37.2 C) to an

Question 45 of 64

Yes

No

Unsure

Click this button if the Caller answers NO to the current Question.

Considerations

Comorbidities Medications

- Acquired Immune ...
- Drug Reaction
- Fungal Infection
- Heat Stroke
- Lymphoma
- Malaria
- Sepsis
- Serum Sickness
- Streptococcal Ph...
- Systemic Lupus E...
- Transfusion React...
- Tuberculosis
- Urinary Tract Infec...
- Vasculitis
- Viral Infection



**Quick CAD Info** Queued: 0

**Call Info**

Caller

Location

Phone

Relation Friend

**Subject Info**

Name Test Test

Age 38 Years

Sex Female

Reason chest pain

**Medical Info**

Allergies

Conditions

Meds

Special

**Call History**

Select Call Type

Caller Information

Select Subject

Problem Description

Pre-Triage Questions

- Question History
- 4 Fever: Does
  - 5 Test have a fever (temperature over 101F/38.3C) or does she feel feverish? (Yes)
  - 4 Immune
  - 6 Compromise: Does Test have any medical conditions that might cause immune system compromise or deficiency (for example)? (No)
  - 4 Pleuritic Chest
  - 7 Pain: Does the pain seem worse when Test tries to take in a deep breath, breathing in and out, coughing or moving? (No)

**A productive cough is found which helps the advisor to a clinically appropriate outcome.**

Does Test have any of the following symptoms?



- Select all that apply
- A dry, hacking cough
  - Coughing up discoloured mucous (green, brown, gray, rusty)

**Once again, the clinical rationale supports this.**

Clinical Rationale

A cough may be productive of sputum or not. The former is termed a productive cough while the latter is termed a dry or non-productive cough. A dry cough is associated with minimal amount of pus cells in the bronchial secretions and is usually due to allergy, viral, Mycoplasma, or Pneumocystis carinii infection.

