TIERED RESPONSE PROGRAM FOR SKILLED NURSING FACILITY PATIENTS

PURPOSE
To establish a process through which skilled nursing facility medical staff may participate in a tiered response level for patients requiring unscheduled transportation to a hospital.

AUTHORITY
California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.206, 1797.220, 1797.252, 1798 (a)(b).

DEFINITIONS
A. Code 2 Response – Term used to describe an immediate response of a public safety resource without emergency lights and siren as permitted by Section 21055 of the California Vehicle Code. Also referred to as “Quiet Arrival.”
B. Code 3 Response – Term used to define an immediate response of a public safety resource with emergency lights and siren as permitted by Section 21055 of the California Vehicle Code.
C. Emergency Medical Dispatch (EMD) – An EMS Agency approved set of protocols to be utilized by Public Safety Answering Points for pre-arrival patient care instructions.
D. EMS Agency – The agency having primary responsibility for administration of emergency medical services in San Luis Obispo County (1797.94).
E. Public Safety Answering Point (PSAP) – A public agency dispatch center that receives emergency calls from the public or requests from another PSAP.
F. Skilled Nursing Facility – A facility that provides healthcare to individuals unable to manage independently in the community, and has licensed medical staff on-site 24 hours per day.
G. On-Site Medical Staff – Licensed medical professionals (Physician, Registered Nurse), staffing a skill nursing facility on a 24 hour daily basis.
A. Skilled Nursing Facilities shall submit in writing to the EMS Agency a request to be approved to participate in the tiered response program.

B. The EMS Agency will review each request and shall approve such request if all requirements are satisfied:
   1. Requesting facility has licensed medical staff on duty 24 hours per day.
   2. The jurisdictional Fire Department and PSAP submit a written letter of support for the request to the EMS Agency.
   3. The jurisdictional PSAP is an EMS Agency approved EMD provider, and is compliant with EMS Agency policy and training.
   4. Requesting facility shall provide written documentation detailing process for transfer, including the inclusion of appropriate patient transfer documents, and notification of/coordination with receiving hospital.
   5. Final approval may include review by appropriate EMS Agency advisory committee(s).

C. Upon EMS Agency approval:
   1. Approved facility shall utilize attached Patient Assessment Flow Chart to determine whether a Code 2 or Code 3 response is appropriate (Attachment A).
   2. Approved facility shall adopt suggested narrative information to be utilized when facility contacts the PSAP to request unscheduled patient transport (Attachment B).
   4. Skilled Nursing Facility shall participate in Quality Improvement program, and provide documentation to the EMS Agency upon request.