



## REMSA Proposed Implementation for Omega Response International Academies of Emergency Dispatch

May 20, 2016

The Omega protocol and associated response to approved Emergency Medical Dispatch determinants has been developed regionally through collaboration with all regional partners including Fire, EMS, Legal, and County EMS Oversight. This program has been developed to address low acuity, no priority responses as determined by the internationally approved Medical Priority Dispatch system and has been shown through a pilot study to provide significant cost savings to the health care system as well as the community.

### Definition

The *Omega protocol* refers to a determinant code utilized by emergency medical dispatchers to classify a 9-1-1 call as “no priority” – a non-emergency condition which does not require transport or treatment at an emergency department. Based upon locally-defined and medical director-approved protocols, the emergency medical dispatcher refers an Omega call to alternative care, an Emergency Communication Nurse System certified registered nurse, for determination of a recommended level of care and a recommended location of care, such as, self-care at home, primary care appointment, or urgent care center.

### Summary

After a two and half year process, REMSA and all regional partners are prepared for full implementation of the Nurse Health Line “*Omega Protocols*” on July 1, 2016. The launch date was set following approval on 4/7/16 by the Washoe County EMS Advisory Board and approval on 4/28/16 by the Washoe County District Board of Health.

During this extended pilot period, both the ambulance unit (transporting) and fire department first response unit (non-transporting) have continued to respond to the scene even when the 9-1-1 caller was referred to a Registered Nurse Navigator after the callers symptoms were classified as “no-acuity” (referred to as the Omega determinant code).

Full implementation means that the response by both the ambulance and fire department first response unit will be discontinued for Omega calls. The process included numerous educational presentations and communications to all three local fire department first response agencies (Sept 2013), a pilot study period to gather data on the impact of the Omega protocols (Jan 2014 – Dec 2014), broad dissemination of a white paper with pilot study results (Feb 2015), additional presentations to all EMS system stakeholders and government councils and boards (June 2015), operations meetings hosted by the health district to identify logistical and legal issues (Oct 2015), and finally, the development of a memorandum of understanding which memorializes the legal framework for responding to and releasing from the scene of Omega calls (March 2016).

## **Implementation**

Following the approval of the Omega agreement by the EMS Advisory Board on April 7, 2016 and the approval of the District Board of Health on April 28, 2016, REMSA is seeking final sign off on the agreement from the city councils as well as the Fire Board for Truckee Meadows and Sierra Fire Protections Districts. The agreement was written in collaboration with the Fire Chief as well as the City and County Attorney's with all final edits approved by all jurisdictions legal and fire representatives prior to the April 7<sup>th</sup> presentation to the EMS Advisory Board.

Representatives from all jurisdictions are represented on both the Advisory Board as well as the District Board of Health and legal counsel from each jurisdiction has approved the current version of the agreement.

The final step in the process is obtaining approval through signature from each city and county on the agreement. To date, the agreement has been signed by the Chair of the EMS Advisory Board (Manager Slaughter) as well as the Chair of the District Board of Health (Commissioner Jung).

## **Next Step**

Final approval and signature from the Cities of Reno and Sparks as well as Truckee Meadows and Sierra Fire Protection Districts indicating final acceptance of the agreement. Target date for implementation recommended by the Washoe County EMS Oversight team is July 1, 2016.

## **Attachments**

- 1 Presentation: REMSA Adoption of Omega Protocols
- 2 Whitepaper: New Care and Referral Pathways for Non-Emergent 911 Callers
- 3 District Board of Health: Staff Report, April 28, 2016
- 4 Presentation: The Proposed Omega Process, presented by Brittany Dayton April 28, 2016

Minutes from the April 28, 2016 District Board of Health meeting outlining the history of the process as well as approval of the agreement should be available following the next meeting scheduled for May 26, 2016. They are currently in draft form and are awaiting approval.