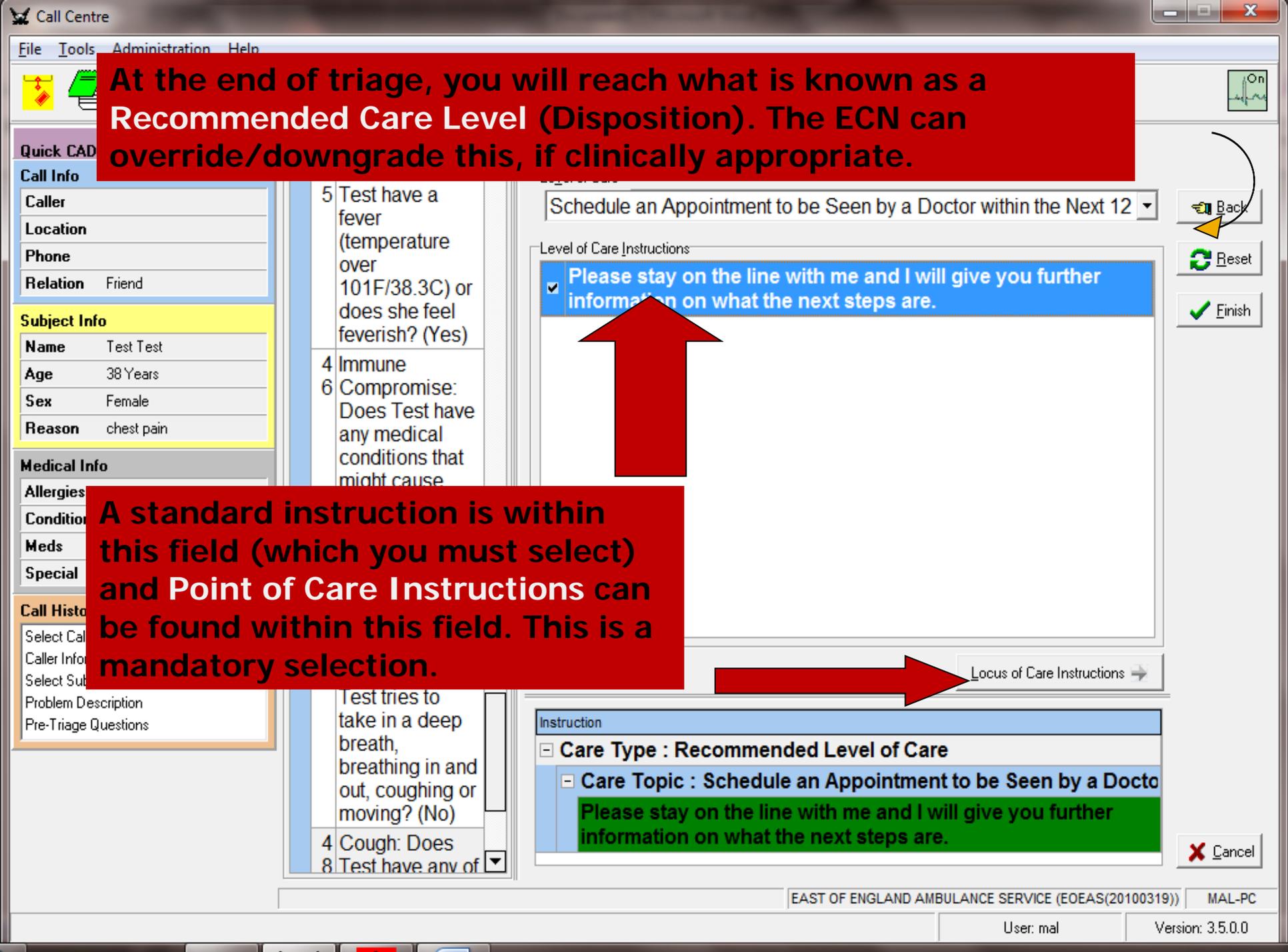


of 64

**Considerations**

Comorbidities Medications

- Acquired Immune ...
- Aspiration Pneum...
- Bronchiectasis
- Bronchitis
- Chronic Bronchitis
- Chronic Obstructi...
- Cystic Fibrosis
- Diabetes Mellitus
- Empyema
- Lung Abscess
- Pleuropericarditis
- Pneumonia
- Systemic Lupus E...
- Tuberculosis



At the end of triage, you will reach what is known as a **Recommended Care Level (Disposition)**. The ECN can override/downgrade this, if clinically appropriate.

A standard instruction is within this field (which you must select) and **Point of Care Instructions** can be found within this field. This is a mandatory selection.

