9-1-1 Nurse Triage Program Overview

Background

36.6% of MedStar's 9-1-1 requests do not result in an emergency response. Many people call 9-1-1 for medical or trauma conditions that could more appropriately be cared for in ways other than an ambulance trip to an emergency department (ED). The 9-1-1 Nurse Triage program helps navigate callers for very low acuity medical or trauma conditions to settings such as primary care, dental care, urgent care, or even self-care at home.

Program Components

Call Eligibility:

9-1-1 requests are initially categorized by MedStar's certified Emergency Medical Dispatch (EMD) call takers using the Advanced Medical Priority Dispatch System® by Priority Dispatch®. MedStar's 9-1-1 call center is one of only 144 centers in the nation to be designated as an Accredited Center of Excellence (ACE) by the International Academies of Emergency Dispatch IAED). These protocols and the response configurations assigned to them are developed by an international medical board of specialists based upon millions of patient encounters. The protocols and response configurations assigned to the call types are developed and approved based on MedStar's medical control authority, the Emergency Physician's Advisory Board (EPAB).

The 9-1-1 Nurse Triage system, officially called the Emergency Communications Nurse System (ECNS), can be implemented by call centers who are ACE accredited to assure the highest level of compliance with EMD protocols. The ECNS relies on the nurse's education, training and experience to assess patients with a decision support computer-based algorithms that have been developed by the IAED and used extensively in the National Health Service in the United Kingdom.

EPAB reviewed these algorithms and have approved them for use in the MedStar 9-1-1 call center. Based on caller information, calls are categorized from lowest priority (OMEGA) to highest priority (ECHO). Low acuity calls that are approved by EPAB to be eligible for the Nurse Triage system are transferred to the nurse in MedStar's call center using a warm handoff. The caller is advised by the 9-1-1 call taker that based on the condition explained by phone, the patient may benefit from our in-house nurse to determine if there is a safe alternative to an ambulance to the ED. While the caller is on the line with the EMD, the EMD adds the nurse onto the call (i.e.: the caller is never placed on 'hold'), the EMD introduces the caller to the nurse and summarizes the caller's situation. The nurse then stays on the line while the EMD drops off.

Call Disposition:

The nurse uses their education and experience, with the ECNS decision support computer program, to more fully assess the patient's condition, and determine a "locus of care' most appropriate for the patient. The locus of care categories are:

Emergency Ambulance Response: The nurse notified the MedStar dispatcher to send an ambulance for an emergency response. MedStar personnel remain with the patient as possible during the response.

Non-Emergency Ambulance Response: A non-emergency ambulance response is initiated will come under normal road conditions without lights or sirens, this may take up to 20 minutes.

Mobile Healthcare Practitioner Response: A specially trained MedStar practitioner responds within the hour to further assist the patient.

Patient Needs an Emergency Department: The patient requires assessment at an emergency department, however, they do not require an ambulance to get there. The nurse may arrange transportation for the patient if the patient does not have a transportation source.

Urgent Care Center: The patient should be seen at an urgent care center for further evaluation. The nurse may arrange transportation for the patient if the patient does not have a transportation source.

Contact Primary Care Physician: The patient is advised to contact their primary care physician (PCP) for further advice and management. In many cases, the nurse will call the PCP's office with the caller on the phone.

Self-care: The patient is advised how to care for their illness or injury at home, without necessarily the need for follow-up care. The nurse will call back in a specified period of time to check in on the patient.

Contact Dentist: The patient is advised to contact their dentist for further advice and management. In many cases, the nurse will call the dentist's office with the caller on the phone.

Contact Poison Control: The nurse calls Poison Control with the caller on the phone to seek advice.

Contact Obstetrician: The patient is advised to contact their OB/GYN for further advice and management. In many cases, the nurse will call the OB/GYN office with the caller on the phone.

Public Health Department: From the symptoms reported, you need to contact the local health department. If you any further questions you should contact your primary care physician.

Contact Mental Health Team: The patient may benefit from contact with the mental health advisor or crisis team. This contact is done with the caller on the phone.

Clinical Follow-up:

In all cases in which the patient disposition was something other than an ambulance to the emergency department, the nurse calls the patient back within 24 hours. This follow-up is a requirement of the program and designed to determine how the patient is doing, whether or not the patient followed the advice, and assure everything is OK.

Experiential Follow-up:

Approximately one week after initial contact, the patient is contacted by our quality improvement team and asked a series of customer service type questions. The answers to these questions are tracked and reported on a periodic basis.