Attachment 1

Presentation: REMSA Adoption of Omega Protocols

# REMSA Community Health Programs

## Adoption of Omega Protocols



### Nurse Health Line

**858-1000**

**Registered Nurses** provide 24/7 medical assessment & triage patients to appropriate health care or community service:

- Access
  - Non-emergency number
  - **Omega Protocol** via 9-1-1
- Protocol-driven Assessment
  - Emergency Communication Nurse System (ECNS)
- Recommended Level of Care & Recommended Location of Care
  - On-line Directory of Services



*Responding to our community's healthcare needs.* 2

## Requirements to Adopt Omega Protocols

- ✓ *REMSA's Medical Communications Center is an Accredited Center of Excellence (ACE) by the International Academies of Emergency Dispatch (IAED), since 2001*
- ✓ *REMSA's Nurse Health Line is the first ECNS center in the world to also achieve the Accredited Center of Excellence (ACE) by IAED in 2015*

## REMSA Call-taker Triage Calls by Determinant Codes

MPDS* Determinant	Priority
Echo	P1**
Delta	P1
Charlie	P1, P2
Bravo	P2, P3
Alpha	P3
<b>Omega</b>	<b>No Priority</b>

\*Medical Priority Dispatch System (MPDS)

\*\* Highest Acuity

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## Medical Priority Dispatch System (MPDS) Call Prioritization Categories

### 911 MPDS Call Classifications

**Delta** – ALS emergency response

**Charlie** – ALS non-emergency response

**Bravo** – BLS emergency response

**Alpha** – BLS non-emergency response

***Omega – Referral or alternate care***

## Sample OMEGA Conditions

*Conditions with No Priority Symptoms*

- Earache
- Enema
- Gout
- Hemorrhoids
- Hiccups
- Itching
- Nervousness
- Cramps
- Deafness
- Sun burns or minor burns
- Animal bites to not dangerous location
- Boils
- Bumps
- Can't sleep
- Can't urinate
- Falls, minor
- Nose bleed
- Constipation
- Defecation
- Non-injury MVA
- Flu-like symptoms without priority symptoms
- Spider bites without priority symptoms

**Emergency Medical Dispatcher (EMD) & Registered Nurse  
(RN) Confirm No Priority Symptoms**

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## How the Omega Protocol works

Once EMD call-taker identifies that a 9-1-1 call is OMEGA with no priority symptoms:

- Caller consents to be referred to ECNS-qualified RN
- RN obtains additional information from the patient to determine the right medical care or community service
- RN provides a *recommended level of care* and *recommended location of care*
- RN serves as safety net to confirm initial EMD determination
- No public safety or ambulance response

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## Attachment 2

Whitepaper: New Care and Referral Pathways for Non-Emergent 911 Callers



## **Review of REMSA approved OMEGA Determinant Calls**

**1-1-14 through 12-23-14**

### **Executive Summary**

REMSA has initiated a trial implementation of Omega determinant codes by the International Academy of Emergency Dispatch (IAED). The purpose of this trial is to evaluate the safety, efficacy and use of these determinant codes in the REMSA ambulance system to identify appropriate calls to be further evaluated by a Registered Nurse certified as an Emergency Communications Nurse (ECN) at the REMSA Nurse Health Line (NHL) before an ambulance response is initiated. Omega determinants are assigned to 911 calls that do not require an immediate ambulance response. These Omega determinant codes represent the lowest acuity medical conditions that prompt an ambulance response by 911 callers in Washoe County, NV. The data in this evaluation period described in this document represents 911 calls received into REMSA's dispatch center between January 1, 2014 and December 23, 2014, approximately 12 months of calls. During this time, an automatic REMSA ambulance response was continued on all calls. A small percentage of the evaluations by the ECN resulted in differing determinations of the patient's condition from the initial determination by the REMSA Emergency Medical Dispatcher (EMD).

Omega calls are currently in use as a qualifier to be evaluated by an ECN prior to an ambulance response in the following locations within the United States:

- Louisville, KY
- Ft. Worth, TX
- Syosset, NY
- Salt Lake City, UT

Calls that received an Omega determinant upon initial coding by the EMD were sent to an ECN after an initial ambulance was dispatched without lights and sirens. Callers were then assessed by the ECN using a separate, but congruent, methodology to determine a more precise and appropriate care pathway for the patient. Calls where the ECN evaluation and the EMD evaluations resulted in differing determinant codes, and where the ECN recommended an ambulance response were further reviewed. The number of these calls over the 12 month evaluation period totaled 37 out of 765 total Omegas calls sent to the NHL (4.84%). This total number of calls represents an average of 3 per month, or 3.4% of average total Omega volume per month. However, it is important to know coding differences do not necessarily equate to improper protocol application or poor patient outcomes. REMSA reviewed all 37 calls in question.

