

## **EMS Studies Triage for 911 Calls**

Nurse could assess non-emergencies

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Across the country, hospital emergency rooms and emergency medical responders find themselves overwhelmed with patients.

In Louisville, Metro EMS officials are exploring a plan they hope would ease workloads for emergency rooms and ambulances and ultimately provide better patient care. Each year, EMS makes ambulance runs for hundreds of patients who call 911 even when their ailments may not require emergency care, said Dr. Neal Richmond, director of Metro EMS.

That happens for a variety of reasons, Richmond said. Either the patients' regular doctor cannot see them or they don't have a doctor, they have limited resources or no health insurance, or they know of no other way to get medical help. "There are many people who access their medical care through the 911 system," Richmond said. That leads to crowded emergency rooms, a taxed ambulance system and higher costs, Richmond said.

Metro EMS recently got a \$50,000 grant to explore the options for filtering out some of the lower priority calls and getting those people care that does not require an ambulance. Yesterday, EMS officials met with doctors, nurses, hospital administrators, emergency dispatchers, social service agencies and others to talk about a new software system that could help reroute patients with non emergency needs to alternative care.

It's a concept that is used throughout the United Kingdom. Only a handful of U.S. cities are trying it, and Richmond, Va., is the only one that is using it fully, said Greg Scott, with Priority Dispatch, the company that developed the software.

It works like this:

Calls to the 911 center that are determined to be low priority would be shifted to a registered nurse. The nurse would ask a series of scripted questions to help determine what kind of care is needed.

The nurse could recommend treatment at home, make an appointment for the patient with a doctor or a clinic, or send a taxi or bus for the patient to go to somewhere other than an emergency room.

The program is far from being implemented and will require a network of resources, Richmond said. For example, medical providers ideally would keep appointments open to handle such calls to 911 and transportation companies would provide taxi vouchers or help with bus rides.

"It's a vast effort," Richmond said.

He said he expects meetings and planning sessions will lead eventually to a pilot program to

test the idea here.

The idea has potential, said Debbie Fox with MetroSafe Communications.

"If there's an alternate way to handle 911 calls and get people the care they need, we're all about that," Fox said. "It's very innovative."

Steve Heilman, a doctor with Norton Healthcare, said such a system could improve health care and ease crowding at hospitals.

"Right now our ERs are overcrowded and we're all struggling with how to get people the appropriate care," Heilman said. "This would help."

But he cautioned that it will take an effort by the entire community, including getting the public to understand that the choices are made in their best interests, which doesn't always mean providing an ambulance.

"Community perception is going to be a very difficult area to address," he said. "People call 911 expecting to get an ambulance."

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