Schedule an Appointment to be Seen by a Doctor within the Next 12

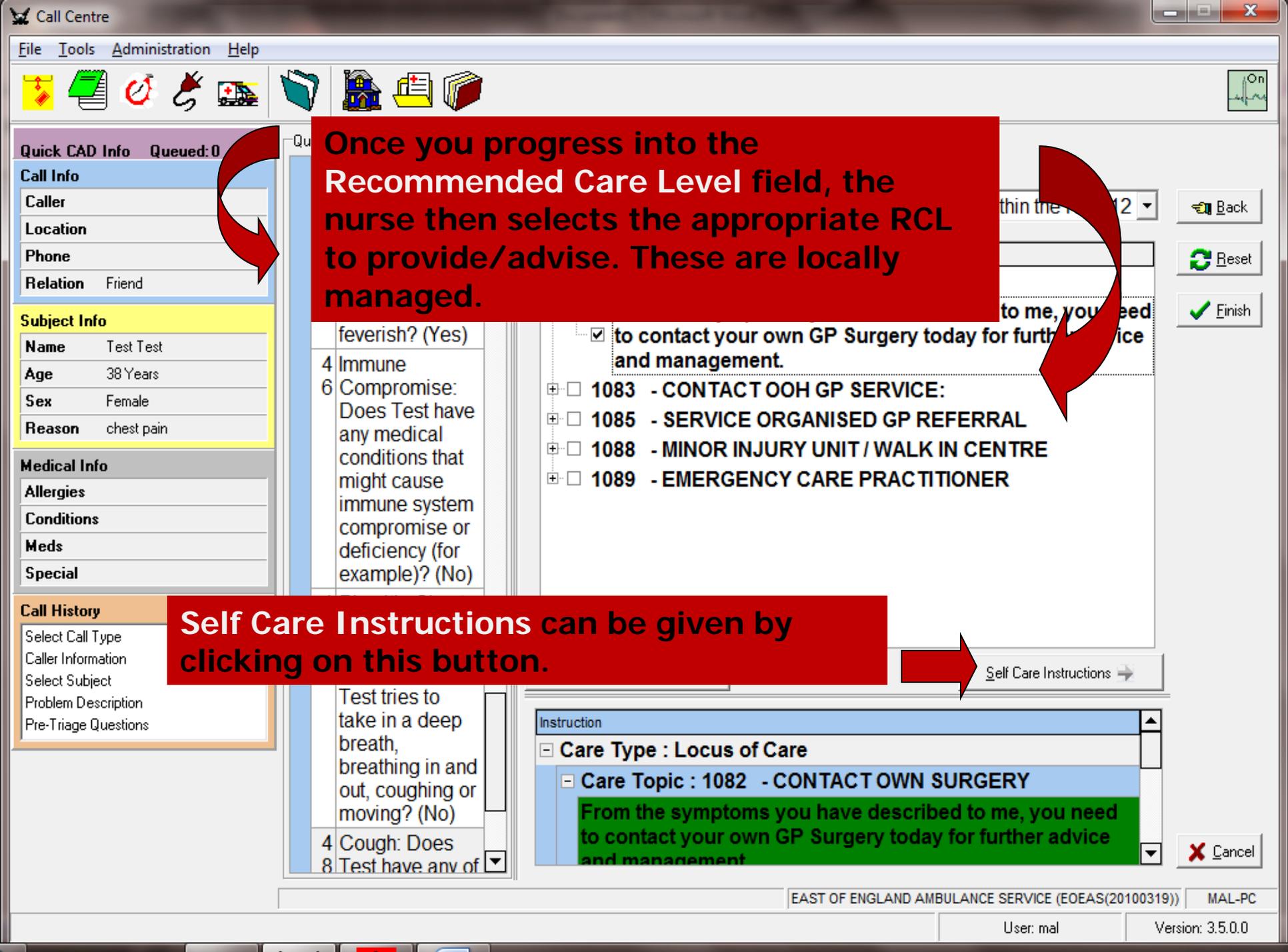
Level of Care Instructions

- Please stay on the line with me and I will give you further information on what the next steps are.

Locus of Care Instructions

Instruction

- Care Type : Recommended Level of Care
  - Care Topic : Schedule an Appointment to be Seen by a Doctor
    - Please stay on the line with me and I will give you further information on what the next steps are.



Once you progress into the **Recommended Care Level** field, the nurse then selects the appropriate RCL to provide/advise. These are locally managed.

**Self Care Instructions** can be given by clicking on this button.

Self Care Instructions →

Instruction

- [-] Care Type : Locus of Care
  - [-] Care Topic : 1082 - CONTACT OWN SURGERY

From the symptoms you have described to me, you need to contact your own GP Surgery today for further advice and management

**LowCode**  
**Directory of Services**  
**via**  
***EndPOINTS***

# EndPoints-Directory of Services

- **Build a team**

- Partners
- Broad, yet focused
  - Physicians
  - Immediate/Urgent Care
  - Hospitals/Clinics
  - Transportation
  - Community Groups
  - Medicaid/Insurers
  - Others