REMSA concluded that 10 of the 37 were possibly coded incorrectly from the EMD (1.3% of total Omega calls sent to the NHL) and only one resulted in a recommendation of a lights and sirens response; the outcome of that specific call resulted in the patient refusing ambulance transport. In addition, a clinical review of the patient care reports revealed that no adverse patient outcomes were identified. It should be noted that the standard acceptable critical coding error rate defined by the IAED is 6%.

## Review of REMSA approved OMEGA Determinant Calls

1-1-14 through 12-23-14

*In conclusion, the data shows use of Omega determinants to identify calls that are evaluated by an ECN before an ambulance is dispatched is a safe and reliable method of reducing unnecessary and hazardous emergency responses to the lowest acuity medical complaints generated by 911 callers in Washoe County, NV.*

### Methodology

There are over 200 IAED approved Omega determinant codes. Of these, REMSA has approved 52 Omegas determinant codes for evaluation. A query was run from the TriTech CAD and LowCode data bases for the time period of January 1, 2014 through December 23, 2014. The query specifically looked for any 911 call coded as an OMEGA determinant<sup>1</sup> and sent to an ECN at REMSA's Nurse Health Line (NHL) for further evaluation and possible recommendation of an alternative care pathway. Of the calls sent to the NHL, calls where the ECN evaluation and the EMD evaluations resulted in differing determinant codes and where the ECN recommended an ambulance response were evaluated by REMSA's quality assurance staff and Medical Director as necessary.

Satisfaction surveys are mailed monthly. The NHL patient satisfaction surveys measure how well the nurse explained care options, if all questions were answered, and if the nurse gave adequate information to the caller. Each caller is also asked if they would utilize our service in the future.

### Outcomes

1029 calls were coded as a REMSA-approved Omega determinant. Of those 1029 calls coded as Omega determinants, 765 were routed to the ECN (see Figure 1). There are 5 reasons an OMEGA determinant may **not** be transferred to the ECN:

1. *NHL is Busy,*
2. *Public Assist,*
3. *Caller Refused NHL,*
4. *Healthcare Professional on Scene,*
5. *The CAD Omega notification system was disabled.*

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<sup>1</sup> From the REMSA Medical Director's list of 52 approved Omega determinants

## Review of REMSA approved OMEGA Determinant Calls

1-1-14 through 12-23-14

### OMEGA Determinant - EMD Call Routing

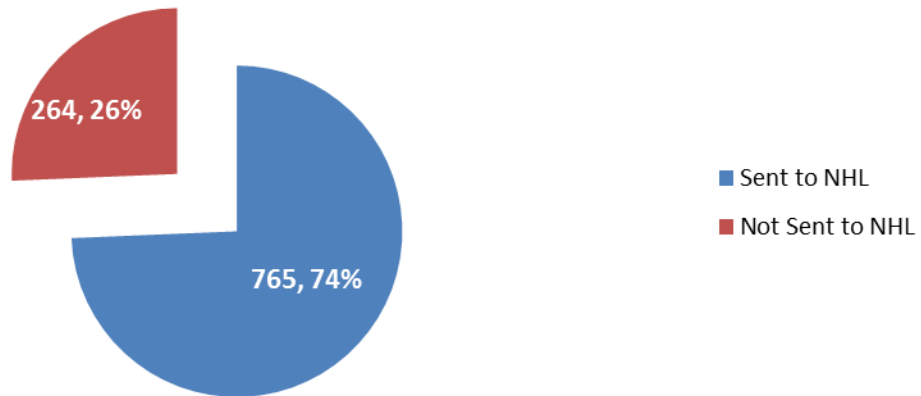


Figure 1

Of the 37 Omega calls sent to the NHL that resulted in a different final coding, 10 (1.3% of total calls sent to the NHL) were determined to have been incorrectly coded by the EMD<sup>2</sup>. REMSA further reviewed EMD coding differences to identify possible trends. No trends in difficulty with any particular EMD protocol or individual performance were identified. The remaining 27 calls were correctly coded by the EMD.

It should be noted during the evaluation period, REMSA continued to dispatch an emergency ambulance prior to the completion of the ECN evaluation. The ECN's final recommendation was likely influenced knowing an emergency response had already been initiated. REMSA believes some ECNs may have selected "Ambulance Response" knowing an ambulance was enroute or because the ambulance arrived on scene during the ECN phone assessment.

