CASE STUDY: NURSE NAVIGATION SOLUTION DELIVERS THE RIGHT CARE AT THE RIGHT TIME IN D.C.

Global Medical Response

RIGHT CARE AT THE RIGHT TIME IN D.C.

Individuals with lower acuity medical needs often don't need or want to call 911 for assistance, but limited healthcare and transportation options leave them little choice. Although all calls to 911 are taken seriously, not all calls require an emergency response or transport to an emergency department. Many patients would rather receive care in a more appropriate setting, but often have no options other than a 911 transport to a hospital. Not only does this result in an overtaxed emergency response system and overcrowded emergency departments, but it also leads to ineffective, expensive and inappropriate care for minor ailments and injuries.

A national average of **30 percent of 911 requests** are for medical or trauma conditions that could be managed more appropriately by non-urgent healthcare services. In our nation's capitol and across the U.S., the ability to deliver the right care at the right time has become an especially daunting task for first responders. The District of Columbia manages one of the largest per capita 911 call volumes for EMS in the country. American Medical Response (AMR), a Global Medical Response Solution, has partnered with D.C.'s Fire and EMS Department (FEMS) to address ever-growing call volumes and navigate patients with low-acuity complaints to more appropriate healthcare settings.

The Challenge

Mayor Bowser and former Chief Dean worked with AMR to identify the type of support needed to stabilize service and strengthen the overall EMS strategy. The contract stipulated that DC FEMS would, just as it had always done, respond to all calls and assess patients. If patients had non-emergency and low-acuity conditions, which are typically treatable in an urgent care or primary care setting, AMR would transport them to the hospital. This arrangement enabled DC FEMS to focus on high-priority calls and devote more time to training.

Part of the challenge is that 911 dispatchers and communications specialists often were not trained or equipped to determine when an ambulance is not necessary, and 911 systems traditionally have not had lower-acuity options other than an emergency ambulance response. D.C. FEMS, like most major metropolitan EMS services, had no option other than to send an ambulance even for the most minor of complaints, and District residents were conditioned to expect an ambulance every time as a result of a 911 call.

Recognizing that this model was not sustainable, then Chief Gregory M. Dean, Medical Director Robert Holman, and the FEMS leadership team set out to find a way to help their 911 communications specialists make the right call when determining if emergency care wasn't needed in low-acuity situations. They recognized that they needed an experienced emergency medical healthcare provider with an infrastructure and unique capabilities to fill gaps in service, improve the patient experience and help improve the health of the community. They found AMR.

"In 2016, our organization received about 170,000 medical calls, and that number was an increase over the prior years and continued through 2018," current Chief John A. Donnelly, Sr. said. "The proportion of non-emergency calls was a tremendous strain on the public 911 system and increasingly resulted in treatment and system inefficiencies that were not in the best interests of patients."