# Assignment of Point of Care



## HMS MediCall TS TRAINING

06 July 2010 10:06:35  
Rob Russell : Call Centre : hms

New Call

Steven Stone
Sex: M Age: 63 year(s) DOB: 11/12/1946
Call ref: 5398

nurses

ooh

pass own doctor

physio

pts

pts

rapid response

sh

social services

spoc

▲

patient search

call details

call assessment

view appointments

service selection

pass options

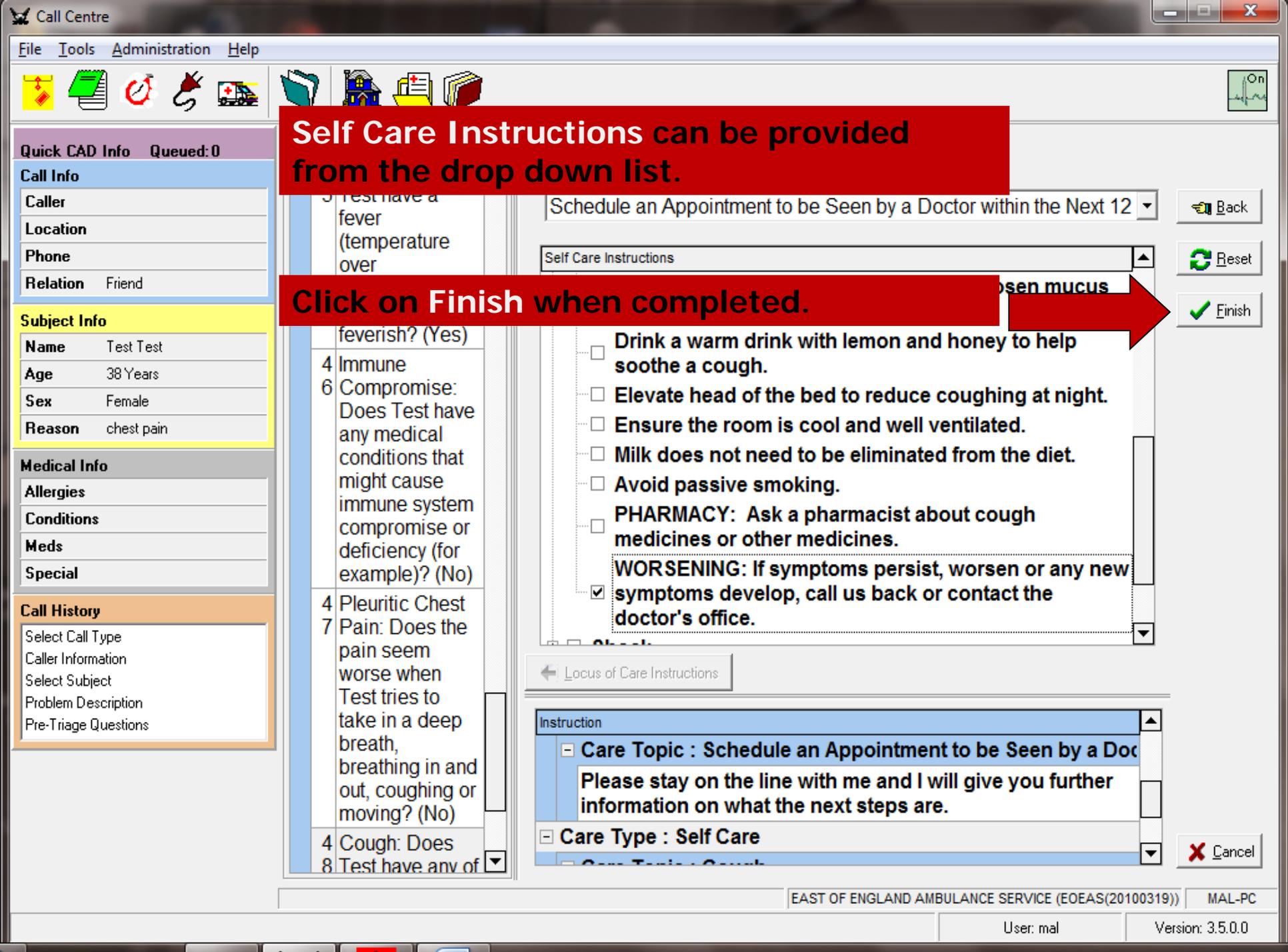
Service selection
Directory of services

🏠	Darzi	Darzi Treatment	St Marys	Empty	1.4 km	>
Matches: Earache, Newport, Fever						
🏠	Darzi	Darzi Triage	St Marys	Empty	1.4 km	>
Matches: Earache, Newport, Fever						
🏠	OOH	Base Visit	St Marys	Normal	1.4 km	>
Matches: Earache, Newport, Fever						
🏠	OOH	Base Visit	Yarmouth Base	Empty	14.1 km	>
Matches: Earache, Fever						
🏠	GP Surgery	Surgery	Argyll House Surgery	Empty	5.2 km	>
Matches: Earache, Fever						
🏠	GP Surgery	Surgery	Beech Grove Surgery	Empty	3.6 km	>
Matches: Earache, Fever						
🏠	GP Surgery	Surgery	Brookside Health Centre	Empty	12.0 km	>
Matches: Earache, Fever						
🏠	GP Surgery	Surgery	Garfield Road Surgery	Empty	19.1 km	>
Matches: Earache, Fever						
🏠	OOH	Base Visit	Sandown Base	Very busy	11.4 km	>
Matches: Earache, Fever						
🏠	ED	Consultation	St Marys	Empty	1.4 km	>
Matches: Earache, Newport						
🏠	ED	Nurse Triage	St Marys	Empty	1.4 km	>
Matches: Earache, Newport						