Monthly surveys depict high satisfaction. The survey captures data on the following questions:

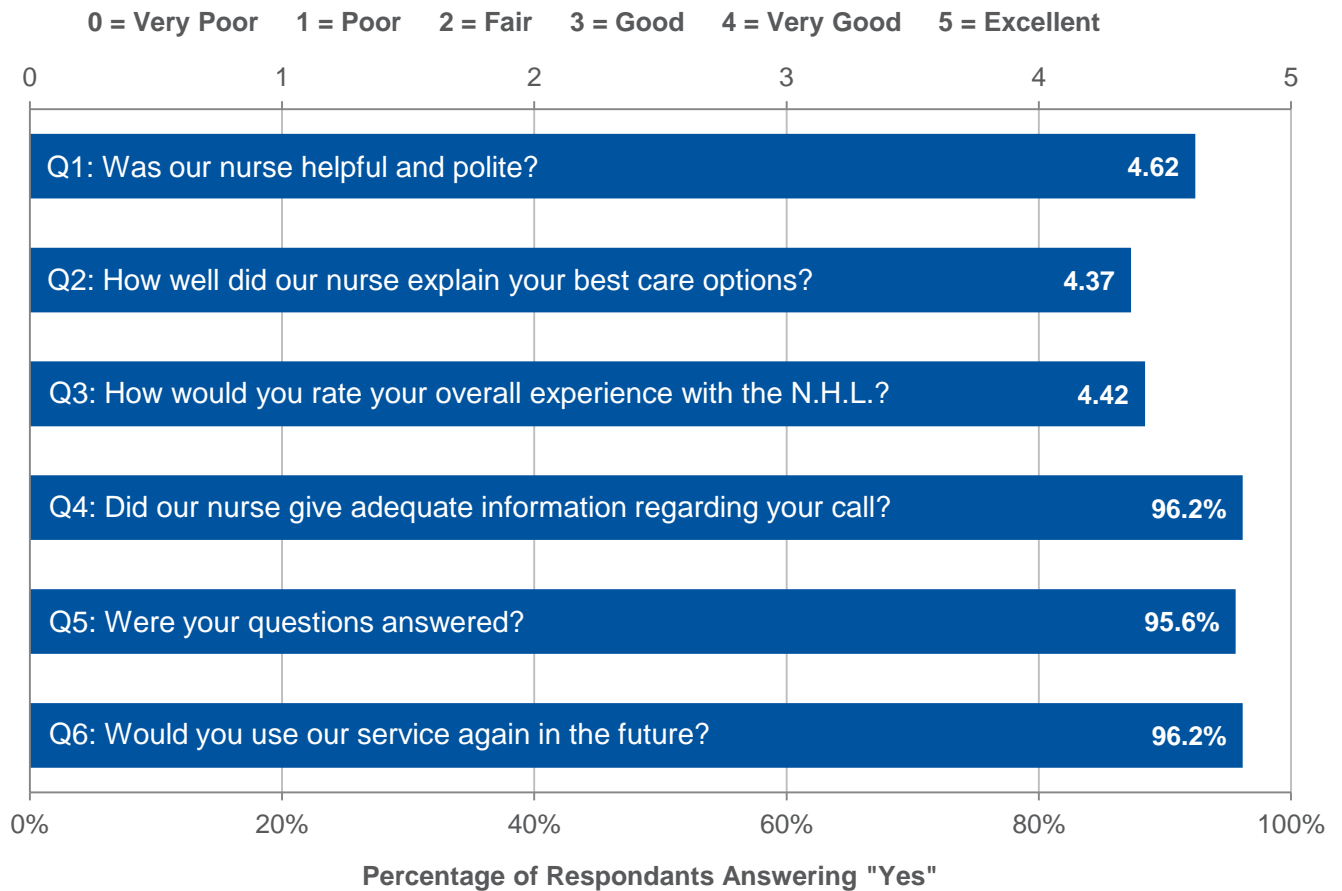
1. *Was our nurse helpful and polite?*
2. *How well did our nurse explain your best care options?*
3. *How would you rate your overall experience with the NHL?*
4. *Did our nurse give adequate information regarding your call?*
5. *Were your questions answered?*
6. *Would you use our services again in the future?*