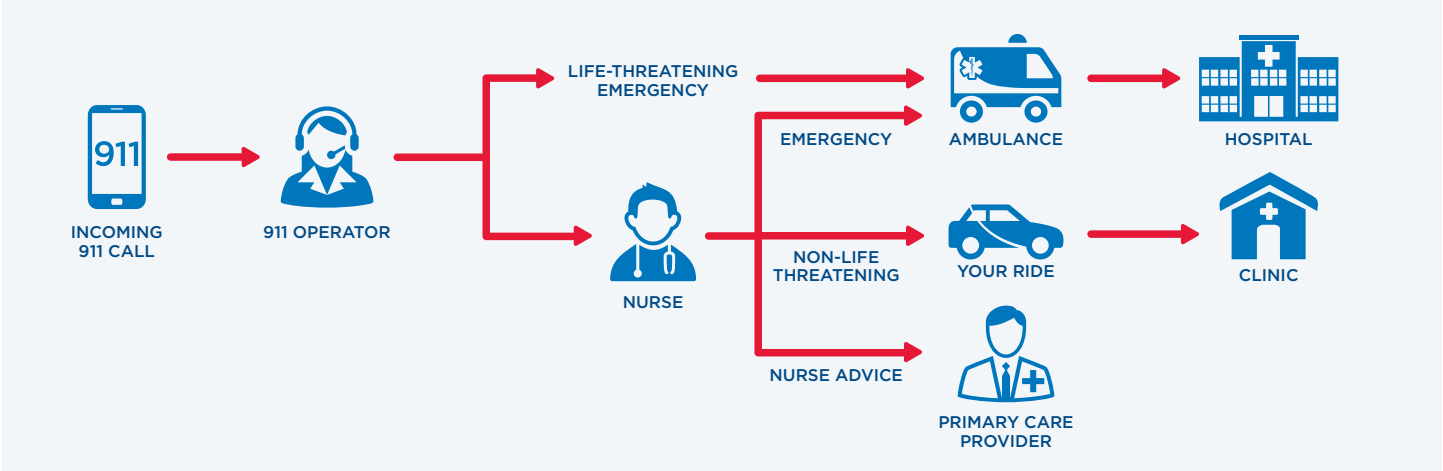

AMBULANCE
AMR
American Medical Response

The Solution

Together, FEMS, AMR and District-based public and private organizations implemented an Integrated Healthcare solution called Right Care, Right Now Nurse Triage Line. Right Care, Right Now combines AMR's nurse-based triage service into the FEMS 911 communication center to put nurses alongside dispatchers and help identify the urgency of inbound calls. For lower-acuity cases, callers are offered alternative destination options, including a listing of local alternative healthcare facilities or the option of self-care at home. AMR's nurses arrange walk-in appointments at neighborhood clinics and facilitate non-emergency transport if necessary. Through this program, AMR's nurses navigate non-emergency cases away from unnecessary ambulance runs and emergency departments and toward more appropriate healthcare settings. The District's long-term goal is to improve these patients' long-term healthcare literacy, reduce their reliance on 911 for non-emergency needs, and improve their health outcomes by facilitating their access to primary care.

"The focus of the program in Washington, D.C., is on safely identifying those patients who would benefit from an alternate level of care to more effectively manage a lower acuity condition, while helping decrease the large numbers of non-acute patients crowding emergency departments," according to Edward Racht, MD, GMR Chief Medical Officer. "This may or may not include transport to a hospital emergency department. The 911 Nurse Navigation Solution helps navigate callers for low acuity medical or trauma conditions to the most appropriate healthcare resource available in their community. This may be primary care, dental care, urgent care, virtual care, home visit by an experienced healthcare provider, or even self-care at home."

Callers receive prompt access to a list of available healthcare providers and community resources once they have been properly screened by a Nurse Navigator.



AMR's Nurse Triage Solution is fully integrated into D.C.'s 911 system. It also allows for communication with more than 25 local healthcare resources that have partnered with D.C. FEMS and AMR to help ensure 911 callers receive the right level of care at the right time.

AMR's Registered Nurses are licensed in the District of Columbia with at least five years of paramedic, emergency department, acute care and/or triage experience.

AMR's system interfaces with the District's Health Information Exchange and local medical providers' Electronic Health Record systems to pull patient data into a profile used to make an informed assessment and treatment option decision.

Our technology automatically provides the nurse navigator with the names and locations of clinics, case workers and insurance carrier information, doctors, and other resources to allow the nurse navigator to facilitate and schedule an appointment directly with a provider to streamline the patient experience.

Management of clinic walk-in availability allows patient to be seamlessly rerouted in the event of limited available appointments at a particular clinic.

The nurse navigator can order transportation for the caller as needed through participation with their insurance plan using Access2Care, GMR's non-emergency medical transportation (NEMT) division, and other NEMT companies like MTM and D.C. Department for Hired Vehicle.

AMR, alongside its sister company GMR Access2Care, works with all Medicaid Managed Care Organizations operating in D.C. to provide two-way transportation.

Infrastructure and Technology

AMR was able to provide D.C. FEMS a complete, turnkey solution including established IT infrastructure, a staff of nurse navigators to be embedded in the communication center, and customizable triage protocols. AMR's existing nurse-based Medical Command Centers are leveraged as needed through a distributed network to provide overflow backup and off-hours support for the D.C. center, allowing 24/7 coverage. Every call – whether answered by the primary D.C. center or any of AMR's back up centers – receives the same high-quality response from D.C.-licensed nurse navigators using the same customizable proprietary Nurse Triage platform to provide a needs-matched, time-appropriate resource allocation (NMTARA) for each caller.

"One great benefit of working with AMR is that we are able to provide the operational infrastructure, equipment, program management, system design, system integration, personnel and oversight to implement and manage a tailored program for D.C. FEMS," said Sean Burton, GMR National Director of Integrated Healthcare. "We have great national resources and infrastructure in place, allowing us to create a tailored solution that was specifically designed to meet the unique needs of D.C. FEMS, who had some very specific requests and we had the capacity and unique ability to make happen."

Recruitment and Training

AMR customizes the Nurse Navigation Solution for each partner. For D.C. FEMS, that included hiring local registered nurse (RN)-level providers with minimum amounts of emergency care or triage experience. AMR also worked collaboratively with D.C. FEMS' medical director, Dr. Robert Holman, and the D.C. Office of Unified Command (OUC) communications center leadership to develop custom clinical triage protocols and a unique call taking and triage process.

As with anything new, the AMR team encountered a few initial challenges recruiting local RNs for this program. "Many nurses are well-trained and extremely experienced in providing hands-on assessment and care," said Lisa Edmondson, GMR's National Manager of Nurse Navigation, "but when you move the patient out-of-sight in a telephonic setting, nurses have to learn to rely on their nursing experience and evidence-based algorithms. For many nurses, it takes some time to get comfortable with this aspect of nursing care."

As the local nursing community began to learn about this innovative program with unique approaches to decision making and operationalizing the appropriate care, the right candidates eagerly stepped forward. For many nurses, it became an opportunity to be a part of an evolving practice of nursing designed to meet patient and community needs in a dramatically different way.

