

POLICY #: 212 TIERED RESPONSE PROGRAM FOR SKILLED NURSING FACILITIES

I. PURPOSE

- A. To establish a process through which skilled nursing facilities may participate in a tiered response level for patients requiring unscheduled non-emergent transportation to a hospital.

II. DEFINITIONS

- On-Site Medical Staff – Licensed medical professionals (Physician, Registered Nurse), staffing a skill nursing facility on a 24 hours per day.
- Skilled Nursing Facility (SNF) – A facility that provides healthcare to individuals unable to manage independently in the community, and has licensed medical staff on-site 24 hours per day.

III. POLICY

- A. No SNF will utilize or request tiered response transport unless authorized by the County of San Luis Obispo Emergency Medical Services Agency (EMS Agency) in accordance with this policy.

IV. PROCEDURE

- A. A SNF seeking authorization to participate in the tiered response program must submit a written proposal to the EMS Agency, which includes the following elements:
 - 1. Requesting facility has a licensed medical staff on duty 24 hours per day.
 - 2. A written letter of support for the request to participate in the program from the jurisdictional Fire Department and Public Safety Answering Point (PSAP) submit to the EMS Agency.
 - 3. The jurisdictional PSAP must be an EMS Agency approved Emergency Medical Dispatch provider agency
 - 4. Requesting facility must provide written documentation detailing process for how staff will handle preparing for the transfer request, including the inclusion of appropriate patient transfer documents, and notification of/coordination with receiving hospitals.
 - 5. Final approval may include a review by an EMS Agency advisory committee(s).
 - 6. The EMS Agency will review each request within 60 days of receipt and will approve request after all requirements have been satisfied:
- B. Upon EMS Agency written approval of request:

1. Approved facility must utilize the Patient Assessment Flow Chart (Attachment A) to determine whether to request a Code 2 or Code 3 response
2. Approved facility will utilize the narrative script (Attachment B) when facility contacts the PSAP to request unscheduled patient transport
3. Approved facility will participate in a Quality Improvement program, and provide documentation to the EMS Agency upon request.

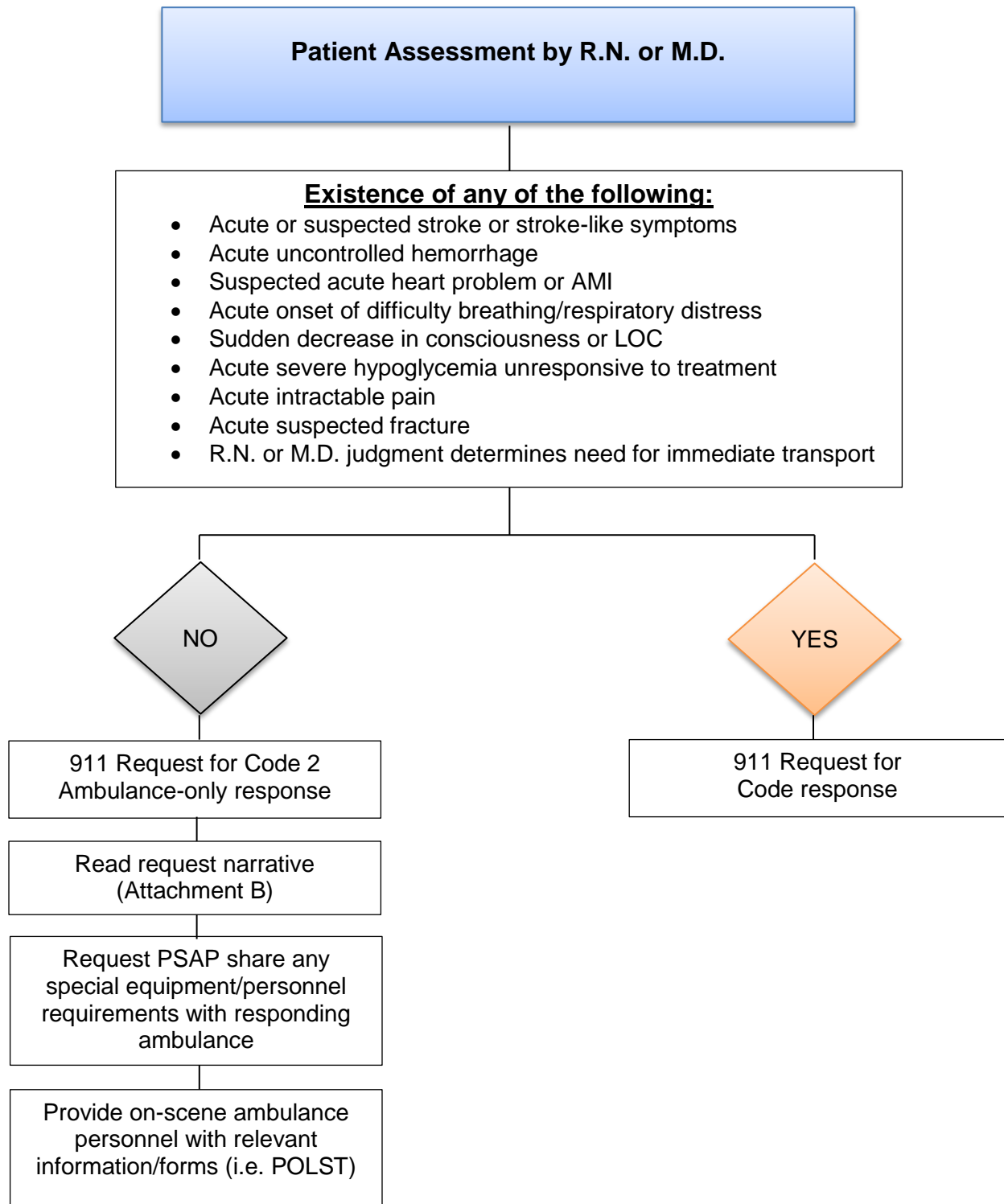
V. AUTHORITY

- California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.206, 1797.220, 1797.252, 1798 (a)(b)

VI. ATTACHMENTS

- A. Patient Assessment Flow Chart
- B. Facility Narrative script

PATIENT ASSESSMENT FLOW CHART



TIERED RESPONSE PROGRAM FOR SKILLED NURSING FACILITIES
REQUESTING FACILITY NARRATIVE

- 1) Identify the need for a code 2 ambulance-only transfer (Attachment A).
- 2) Dial 911 to initiate the request
- 3) State the following:

“This is _____(Name) from _____(approved facility name) on behalf of _____(R.N. or M.D. name - if not the same as caller), requesting a Code 2 Ambulance-only transfer to _____(Hospital).”

- 4) Monitor patient for changes which may require an upgrade to a Code 3 response, and dial 911 with such request.
- 5) Confirm proper transfer documents including code status / POLST are properly prepared and ready to deliver to the transporting crew.