

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5055.04
	<u>PROGRAM DOCUMENT:</u> Pilot Program Telehealth	Initial Date:	03/08/2023
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EMS Medical Director

EMS Administrator

Purpose:

To provide paramedics an additional method for the delivery of health care services and public health information to patients via information and communication technologies (Telehealth) within the EMS system

Description:

- A. Telehealth will allow
 - 1. Selected patients to receive a physician-level consultation without necessitating transport to the Emergency Department (ED)
 - 2. Patients to benefit from Medical Doctor/Doctor of Osteopathic Medicine (MD/DO) assisted decision-making, support with follow-up care, and/or prescription assistance.
 - 3. Paramedics to have access to a telehealth physician for patient-initiated refusals that are potentially high risk to the patient

Authority:

- A. California Health and Safety Code, Division 2.5, §§ 1797.220, 1798 (2022).

Policy:

- A. **Telehealth Application:** This policy applies only to those EMS providers that
 - 1. have access to a Telehealth platform at the time of contact with a patient **AND**
 - 2. Utilize Telehealth consultation during that patient's care.
- B. **Telehealth Criteria:**
 - 1. Paramedics **MAY** initiate a Medical Doctor/ Doctor of Osteopathic Medicine (MD/DO) level Telehealth consults for patients (such as Tele911) who meet either of the following criteria:
 - a. Any patient (or patient's legal representative) who meets the requirements of Sacramento County Emergency Medical Services Agency's (SCEMSA's) Patient Initiated Refusal of EMS Assessment, Treatment, and/or Transport (Policy 2101) section requiring base contact for refusal. Under these circumstances, the Telehealth consultation shall meet the base hospital requirements of Policy 2101.
 - b. Any patient >65 years of age who refuses transport.
 - 2. Paramedics **MAY** initiate a Telehealth consult for any stable patient who in the assessment of the paramedic on the scene, does not appear to require ambulance transport to an ED and who does not meet the criteria for specialty center care (e.g., trauma, STEMI, stroke) and who consents to Telehealth evaluation.

NOTE: Patients meeting either of the two criteria above will require either a base hospital contact on a recorded line or a consultation with a Telehealth MD/DO provider. MIH units are not to be used for this purpose.

3. If the patient or the patient's legal representative **declines a telehealth visit or requests that the patient be transported to an ED**, the patient shall be transported per existing SCEMSA policy.

C. Telehealth Utilization:

1. Once a Telehealth visit is initiated, the paramedic must stay on the scene and verify the patient's disposition with the Telehealth MD/DO provider prior to concluding the video call.
2. Telehealth visits MAY be utilized **under the following circumstances:**
 - a. The patient (or the patient's legal representative) who meets Telehealth Criteria (Section B under Policy),
AND
 - b. The patient (or the patient's legal representative) accepts a Telehealth consultation with the MD/DO provider.
3. If the patient meets the criteria for a Telehealth visit, but the **service is not available**, the patient shall be transported to the ED or released at the scene in accordance with Policy 2101.

D. Telehealth Disposition

1. Integrated healthcare **OR**
2. Patient Treated, Released (AMA), **OR**
3. Patient Treated and transported by This EMS Unit **AND** Hospital Emergency Department

E. Telehealth Documentation:

1. All treatment directed by a Telehealth MD/DO shall be documented in the electronic Patient Care Record (ePCR).
2. EMS personnel shall document a level of care provided disposition by Telehealth utilizing NEMSIS Code 4232011 (integrated healthcare).
3. EMS personnel shall not document a disposition as "Patient Treated, Released (AMA)" on the ePCR unless the Telehealth MD/DO recommended transport to the ED and the patient refused.

SCEMSA Telehealth Quality Improvement Reporting Requirements:

- A. EMS provider agencies will conduct QI chart reviews for all Telehealth dispositions.
- B. From those reviews, EMS provider agencies will provide **monthly** reports to SCEMSA with the following metrics
 1. Total number of Telehealth consultations, categorized by paramedic primary impression
 2. Telehealth dispositions, categorized according to "Telehealth Disposition" (Policy, Section D, above)
 3. Number of patients who are known to have received a Telehealth consultation in accordance with this policy and required ambulance transport to an ED within 24 hours of that Telehealth visit.

Cross Reference: PD# 2101 – Patient Initiated Refusal of EMS Assessment, Treatment and/or Transport
PD# 5050 - Destination