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<sup>2</sup> NOTE: REMSA's 911 EMD center is a Medical Priority Dispatch System "Accredited Center of Excellence". As such we are held to a strict quality standard of correct determinant coding of  $\geq 94\%$ . The error rate noted above for the OMEGA determinants during the review period equates to a correct coding rate of 98.7%

## Review of REMSA approved OMEGA Determinant Calls

1-1-14 through 12-23-14



Surveys Returned for Patients Served by the REMSA Nurse Health Line July 2014 - December 2014 n = 579

### Conclusion

REMSA captured 1029 calls to 911 that met the IAED requirements and REMSA medical director approval for classification of an Omega determinant. Of these 1029 calls, 765 were sent to the REMSA NHL for further evaluation of appropriate medical care pathways. Of these 765 calls, 37 total calls were coded differently from the EMD by the ECN and resulted in a recommendation of an ambulance response by the ECN. All 37 calls were reviewed for accuracy of initial coding and patient outcome information. It was found that 10 of these calls were inaccurately coded upon initial EMD questioning and none of the reviewed calls resulted in poor patient outcomes.

Satisfaction scores show that the callers were happy with the service, got the information that they needed regarding their care, had their questions answered, and would use the NHL again.

## **Review of REMSA approved OMEGA Determinant Calls**

**1-1-14 through 12-23-14**

REMSA has concluded that the use of Omega determinant codes to identify appropriate calls to be evaluated by a qualified ECN before an ambulance response is initiated is safe and effective. It is recommended REMSA discontinue the current practice of dispatching an ambulance to Omega determinant-coded calls prior to the ECN evaluation. This recommendation is consistent with current IAED recommended use of Omega determinants in ambulance systems where ECNS protocols are in use (see appendix A). It should be noted at any time the caller requests an ambulance, one will be dispatched.

## Review of REMSA approved OMEGA Determinant Calls

1-1-14 through 12-23-14

### Appendix A

Taken from [http://www.emergencydispatch.org/about\\_ecns](http://www.emergencydispatch.org/about_ecns)

The International Academies of Emergency Dispatch's® (IAED™) certified Emergency Communication Nurse System™ (ECNS™) is a comprehensive nurse triage system comprised of over 200 protocols. It is designed to be implemented within an Emergency Medical Services (EMS) communication center and used alongside the IAED's Medical Priority Dispatch System™ (MPDS®), which was developed over 33 years ago. Not every emergency call needs a lights-and-siren response. In fact, not every call even needs a COLD ambulance response. ECNS, when used with the MPDS Protocol and Priority Dispatch Corp.'s™ internationally-recognized gold-standard dispatch and QI software—ProQA® and AQUA®—can provide optimal **ALTERNATIVE CARE** for vetted low-acuity, or OMEGA, Determinant Codes, giving EMS systems new options to care for patients and their communities. Responses to OMEGA determinates are locally defined based on MPDS-approved codes.

ECNS is considered IAED's "Fourth Pillar of Care" along with Emergency Medical Dispatch™, Emergency Fire Dispatch™, and Emergency Police Dispatch™. Accreditation as a Center of Excellence is an integral part of superior care standards with current medical accreditation required before a center can use the ECNS protocol. Other prerequisites for ECNS include implementing ProQA dispatch software and AQUA quality improvement software.

The overall ECNS progress is comprehensive, yet simple. First, a call comes into the communication center and ProQA is launched by the Emergency Medical Dispatcher™ (EMD). If, after EMD questioning, the patient is assigned a pre-determined and locally-defined "low code" (OMEGA Code), the call is transferred to the Emergency Communication Nurse (ECN) desk. This desk is staffed by an experienced, specially-trained, and ECNS-certified Registered Nurse who uses LowCode™ software developed by Priority Solutions Inc. (PSI), which seamlessly integrates with ProQA, to assess the patient. For numerous reasons it is imperative that the ECN be co-located within the communication center. After verifying there are no priority symptoms, additional information is gathered such as co-morbid conditions, medications, and allergies. An ECNS symptom-based protocol is then selected and additional assessment conducted.

Based on the caller's answers, a Recommended Care Level is achieved, which includes tiered response levels from Send an Ambulance Now to Self-Care Instructions. From here a second tier disposition is available which is customer definable. This tier represents resources available in the customer's community e.g. urgent care centers, primary care physicians. Users can engage a third tier disposition called a directory of services which will identify a specific list of health care resources near the patient.

