The following sections contain the Emergency Medical Dispatch Procedures for the Department.

Section I : Emergency Medical Dispatch

1 General Description

The Department utilizes the Medical Priority Dispatch System in handling Emergency Medical calls that are designed to provide the most appropriate EMS response possible, to minimize call processing delays in the ECC, to provide responders with the most relevant information on the patient’s location and condition, and to improve pre-arrival patient care.

The system of call-handling and dispatch has been developed under the general guidelines of a nationally recognized protocol adapted to meet the tiered EMS dispatch needs of the City of Cambridge. This program and related procedures are a product of joint effort among the Cambridge Fire Department and its Rescue service, the ECC, Professional Ambulance (the city’s contract ALS and BLS provider), and the Cambridge Police Department.

The Department utilizes the Medical Dispatch Priority System (MPDS) protocol for every EMS incident. In addition, the Department has adopted various program elements that support the proper use of the MPDS protocols. These include EMD Certification and Training for every Dispatcher and
Communications Supervisor, on-going incentive pay for yearly EMD refresher and recertification training, and EMD call review designed to improve call handling skills. An EMD Review Committee has also been established to review the operation of the program, suggest changes, and work on overall improvements to the city’s EMD and EMS procedures.

2 Training

All Dispatchers and Supervisors are required to be trained and certified in the MPDS protocol for EMD.

All Dispatchers and Supervisors are also required to undergo yearly refresher training in EMD as part of the Medical Preparedness incentive pay program.

Medical Priority Dispatch re-certification is required every two (2) years on the anniversary date of the month that the Dispatcher/Supervisor received his/her initial EMD Training. They must submit verification of twenty-four (24) hours of Continued Dispatch Education in approved categories (ex. workshops/seminars, planning meetings, quality assurance, audio visual, and teaching). Each credit hour is based on one (1) hour of participation.

A valid CPR Card which meets Red Cross, American Heart Association or equivalent standards will also be required to complete re-certification.

3 Use of Pro-QA MPDS Protocol Software

Call taking for EMS incidents will consist of interrogation of the caller using Pro—QA, a computerized version of the MPDS protocol. The software guides the call taker through a series of questions that are geared to quickly obtain vital patient information, including:

- the general problem,
- the patient’s age,
- the status of consciousness
- the status of breathing.

After obtaining this information, the Call Taker continues onto a secondary interrogation to determine the most appropriate EMS response. The software is designed to initiate a dispatch sooner for high priority incidents. It also guides the call taker through appropriate Pre-Arrival or Post-Dispatch Instructions. Pre-arrival instructions are a mandatory function of the EMD process.
All calls for medical assistance shall be handled in a professional manner.

All calls for medical assistance shall be processed using ProQA, except the following:

- Radio Calls
- Telephone Calls from Public Safety Dispatch Centers
  (i.e. State Police, Transit Police, MBTA Control Center)

Note that Lifeline, Onstar and similar services that could have voice contact with the patient are NOT included in this exception list.

4 Use of MPDS Card sets

MPDS card sets shall only be used when the PRO-QA software is not available due to CAD, network or other technical problems. One set of cards shall be kept at the Supervisor’s console at all times. If the Pro-QA software will not be available for an extended period of time, the Supervisor shall retrieve the remaining card sets from the Supervisor’s closet and place them at the consoles. When the software becomes available, the card sets shall be returned to their storage locations.

The MPDS card sets contain valuable and useful information for the call taker. Knowledge of this information is vital to quick and efficient processing of medical calls. It is the responsibility of all call takers to periodically review this information. Card sets are available upon request to anyone wishing to review them during their shift.

When using the card sets, call takers are required to use UPDATE AND CONTINUE to quickly route the incident to the appropriate dispatchers.

5 Managing Caller Questioning

While engaging in caller questioning in order to determine the proper determinant for an optimal dispatch, Call Takers are urged to make sure the caller knows that help is being sent so they can more easily relax and provide succinct and helpful answers to the few key EMD questions.

