

## Emergency Medical Services Division Policies – Procedures – Protocols

### ***TELEHEALTH (1017.00)***

#### **I. Purpose**

Incorporating telehealth into our EMS operations will allow us to provide access to a higher level of patient care compared to currently available resources. Telehealth shall be utilized by both BLS and ALS providers who have received proper training and have been provided the mandatory equipment, to get the highest level of care to the patient. Telehealth is being implemented in Kern County in response to Covid related surge, an ongoing staffing crisis and increased call and transport volumes. Telehealth can allow selected stable patients to be treated and released on scene (Treatment in Place), which avoids medically unnecessary ambulance transport to an emergency department.

Telehealth is also extremely valuable for high-risk refusals, especially for our older population of patients and for patients who refuse transport Against Medical Advice (AMA). This allows an emergency physician to assist with decision-making, arrange follow-up care and prescribe any necessary medications. A social worker will attempt to contact all patients who are not transported to help navigate them to primary care and social services to reduce their dependence on the 911 system for non-emergent conditions. This improves patient outcomes and makes our resources more available for time-critical calls.

#### **II. Indications for Consulting Telehealth**

***Telehealth SHALL be contacted for:***

- 1. All stable patients who meet the Telehealth Medical Screening Criteria (attached).***
- 2. All patients  $\geq$  age 65 who refuse ambulance transport (excluding patients with minor trauma or public assists which involve moving patients with limited mobility from the floor to a chair, wheelchair, or bed, etc.)***
- 3. All patients who refuse transport Against Medical Advice (AMA)***

4. **All Treatment in place Patients.**

5. **All Patients that meet Assess and Refer Criteria.**

### III. Procedure to Contact Telehealth

1. Telehealth should only be contacted *after* a complete patient assessment has been performed and the following have been documented in the ePCR:
  - a. Patient demographics, including name, age, DOB, address, phone number, and health insurance information.
  - b. Complete set of vital signs that fall within established parameters, including BP, HR, RR, and SpO2.
  - c. Any diagnostics as indicated (blood glucose, 4 lead ECG, or 12 lead ECG).
2. Tap the telehealth mobile app on your mobile device.
3. Select the appropriate incident displayed on the CAD list and initiate an encounter. If there is no CAD connection, click "*Proceed Without an Encounter*".
4. Indicate whether an interpreter is needed, and if so, for what language.
5. Allow the telehealth physician to join the conversation by allowing access to the mobile device's microphone and camera.
6. The telehealth physician will obtain verbal consent for the patient consult.
7. Field crews are not responsible for obtaining telehealth consent.
8. Provide the requested patient demographics and health insurance information to the telehealth scribe.
9. Provide a brief patient report to the telehealth physician.
10. Flip the camera to the patient when prompted by the telehealth physician.
11. The patient's disposition will be final as per the telehealth physician and the patient.
12. Complete the documentation on the ePCR to indicate that telehealth was contacted and enter the final patient disposition, which will be one of the following:
  - a. Treatment in Place (no transport)
  - b. Transport to a hospital ED
  - c. Patient refusal of transport/AMA

## TELEHEALTH MEDICAL SCREENING CHECKLIST

QUESTIONS	YES	NO
Age > 1 year	<input type="checkbox"/>	<input type="checkbox"/>
HR 60-120 (adults or normal for age in peds)	<input type="checkbox"/>	<input type="checkbox"/>
SBP > 100 (adults or normal for age in peds)	<input type="checkbox"/>	<input type="checkbox"/>
RR 12-24 (adults or normal for age in peds)	<input type="checkbox"/>	<input type="checkbox"/>
Pulse ox $\geq$ 94%	<input type="checkbox"/>	<input type="checkbox"/>
Patient does not meet Specialty Center Criteria	<input type="checkbox"/>	<input type="checkbox"/>
GCS 15 or patient is at their neurologic baseline	<input type="checkbox"/>	<input type="checkbox"/>
Not combative/aggressive	<input type="checkbox"/>	<input type="checkbox"/>
Not a pregnancy-related complaint	<input type="checkbox"/>	<input type="checkbox"/>

***If ALL of the answers to the criteria above are YES (GREEN)***

**OR**

***If the patient is  $\geq$  age 65 and is not being transported***

**OR**

***If the patient refuses transport Against Medical Advice (AMA), make contact with Telehealth for a physician assessment and consultation.***

Non - transport with age $\geq$ 65	<input type="checkbox"/>	<input type="checkbox"/>
Refusal of transport Against Medical Advice (AMA)	<input type="checkbox"/>	<input type="checkbox"/>

#### **IV. Contraindications for Consulting Telehealth**

Telehealth shall not be contacted for:

Any scene where a physician, physician assistant or nurse practitioner, operating under the direction of a physician, is present and has provided treatment or direction for treatment and/or transport for a patient. This would include but not be limited to:

1. Urgent Cares
2. Dr. Offices
3. Clinics

Note\* This would not include Skilled Nursing Facilities where a physician is not present.