



# EMS Resource Utilization Guidelines

Westchester REMAC  
&  
REMSCO Operations Committee

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Westchester Regional EMS Council

# Overview

- Rationale
- REMAC and REMSCO Authority
- Goals
- System Modifications
- Next Steps

# Rationale

- **Lack of regional standardization regarding:**
  - Resource availability / pre-planning;
  - Emergency call prioritization and resource assignments;
  - BLS/ALS interface;
  - Pre-hospital patient care responsibilities.

# Authority

- “Each regional council shall have the responsibility to coordinate emergency medical services programs within its region...”;
- “Regional emergency medical advisory committees shall develop policies, procedures, and triage, treatment, and transportation protocols which are consistent with the standards of the state emergency medical advisory committee and which address specific local conditions.”
- *Article 30 NYS PHL*

# Authority

- ““Regional EMS system” means the provision of emergency medical service, in an organized manner, by one or more EMS services or EMS systems, utilizing certified EMS personnel, in accordance with the medical control policies of the REMAC.”

- “Each REMAC”... “shall develop, review and/or implement dispatch, treatment, triage and transportation protocols, specific to the needs of its region(s). Such protocols shall delineate care to be provided under standing orders and/or on-line medical control.”

- ***NYSDOH Policy 95-01 “Providing Medical Direction”***

# Authority

- *“Simultaneous dispatch of BLS and ALS resources should only be provided under the direction of dispatchers trained in the principals of emergency medical dispatch for those calls identified by a recognized dispatch algorithm.”*

- *“REMACs should develop protocols that permit a certified provider who arrives on the scene after the time of dispatch, to cancel initially dispatched ALS resources when, after assessment, it is determined that ALS care is not needed.”*

- ***NYSDOH Policy 98-09 “ALS Intercepts”***

# Policy Goals

- Provide guidelines to dispatch centers for call prioritization and resource designation;
- Encourage coordination and collaboration;
- Establish ALS resource utilization criteria:
  - **Appropriate use / cancellation**
- **Maximize unit availability and minimize transport delays.**

# System Modifications

- Confirmation of unit availability;
  - *EMS units that are unable to be confirmed for operational availability should be considered “out of service”.*
- Dispatch to response time interval goal: 3 minutes

# System Modifications

- Mutual Aid plans must:
  - Identify only those agencies that are appropriately staffed, readily available to respond, and closest in proximity to the operating territory in question;
  - *Be developed in conjunction with the Westchester County EMS Coordinator* and approved by the Westchester REMSCO

# System Modifications

- All dispatch centers urged to institute the use of Priority Emergency Medical Dispatch (EMD) with a quality improvement procedure;
- *EMS agencies authorized by the REMAC to provide ALS services will be required to be dispatched by EMD Centers effective January 1, 2012;*

# System Modifications

- Simultaneous dispatch of ALS services, when appropriate, is required and the use of rapid first responders is strongly recommended
- Dispatch Centers should utilize the Westchester Regional Advanced Life Support Utilization Criteria when developing simultaneous dispatching policies and/or algorithms

# System Modifications

- If the ALS provider determines ALS intervention is not necessary, the BLS ambulance will resume transport to the hospital with an Emergency Medical Technician (EMT) in charge.
- **In such cases, the patient must be made aware of and agree to the transfer of care. If the EMT accepting patient care responsibilities is uncomfortable with the patient's status, the transfer of care should not occur.**

# System Modifications

- ALS services cannot be canceled once arrived on the scene **and patient contact is established**. If the ALS unit arrives on the scene prior to being canceled, the ALS provider must evaluate the patient and determine if the patient's condition necessitates ALS care.

- The highest level NYS Certified EMS provider who has been dispatched to a scene is **responsible for clinical evaluation, management and coordination of patient care resources at the scene**.

# Defining Patient Care

- Pursuant to the provisions of Public Health Law, the individual having the highest level of pre-hospital certification and who is responding with authority, "has a duty to act" and therefore is responsible for providing and/or directing emergency medical care and the transportation of a patient. Such care and direction shall be in accordance with all NYS standards of training, applicable State and Regional protocols and may be provided under direct medical control.
- *NY State Department of Health, Bureau of EMS Policy Statement 98-05, "Responsibilities of EMS Providers & Coordination of EMS Resources"; May 23, 1998.*

# Regional Definition

- **Patient Contact:** Patient Contact is established when a certified pre-hospital care provider responding with authority encounters a person who requests (or has a request made on his or her behalf) for an assessment or treatment of an emergency medical condition or when no verbal request may be made, if a prudent layperson observer would conclude, based on the person's appearance or behavior, that the person needs assessment or treatment of an emergency medical condition.

# Next Steps

- **Discussion / Approval:**
  - ALS Utilization Criteria;
  - Definition of Patient Contact;
  - EMS Utilization Guidelines.