# Facility/Service Information and Linkage

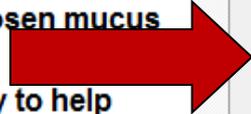
**including transportation!!**

The screenshot displays the HMS MediCall TS TRAINING interface. At the top, the header includes the HMS logo, the text 'HMS MediCall TS TRAINING', and a status bar with the date '06 July 2010 10:07:20' and user information 'Rob Russell : Call Centre : hms'. Below the header, a yellow bar indicates a 'New Call' for 'Steven Stone'. Patient details are shown: 'Sex: M', 'Age: 63 year(s)', 'DOB: 11/12/1946', and 'Call ref: 5398'. A left-hand navigation menu contains buttons for 'nurses', 'ooh', 'pass own doctor', 'physio', 'pts', 'pts', 'rapid response', 'sh', 'social services', 'spoc', and an upward arrow. The main content area is divided into 'Directory of services' and 'Clinic details'. The 'Clinic details' section lists: Service: OOH, Clinic: Base Visit, Location: St Marys, Call count: 2, Work load: 20 mins, Status: Live, Address: Parkhurst Road, Newport, Isle Of Wight, PO30 5TG, Tel: 01983 524081, Fax: 01983 822569, and Notes: Base visits only by prior arrangement, except bank holidays. An 'Actions' section at the bottom features a dropdown menu labeled 'Select clinic..'.



**Self Care Instructions can be provided from the drop down list.**

**Click on Finish when completed.**



Quick CAD Info Queued: 0

**Call Info**

**Caller**  
**Location**  
**Phone**  
**Relation** Friend

**Subject Info**

**Name** Test Test  
**Age** 38 Years  
**Sex** Female  
**Reason** chest pain

**Medical Info**

**Allergies**  
**Conditions**  
**Meds**  
**Special**

**Call History**

Select Call Type  
Caller Information  
Select Subject  
Problem Description  
Pre-Triage Questions

5 Test have a fever (temperature over  
feverish? (Yes)  
4 Immune  
6 Compromise: Does Test have any medical conditions that might cause immune system compromise or deficiency (for example)? (No)  
4 Pleuritic Chest  
7 Pain: Does the pain seem worse when Test tries to take in a deep breath, breathing in and out, coughing or moving? (No)  
4 Cough: Does  
8 Test have any of

Schedule an Appointment to be Seen by a Doctor within the Next 12

Self Care Instructions

- Drink a warm drink with lemon and honey to help soothe a cough.
- Elevate head of the bed to reduce coughing at night.
- Ensure the room is cool and well ventilated.
- Milk does not need to be eliminated from the diet.
- Avoid passive smoking.
- PHARMACY:** Ask a pharmacist about cough medicines or other medicines.
- WORSENING:** If symptoms persist, worsen or any new symptoms develop, call us back or contact the doctor's office.

← Locus of Care Instructions

Instruction  
[-] Care Topic : Schedule an Appointment to be Seen by a Doc  
Please stay on the line with me and I will give you further information on what the next steps are.  
[-] Care Type : Self Care  
[-] Care Topic : Cough

Back  
Reset  
Finish

Cancel



Quick CAD Info Queued: 0

Call Info

Caller	
Location	
Phone	
Relation	Friend

Subject Info

Name	Test Test
Age	38 Years
Sex	Female
Reason	chest pain

Medical Info

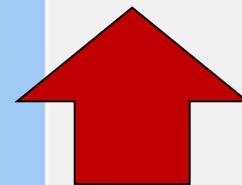
Allergies	
Conditions	
Meds	
Special	

Call History

- Select Call Type
- Caller Information
- Select Subject
- Problem Description
- Pre-Triage Questions
- Teleguides Triage System
- Schedule Callback

Do you understand the advice I have given you?