Priority Solutions Inc.'s LowCode software has been in use for over fourteen years throughout the world and more than two million calls have been processed without an untoward incident.

#### **The ECNS has been designed to specifically meet the following two goals:**

1. Appropriately manage and support caller access to an increasingly burdened healthcare system by better allocating resources to meet their non-emergent, non-life-threatening health situations.
2. Help EMS communication centers, ambulance services, and all EMS providers optimize their resources and outcomes by sending, when necessary, the
  - right personnel, to the
  - right place, at the
  - right time, with the
  - right equipment, using the
  - right resources, to get the
  - right care, in the most clinically appropriate way; thereby facilitating the

## Review of REMSA approved OMEGA Determinant Calls

1-1-14 through 12-23-14

- right cost, to patients, providers, and payers.

### Key Points:

- ECNS currently has user centers in 5 countries on 4 continents
- More than 1,000 clinicians trained throughout the world
- ECNS currently has over 200 protocols—each containing a clinical rationale along with a reference list for additional information

### Benefits of ECNS:

- Effective and standardized clinical assessment and assignment of appropriate Recommended Care Levels
- Safely manages the growing demands on healthcare providers
- Reduces the demand on ambulance transportation services
- Reduces unnecessary ER visits and wait times
- Numerous integration efforts completed with third party software
- Brings appropriate care closer to patients while being responsive to their needs
- Establishes efficient and effective use of EMS and community provider resources
- ECNS is considered “The Fourth Pillar” of the International Academies of Emergency Dispatch, along with EMD, EFD, and EPD, and is regulated by its Standards Council
- Established Quality Assurance/Quality Improvement process, with the software integration availability of AQUA Evolution
- Data-driven approach with proven safety and efficacy with over 14 years of QA/QI data

Attachment 3

Staff Report: District Board of Health, April 28, 2016



DD	_____
DHO	_____
DA	_____
Risk	_____

**Staff Report**  
**Board Meeting Date:** April 28, 2016

**TO:** District Board of Health

**FROM:** Brittany Dayton, EMS Coordinator  
775-326-6043, [bdayton@washoecounty.us](mailto:bdayton@washoecounty.us)

**SUBJECT:** Presentation, discussion and possible approval of the use of IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area.

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**SUMMARY**

Omegas are 911 calls that are classified through the Emergency Medical Dispatch (EMD) process as non-emergent low acuity calls that can be referred to the Nurse Health Line (NHL) for assessment and evaluation by an Emergency Communications Nurse (ECN) to determine the most appropriate care resource, other than an ambulance response.

Attached is a draft MOU for possible approval that outlines the agreement for an alternative response and release process for Omega calls within the REMSA Franchise area. The draft MOU was accepted by the EMS Advisory Board on April 7, 2016 and the Board directed staff to present to the District Board of Health (DBOH) for possible approval.

**PREVIOUS ACTION**

REMSA presented to the EMS Advisory Board on June 4, 2015. The presentation reviewed the proposed use of the IAED Omega determinants codes and the procedure of referring these callers to the Nurse Health Line prior to dispatching an ambulance. The EMS Advisory Board directed EMS staff to work with regional partners to develop a comprehensive process for handling Omega calls.

EMS staff presented to the DBOH concerning Omegas on October 22, 2015. The members of DBOH determined it was necessary to table the item until the EMS Advisory Board had an opportunity to discuss the topic and provide direction.

EMS staff then presented to the EMS Advisory Board on October 23, 2015. Members of the board voted unanimously to continue the item until the legal issue is resolved.

EMS staff presented an update to the EMS Advisory Board on January 7, 2016, which included the outcome of the meeting held with the legal representatives of the EMS agencies; developing an MOU between REMSA and the jurisdictions.

EMS staff presented the final draft MOU to the EMS Advisory Board on April 7, 2016 and the Board accepted the presentation and directed staff to present to the DBOH for possible approval. During the presentation Fire partners confirmed agreement with the MOU and moving forward with the process.

## **BACKGROUND**

In 2011 the International Academy of Emergency Dispatch (IAED) included Omegas as part of the fourth pillar of the Academy when used in the ENC system. The IAED Omega determinant is designed to identify patients who may safely be transferred to alternative care resources. These non-emergent low acuity calls do not need an ambulance response; however, if at any time a patient requests an ambulance, one will be dispatched.

