

# courier-journal.com

## EMS system to shift low-priority calls

Patients will talk with nurse, may avoid ambulance, ER

By Jessie Halladay • [jhalladay@courier-journal.com](mailto:jhalladay@courier-journal.com) • April 18, 2010

Hoping to ease overcrowded emergency rooms and trim ambulance runs, Louisville Metro EMS is launching a program to screen low-priority 911 calls and divert some patients from hospitals to more appropriate care.

Starting Monday, dispatchers will turn a small number of the lowest priority calls — such as an earache or stomachache — over to a nurse, who can spend more time on the phone to decide the most appropriate treatment, which may not include a trip to an emergency room in an ambulance.

The nurse may, for example, connect the caller with a doctor's office or an urgent-care center.

"We're trying to challenge the way things are traditionally done," said Dr. Neal Richmond, EMS director. "Let's find these people better care."

The system, the second of its kind in the nation, is widely used in the United Kingdom and Australia, said Dr. Jeff Clawson, medical director for the National Academies of Emergency Dispatch. While a handful of cities have explored similar programs, only Louisville and Richmond,

Va., which piloted the program, are fully implementing it, he said.

If used carefully, Clawson said, the system could be a powerful way to "preserve precious resources" while still getting patients needed care. "The time is here for this."

Clawson said no patient would be denied ambulance service. All would have the choice of consulting with the nurse and, if they still want an ambulance, one would be dispatched.

### Difference not obvious

Most patients calling 911 for help won't notice any difference, as all calls will continue to be screened through an automated protocol system already in place.

But for an estimated 10 to 15 calls a day — the ones classified as the lowest risk among the 230 to 250 received each day — there will be additional screening to see if there is a better option than an ambulance trip to an emergency room.

In those cases, a registered nurse or nurse practitioner will ask the caller questions aimed at getting a more thorough picture of the medical complaint. Based on that information, the nurse may make alternative recommendations, including assisting the patient in making an appointment with a doctor or clinic.

Advertisement

Print Powered By  FormatDynamics™

# courier-journal.com

In some cases, that might mean calling the patient's doctor and helping to set up the appointment. For patients who do not have a regular doctor, EMS has identified physicians and clinics willing to take new patients.

"We're trying to help people get a foot in the door of the health care system," said Kristen Miller, chief of staff for Metro EMS.

She said the program also will work with TARC 3 and Wheels medical transport to help get patients to their appointments.

## Better follow-up?

Not sending a patient to an emergency room could result in better follow-up for the patient, Miller said, because it will allow a doctor to schedule such visits rather than have patients return to the emergency room, where they may see different doctors and have lengthy waits. The change ultimately could lead to better long-term care.

For more than a year, EMS has worked with local health systems and emergency dispatchers to set up the program, which is costing about \$100,000 for software and other operational costs. All the nurses involved were paid for their training but will work in the dispatch center as part of the clinical training hours they need to complete their nurse practitioner degrees.

Half of the \$100,000 came from a grant from Passport Health Plan.

At first, the program will operate four days a week during regular business hours, Miller said.

EMS plans intensive follow-up with patients and physicians to ensure that the system is working and that no one falls through the cracks.

Dr. Michael Needleman, a family doctor who is interested in seeing patients under the program, said it has tremendous promise to help ease an

overburdened emergency medical system.

## Reduced costs

It ultimately will reduce costs because emergency room visits generally are more expensive than those to doctors and because it will eliminate the cost of being transported in an ambulance, he said.

"If we can divert some of these people from the ER to more appropriate care, the patient should be better off," said Needleman, who is with the Jewish Physician Group. "The system ... will be better off. And whoever's paying the cost will be tremendously better off."

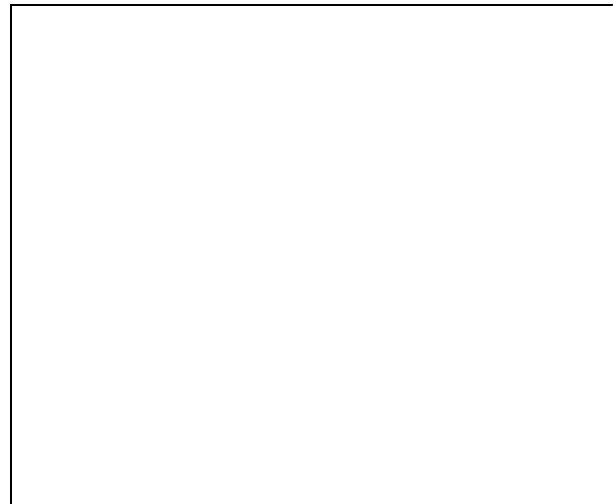
Jackie Lanham, who has worked as a registered nurse in an emergency room and is training to be a nurse practitioner, said that when emergency rooms fill with patients suffering from things such as colds or upset stomachs, it reduces the time staff can spend on more critical patients.

## 'It's very promising'

Often, she said, that occurs because patients don't have, or know of, a better option.

She said she believes this new program will ease that burden — for the patient and hospital.

Advertisement



Print Powered By  FormatDynamics™

# courier-journal.com

"It's very promising," Lanham said. "It's something we've needed for a long time."

Jerry Overton, the former chief of the Richmond EMS system, said there is no question that this is the future of medical dispatching.

"Nobody falls through the cracks," he said. "We have to be headed in this direction."

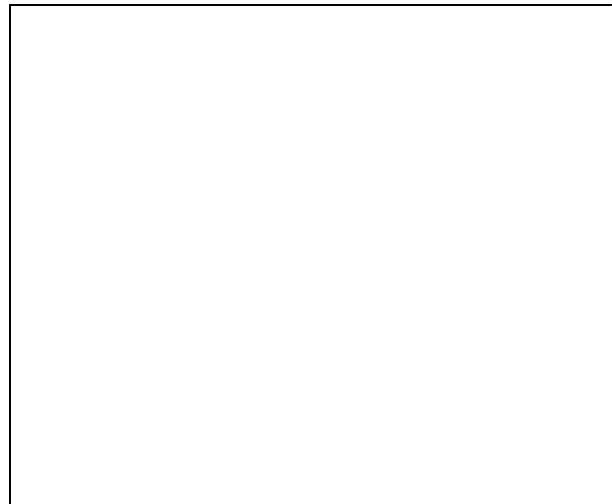
Reporter Jessie Halladay can be reached at (502) 582-4081.



[Purchase this Photo](#)

Merrille Noe, left, from EMS, provides instruction about the new program of screening low-priority calls as Rick Roller from EMS asks a question. Behind Roller is Kim Wright, and Amy Pierce is at right. The program will operate on a limited basis beginning Monday. (By Michael Hayman, The Courier-Journal)

Advertisement



Print Powered By  FormatDynamics™