Yes



**The ECN provides (customizable) Case Exit instructions, such as ensuring that the caller understands the advice.**



**This is a copy of the Call Report.  
The nurse can add a note at this point and/or refer by Fax/Email.**

Quick CAD Info Queued: 0

**Call Info**  
Caller  
Location  
Phone  
Relation Friend

**Subject Info**  
Name Test Test  
Age 38 Years  
Sex Female  
Reason chest pain

**Medical Info**  
Allergies  
Conditions  
Meds  
Special

**Call History**  
Select Call T  
Caller Information  
Select Subject  
Problem Description  
Pre-Triage Questions  
Teleguides Triage System  
Schedule Callback  
Wrapup

Sequence No.	Question No.	Question Description	Answer
1	88	Does Test have any of the following symptoms? <input type="checkbox"/> 1. Crushing sensation in the chest, tightness in the chest, or burning pain in the chest <input type="checkbox"/> 2. Pressure sensation under the breastbone <input type="checkbox"/> 3. Pain moving to the neck, jaw, shoulder or down an arm <input type="checkbox"/> 4. Shortness of breath or trouble catching the breath <input type="checkbox"/> 5. Cold, clammy, or sweaty for more than 2 minutes <input type="checkbox"/> 6. Abnormal chest discomfort lasting more than 20 minutes <input type="checkbox"/> 7. Abnormal upper abdominal discomfort lasting more than 20 minutes	No
2	34	Is Test having a tearing, intense pain between the shoulder blades or mid chest? Does Test have any of the following symptoms? <input type="checkbox"/> 2. Fainting or feeling like they are going to pass out <input type="checkbox"/> 3. Lightheadedness on standing	No
4		Does Test have any of the following symptoms? <input type="checkbox"/> 1. Gasping for breath at rest <input type="checkbox"/> 2. Unable to speak sentences without taking a breath <input type="checkbox"/> 3. Continuous wheezing <input type="checkbox"/> 4. Short of breath with minimal activity	No

**Once completed , click on the Acceptance icon.**

**I have read and accept the contents of this call log**

# Oversight/**Standards**

# Oversight Committee **Structure**



- Steering Committee
  - Upper Management/Policy Makers
  - Quarterly Reviews
- Dispatch Review Committee (DRC)
  - Working Group (Users)
  - Middle Management
  - Monthly Reviews
- Quality Improvement Unit (QIU)
  - On-Going, Day-to-Day Reviews



An *Expanded Role* for the IAED:

The clinical protocols that underpin the LowCode software have been adopted by the International Academies of Emergency Dispatch as “***The Fourth Pillar***” of the Academy, along with EMD, EFD, and EPD.

The Clinical Governance of these protocols is now a function of the Emergency Communication Nurse System (ECNS) Council of Standards in the IAED.

# Proposals for Change



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## PROPOSAL FOR CHANGE – PROTOCOL

MPDS  FPDS  PPDS  SOFTWARE

Protocol Number(s) & Section(s) affected:

Protocol Version #: \_\_\_\_\_ Language(s): \_\_\_\_\_

### DESCRIPTION OF PROPOSED CHANGE

To the Academy: Please accept for your review the attached version noted above. SUMMARIZED as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have included the following supportive material:

- Graphic or written description of proposed change
- Explanation of problem with current version
- Explanation of desired effect of proposed change
- References or copies of cited studies, articles, or ProQA Summary Sheet

The number of attached pages is: \_\_\_\_\_ (indicate date and I rate the necessity (URGENCY) for this change at: \_\_\_\_\_)

### RECOMMENDING CONTACT PERSON

Signature \_\_\_\_\_

Full Name (please print) \_\_\_\_\_

Title(s) or Academic Credentials \_\_\_\_\_

Organization/Agency Representing \_\_\_\_\_

Address for Correspondence \_\_\_\_\_

City \_\_\_\_\_ State/Prov./Shire \_\_\_\_\_

### OVERSIGHT APPROVAL

The Academy takes all proposals for change very seriously and to expedite official approval, please recommend potential solutions from your local Dispatch Review or Steering Committee(s) as appropriate.