The IAED has approved 200 Omega determinant codes; however, REMSA's Medical Director, Dr. Brad Lee, has initially approved 52 of the 200 for our region. The 52 selected Omega determinants have been discussed with the regional fire partners' Medical Directors and a consensus was reached on the use of these 52 Omega determinants codes.

REMSA presented to the EMS Advisory Board on June 4, 2015. The presentation reviewed the proposed use of the IAED Omega determinants codes and the procedure of referring these callers to the Nurse Health Line prior to dispatching an ambulance. The EMS Advisory Board directed EMS staff to work with regional partners to develop a comprehensive process for handling Omega calls.

At the direction of the EMS Advisory Board, EMS staff scheduled a meeting to discuss the Omega protocols for REMSA's Franchise service area. The initial meeting was held on June 30, 2015 with regional agencies including REMSA, City of Reno, City of Sparks, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protect District and Pyramid Lake Fire Rescue. During the meeting, several items were discussed to include review of EMD process to ensure accurate determination of Omega calls, communication challenges, and the most effective methods for implementing an Omega protocol in the REMSA franchise service area.

On July 21, 2015 the region met to review a draft policy and release form developed by one of the partners. During this meeting it was requested that Health District EMS staff develop a universal form for all fire agencies if a crew arrives on-scene of an Omega call, since REMSA would not be dispatching an ambulance. The group also set a target implementation date of October 1, 2015 to allow for meetings with legal, training of crews and the approval of the EMS Advisory Board and DBOH.

EMS staff reached out to other regions to learn about other agencies' responses to Omega calls and used that information to develop recommendations for our region. In separate meetings with both fire and District Attorney's Office representatives, the recommendation of a verbal release first and a form second was supported. However, each regional agency's legal personnel would need to have a final review and approval of the process and release form prior to regional implementation.

An additional meeting was held on September 16, 2015. EMS staff presented the recommendations to the regional partners in attendance and they supported the practice of verbal or written release from the scene. The group made several revisions to the draft release form to simplify the process. Finally, it was decided that the implementation date should be changed to November 1, 2015 to allow additional time for legal review and approval, and training of personnel.

EMS staff scheduled a meeting on Friday, October 16, 2015 to discuss possible next steps for implementation. During this meeting the region agreed to a tiered implementation response plan for Omegas.

EMS staff then presented to the EMS Advisory Board on October 23, 2015. Members of the Board voted unanimously to continue the item until the legal issue is resolved.

EMS staff met with legal representatives on December 9, 2015 to discuss the concerns related to the proposed alternative response process for Omegas. During this meeting the legal representatives agreed to work together to write an agreement/Memorandum of Understanding (MOU) for Omega calls. They also requested staff to do some additional research and analysis on Omegas, and hold an additional meeting with legal and operational staff from the EMS agencies.

EMS staff presented an update to the EMS Advisory Board on January 7, 2016, which included the outcome of the meeting held with the legal representatives of the EMS agencies; developing an MOU between REMSA and the jurisdictions.

EMS staff coordinated and facilitated a meeting on March 3, 2016 with the legal and operational representatives of the regional EMS agencies. Several adjustments were made to the Omega MOU. At the end of the meeting the only remaining item for discussion was language in Section 1, number 3 concerning Omega calls where an ambulance is sent and Fire is on-scene.

REMSA's legal representative sent a revised MOU to the group on the afternoon of March 3, 2016. Further feedback was provided and a final draft of the MOU was sent to the legal and operational personnel for review on March 30, 2016.

On April 7, 2016 the EMS Advisory Board accepted EMS staff's presentation and directed staff to present to the DBOH for possible approval.

