TITLE: **911 EMS Nurse Navigation Services (NNS)** EMS Policy No. **4990**

PURPOSE:

The purpose of this policy is to establish procedures for EMS Call Processing Centers to direct low acuity 911 EMS calls to a Nurse Navigation Services (NNS) program. The NNS will offer direct advice on the presenting problem and/or arrange for ambulatory care, transportation if needed, pharmacy services and follow up as alternatives to an EMS response in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections, 1797.220,

DEFINITIONS: See SJCEMSA Policy Definitions

PROCEDURE:

I. EMS Call Processing Centers shall direct low acuity 911 callers in accordance with SJCEMSA EMS Policy No. 3202 A, Medical Priority Dispatch System and Use Assignments Appendix A, to the authorized NNS.

II. Criteria for NNS Program patient eligibility.
   A. The use of the NNS Program is only applicable to the Medical Priority Dispatching System (MPDS) protocol determinate codes listed in Policy 3202A.
   B. Any MPDS determinate listed in Policy 3202 A shall be referred to the NNS.
   C. NNS patient eligibility:
      1. An age 18 years or older or the caller is the consenting adult for a minor child.
      2. Patient has capacity to give consent (i.e., decision-making capacity not impaired by alcohol, drugs or otherwise altered mental status).
      3. Not incarcerated or in law enforcement custody.
      4. No active suicidal/homicidal ideation.
      5. No hallucinations/delusions.

III. EMS Call Processing Center to NNS handoff procedures.
   A. When 911 EMD triage results in an MPDS determinant code listed in Policy 3202 A, the call taker will initiate a call to the nurse navigator program: **(XXX) XXX-XXXX**.
   B. The EMD call taker will provide the event number, incident address, caller phone number and chief complaint to the nurse navigator and establish consent to continue with the caller.

Approved:

Medical Director EMS Administrator

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C. When the caller consents to transfer to the NNS the event will hold in CAD for an interval of 20 minutes.
D. After 20 minutes and no return call from the NNS, the call shall be closed with a disposition in CAD of “Call Transferred to NNS”.
E. If the NNS returns the call to EMS Call Processing Canter, the call taker shall EMD the caller based on the NNS chief compliant.
F. If the first responder arrives on scene and makes patient contact while the 911 caller is participating with the NNS the first responders shall support and cooperate with the patient and NNS.
G. If the caller refuses referral to the NNS, the call will be dispatched per SJCEMSA EMS Policy 3202 A.

IV. Nurse Navigator 911 Call Back Process
A. The EMD Communications Center that initiated the call will receive a nurse call back when the Nurse Navigator has determined that the patient will require BLS or ALS transport or if the caller refuses nurse navigation.

B. Once the call back is received, the NNS will identify themselves appropriately and advise that they are requiring patient transport and will provide the call taker with the following:
1. Event number.
2. Caller’s name.
3. Caller’s address.
4. Chief Complaint.

V. Dispositions
A. Nurse Navigators will provide dispositions of all calls through Nurse Navigation reporting that will be viewed via an online portal and can be accessed daily.

VI. Caller Issues/Feedback
A. Nurse Navigators will complete customer satisfaction callbacks within 24 hours of calls.
B. If EMS Call Processing Centers needs to connect with the Nurse Navigation team about a potential issue, or provide other feedback please email NurseNavigationLeadership@gmr.net.
C. EMS Call Processing Centers shall call the on Duty Nurse Navigation Supervisor at (XXX) XXX-XXXX .
D. The EMS duty officer for San Joaquin County can be contacted at (XXX) XXX-XXXX. Unusual Occurrences may be submitted electronically to SJCEMSA at Emergency Medical Services

VII. Field to Nurse Navigation Referral

A. The Paramedic or EMT shall complete a primary and secondary assessment survey as outlined in EMS Policy 5700 Advanced Life Support Protocols, RPC-01 Routine Patient Care.

B. The Paramedic or EMT may initiate a call to the nurse navigator program after completing the assessment, if the patient is deemed a good candidate for the nurse navigation program. The patient must agree to speaking with the nurse navigator. The nurse navigator program phoneline: **(XXX) XXX-XXXX**.

C. Paramedic or EMT shall provide the nurse navigation nurse with the following information.
   1. Name
   2. Age
   3. Address
   4. Callback phone number
   5. Complaint or need.
   6. Full assessment findings, including blood pressure, pulse rate, respiratory rate, and SPO2 reading.
   7. If the patient has a history of diabetes, complete a blood glucose check.
   8. Any other pertinent history or patient assessment information.

D. The ALS or BLS unit shall remain on scene until the nurse navigator completes the intake call and deems no ambulance is needed.

E. If the nurse navigator determines that an ambulance is needed, the on-scene ambulance shall initiate care and transport. If the patient refuses transport, they shall follow EMS Policy 5109 Patient refusal of Treatment or Transport- AMA.

F. If the nurse navigator referral is accepted and ambulance transport is not needed, document the following:
   1. Patient demographics.
   2. Contact findings.
   3. Assessment.
   4. Vital signs.
   5. Disposition.

G. The on-scene Paramedic or EMT initiating the nurse navigation referral shall not leave the scene until the nurse navigator determines if the ambulance is needed or not.

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