"Our nurses come from a multitude of backgrounds — from the emergency room, operating room, and other sectors of public health," added Edmondson. "The unifying factor is that they know how to directly interact with a patient, whether in person or on the phone."

As the program initially ramped up, the D.C.-based nurses could rely on their counterparts from other GMR Nurse Navigation Solutions around the country for peer-based support and guidance. Additionally, the close proximity of the nurses to the 911 call-takers facilitated communication and a live-learning environment for both the nurse navigators and 911 staff. "In the beginning it was ideal for the nurses to be in the same room as the call-takers for problem solving and collaboration," Edmondson said.

Over time, the program has grown from providing 9-12 hours of coverage a day to 24/7 coverage, leveraging the nurses staffed in other GMR medical command centers to manage any overflow and covering all off nights and weekends.

The Result

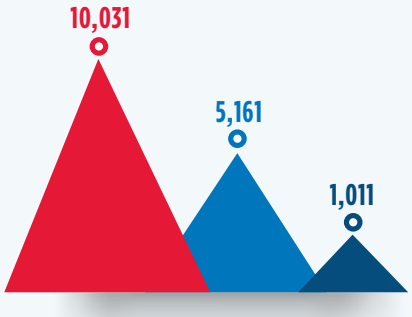
On program launch, 10-15 percent of the referred 911 calls ended in nurse advice or self-care only. While that alone made a dramatic impact in EMS overutilization, as the program has matured the results have been even better. Today, 15-20 percent of the referred low-acuity 911 calls end in nurse advice/self-care, 35-40 percent are navigated to an alternative care setting and just 30-40 percent are sent a BLS ambulance for transport to an emergency department.

"Early results in D.C. mirrored what we expected and have seen in other programs," according to Burton. "As the program starts out, the dispatchers, nurses and community members are wary of 911 alternatives. However, as the public begins to understand the benefits of the Right Care, Right Now program, they are much more accepting of a non-ambulance solution. For the dispatchers and nurses, it is much more personal – once they begin to see the positive effects of call triage and nurse navigation on the care provided, it is easy to become excited about this option."

Dr. Racht added, "The great value of the nurse navigation experience is being able to develop a timely relationship with the patient and quickly identify their unique healthcare needs in order to navigate them to the most appropriate healthcare setting within the community."

According to Edmondson, callers have run the gamut from people in their 20s to 60-year-olds. Questions about current medications, chronic back pain issues and flu-like symptoms are among those most often addressed. "We're here to remove all of the barriers to a patient choosing to go to a local clinic for non-emergent complaints rather than heading to the ER for medical care."

2021 YEAR TO DATE RESULTS OF THE D.C. NURSE NAVIGATION PROGRAM



10,031 low acuity calls triaged by a nurse navigator

5,161 Rated Lyft 5 out of 5

- 1,642 low acuity calls resulting in nurse advice/self-care
- 3,519 low acuity calls resulting in alternate destination referral

1,011 low acuity calls resulting in BLS transport to ED

13 seconds
avg speed to answer a call

6 min
avg call time

40 min avg time for transport to a medical facility

4.4 STARS (OUT OF 5) PATIENT SATISFACTION

Moving Forward

The initial expectation based on the data used to design the Nurse Navigation Solution was that the majority of callers would be sent to a Federally Qualified Health Center (FQHC) in the D.C. area. Today telemedicine services as well as collaboration with area rapid response teams have been added as additional resources the nurses can use to properly address the caller's needs, according to Burton. Another progression in the program is the ability of FEMS personnel to make referrals directly to the nurse navigators from the field, allowing those crews to provide the nurse with an in-person patient assessment and vital signs and to quickly get back in service once the patient has been connected to the nurse navigator. The Department and AMR have worked together to take lessons learned from the launch and early stages of the program and adapt to improve it at every phase.

"Taking out the need for FEMS to respond physically to low-acuity calls is a great benefit that can lead to more satisfied crews and better morale because they are not tied up on non-urgent situations at odd times of the day. These crews are now more readily available to respond to serious life-threatening events like cardiac arrest, severe respiratory distress and major traumas," Burton said.

"The big picture is to integrate the whole community of healthcare channels beyond FQHCs to better manage the needs of patients and provide another resource option to FEMS providers taxed by escalating call volumes. We want to apply the same approach to multiple resources in the community, including primary care providers, pharmacies, and regular urgent care clinics, so that the community gets access to the right care at the right time through an integrated healthcare collaboration," he added.

1 October 2018 statistics reported on Medicaid.gov.
Sources for reference only (not to be published):

https://www.brookings.edu/testimonies/the-changing-geography-of-us-poverty/
https://www.nbcwashington.com/news/local/Washington-DC-911-Calls-Right-Care-Right-Now- 480276613.html

Global Medical Response

PROVIDING CARE TO THE WORLD AT A MOMENT'S NOTICE

855.267.0911
www.gmr.net

AMR · Air Evac Lifeteam · Med-Trans · REACH · Guardian Flight · AirMed · Rural Metro · Access2Care