The alternative response and release process for Omegas calls within the REMSA Franchise area is addressed in Section 1 of the MOU and includes the following steps:

- Upon the transfer of a 911 call by a REMSA EMD to the REMSA Nurse Health Line, the 9-1-1 call shall be deemed cancelled and deemed an Omega call.
- REMSA will not immediately dispatch an ambulance to an Omega Call, and a REMSA ECN will be responsible for assessing the patient and determining the most appropriate care resource.
- Reno, Sparks, Truckee Meadows and Sierra Fire will not respond to or will cancel if, prior to arriving on scene and making patient contact, they have been alerted that the call is an Omega Call.
- If a Fire Department unit has arrived on scene and made patient contact prior to being alerted that the call is an Omega call, upon being alerted that the call is an Omega Call the Fire Department shall communicate with the ECN or REMSA EMD to confirm REMSA has determined that an alternative care pathway is medically appropriate according to standards established by the International Academy of Emergency Dispatch.
  - Both REMSA and the responding Fire Department shall document these communications.
  - Upon receiving such verbal confirmation from the ECN, the Fire Department shall either: i) release from the scene, and REMSA shall be legally responsible for the care of the sick or injured patient which is the subject of the Omega Call; or ii) if the Fire Department disagrees with the ECN determination based on articulable patient observations, the Fire Department shall request the dispatch of an ambulance.

- In the event the ambulance requested by the Fire Department under the preceding sentence is responding on a Priority 3 basis, REMSA shall immediately send an in-service, non-divertible alternative medical resource and the Fire Department shall release from the scene upon earlier arrival of the REMSA ambulance or other REMSA resource.

### **FISCAL IMPACT**

There is no additional fiscal impact should the Board accept a presentation on the proposed use of the IAED Omega determinant codes within the REMSA Franchise area.

### **RECOMMENDATION**

EMS staff recommends the Board approve the use of IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area, effective July 1, 2016 to allow for training of dispatchers and responders.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation a possible motion would be:

"I move to approve the use of IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area, effective July 1, 2016."

Attachment 4

Presentation: The Proposed Omega Process, Presented by Brittany Dayton, April 28, 2016

# The Proposed Omega Process

SECOND TIER TRIAGE IN 911 CENTERS FOR LOW-ACUITY CALLS



## What is an Omega?

A 911 call classified through the Emergency Medical Dispatch process as non-emergent low acuity call able to be referred to a Nurse Health Line for assessment and evaluation.

## Proposed Omega Implementation for REMSA's Response Area

- ▶ Pending DBOH approval, REMSA will no longer immediately dispatch ambulances to Omega calls.
- ▶ Fire will cancel if notified the call is an Omega and they have not made patient contact.
- ▶ If the fire agencies arrive on scene, the crew will release from scene by verbal release from the ECN or REMSA dispatcher and/or utilizing the Omega form if desired.
  - ▶ If Fire crew assesses patient and determines Omega is not an appropriate determinant, a non-divertable resource will be requested and dispatched.

PSAP transfers  
medical call →  
REMSA EMDs  
the call → low  
acuity criteria  
met → EMD  
transfers call  
to an ECN

Emergency  
Communication Nurse  
(ECN) specialists are  
Registered Nurses with  
acute care  
experience, specially  
trained and certified as  
EMDs and then as ECNs  
in the use of over 200  
ECNS protocols.



- ▶ The RN is housed within the REMSA dispatch center, working in concert with the EMD and within the EMS system.

What is the best way for this patient to get to the destination? →

What will best meet this patient's needs?

SUBJECT INFO	CASE SUMMARY
<p><b>Name:</b> Conrad Fivaz</p> <p><b>Sex:</b> Male      <b>Age:</b> 44 years</p> <p><b>Address:</b> 110 S Regent Str, Salt Lake City, Utah, 84111</p> <p><b>Reason:</b> ankle injury</p>	<p><b>Algorithm:</b> Ankle Injury</p> <p><b>Level of care:</b> Seek Face to Face Care within 1-4 Hours</p> <p><b>Point of care:</b> 1000 - Urgent Care Center:</p> <p><b>Recommended service:</b></p>

Map data ©2015 Google, Terms of Use | Report a map error

- InstaCare**, 389 South 900 East, Salt Lake City, Utah, 84102 (1.4 mi)
  - Urgent Care
  - Pathology
  - Radiology
- Firstmed Urgent Care**, 441 S. Redwood Road, Salt Lake City, Utah, 84104 (2.6 mi)
  -



## Approvals & Next Steps

- ❖ EMSAB acceptance and recommendation to present to DBOH: 4/7/16
- ❖ DBOH possible approval of Omega protocols: 4/28/16
- ❖ City Council and Board of Fire Commissioners presentation by Fire/REMSA and approval: TBD
- ❖ Full Implementation: 7/1/16 recommended