Dispatch Review Committee Signature \_\_\_\_\_

Full Name (please print) \_\_\_\_\_

City \_\_\_\_\_ State/Prov./Shire \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

© 2007 NAEED NAE 070213 SETTING THE COURSE FOR EMERGENCY DISPATCH WORLDWIDE

LOG NUMBER: \_\_\_\_\_



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State Inmate, USA Inmate, Inmate  
USA Inmate, USA Inmate

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## PROPOSAL FOR CHANGE – CURRICULUM

EMD  EFD  EPD

ED-Q  ETC  Other: \_\_\_\_\_

Area(s) of Curriculum affected:

- PowerPoint Presentation: Slide No(s) \_\_\_\_\_
- Way File: Slide No(s)/d. \_\_\_\_\_
- Video: Title(s) \_\_\_\_\_
- Workbook: Page(s) \_\_\_\_\_
- Scenario Book: Page(s) \_\_\_\_\_
- Other: Explain \_\_\_\_\_

### DESCRIPTION OF PROPOSED CHANGE

To the Curriculum Council: Please accept for your review the attached Proposal for Change to the curriculum areas noted above. SUMMARIZED as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have included the following supportive material:

- Graphic or written description of proposed change
- Explanation of problem with current standards
- Explanation of desired effect of proposed change
- PowerPoint Slide Presentation
- Way File or Audio Tape with transcription and outcome
- Video Clip or Tape
- References or copies of cited studies or articles

The number of attached pages is: \_\_\_\_\_ (indicate date and instructor/organization/agency on all papers)

### RECOMMENDING CONTACT PERSON

Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

Full Name (please print) \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ FAX and/or Alternate Phone Number \_\_\_\_\_

Address for Correspondence \_\_\_\_\_

City \_\_\_\_\_ State/Prov./Shire \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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www.naoed.org/dispatch-us

## PROPOSAL FOR CHANGE – ED-Q SCORING STANDARDS

EMD  EFD  EPD

- UNIVERSAL PROTOCOL
- UNIVERSAL CALLER'S EMOTIONAL CONTENT/COOPERATION
- UNIVERSAL CUSTOMER SERVICE
- UNIFIED

- EMD
  - Case Entry
  - Key Questions
  - DLS Instructions
  - Deviation From Final Coding
- EFD
  - Case Entry
  - Key Questions
  - DLS Instructions
  - Deviation From Final Coding
- EPD
  - Case Entry
  - Key Questions
  - DLS Instructions
  - Deviation From Final Coding

- PROTOCOL SPECIFIC
  - EMD
    - Case Entry
    - Key Questions
    - DLS Instructions
    - Deviation From Final Coding
  - EFD
    - Case Entry
    - Key Questions
    - DLS Instructions
    - Deviation From Final Coding
  - EPD
    - Case Entry
    - Key Questions
    - DLS Instructions
    - Deviation From Final Coding

### DESCRIPTION OF PROPOSED CHANGE

To the Accreditation Board: Please accept for your review the attached Proposal for Change to the Scoring Standards noted above. SUMMARIZED as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EXPECTED RESULT OF PROPOSED CHANGE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have included the following supportive material:

- Graphic or written description of proposed change
- Explanation of problem with current standards
- Way File or Audio Tape with transcription and outcome
- PowerPoint Slide Presentation
- References or copies of cited studies or articles

The number of attached pages is: \_\_\_\_\_ (indicate date and instructor/organization/agency on all papers)

### RECOMMENDING CONTACT PERSON

Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

Full Name (please print) \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ FAX and/or Alternate Phone Number \_\_\_\_\_

Address for Correspondence \_\_\_\_\_

City \_\_\_\_\_ State/Prov./Shire \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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# Quality Assurance

- AQUA Software available for ECN-Q
- Agency controls the Quality Assurance process
- As a result, changes can be identified and rapidly implemented
- Peer-to-peer review
- Accreditation

# Quality Assurance

Regular QA should take place on all calls, with a view to:

- Call Case Review/Evaluation for Accuracy, Safety, and Customer Service
- Generate Reports, Track Trends
- Nurse Support
- Focused Continued Education
- Enhance Local Services and Interactions
- Protocol Improvement, Enhancement
- Protocol and Procedure Review
- Ensure Quality and Clinical Governance

# How to **get** to where you need to **be**?

Define The Baseline



Provide Feedback

Identify/Implement Changes

Evaluate Effectiveness

**Questions?**

**--Thank You**