Early in the conversation, the Call Taker can insert one of the following phrases to assist a caller in being able to provide information without getting upset that the call taker is asking unnecessary questions and unnecessarily delaying the response.
• “Help is on the way. Please stay on the line with me, so I can get the information needed to assistance the ambulance personnel”

• “An ambulance is being dispatched, but I need you to stay on the line to answer a few more questions.”

• “My partner is starting an ambulance to your location, please help (the patient, e.g., your father/mother/sister/child, etc.) by answering a few questions”.

When using the card sets, Call Takers are required to use Update and Continue to get an incident to the dispatcher quickly when the highest determinant (e.g., E, D level) is reached early in the questioning. For example, if an early question reveals the patient is not breathing, quickly enter an E level incident code, use Update and Continue to enter the call and route to the dispatchers, and then continue the questioning or pre-arrival instructions as appropriate.

6 CAD Entry for EMS Incidents

All calls for medical services shall be entered into CAD in an efficient manner using MED (Incident Code) or MEDICAL (Incident type) to launch ProQA as soon as the location and call back number have been verified.

CAD and ProQa are interfaced so most information entered into ProQA is transferred to CAD when the call taker accepts the dispatch recommendation. Any information that doesn’t transfer over should be entered into CAD as a note. Because the CAD screen will freeze while it is waiting for the update, call takers shall have at least two call taker screens up in case there is a malfunction with the software or information needs to be manually added to the incident.

7 Dispatch of EMS Incidents

The Fire/EMS dispatcher will dispatch each call received as soon as possible by using the CAD, Zetron Station Alerting System and radio channel and/or telephone system (to Pro).

The Fire Dispatcher will initially be alerted to an EMS incident by the entry of the MEDICAL incident into CAD. Unless not possible because of other telephone or incident activity, the Fire Dispatcher will access the live call in ProQA and follow its progress. If the Chief Complaint is one of the following:
From the time of the call being displayed for dispatch, to the time of the call closing, the following information shall be entered into the call record:

- the time transporting unit went to hospital
- the hospital name
- any other important information (note field)

### 8 Quality Assurance, Evaluations/Reviews

All evaluations and reviews of the program, will be performed in accordance with the recommendations of the Medical Priority Consultants.

Performance reviews will be conducted by a Supervisor of the Emergency Communications Department, certified by Medical Priority, with an EMD-Q Certificate.

The Medical Priority Case Review Evaluation Template will be used for all case reviews. The passing score for these reviews is 90%. Each case will be scored in the following categories:

- Case Entry
- Chief Complaint
- Key Questions
- Post Dispatch and or Pre-Arrival Instructions
- Final Coding

A Dispatch-Feedback & Tracking Form will be made available to responding medical units (FD and Pro) to evaluate responses for corrections, recommendations, and/or positive performance by a Call Taker.

Feedback of all calls reviewed will be given back to the Call Taker and his/her Supervisor in a timely manner. The Feedback Review will show positive and negative feedback. A copy of this form is attached to this Procedure Memorandum.

Feedback forms will be reviewed by the Supervisor before it is presented to the Call Taker. This will allow the Supervisor to understand it prior to presenting it to the Call Taker. If a Supervisor has a question regarding the content of the comments or scoring, you must see the EMDQA or Chief of Operations prior to review with the Call Taker.

The objective of the evaluations/reviews is to ensure consistency of compliance and to highlight areas that may require additional training and or guidance. It is important to note that the intent is not of a punitive nature.
The Call Taker will have the opportunity to appeal the review by submitting an EMD QA Appeal form within 7 days of receiving the review. The form can be found on the R drive in the Form folder, EMD subfolder or on the department’s intranet page. The first step in the appeal process will be with the EMD QA Supervisor. The EMD QA Supervisor will review the call again and determine whether they want to stick by the original review, or amend it. If they determine that they were correct in the original assessment of the call, the form and tape will be forwarded to the Chief of Operations for review. The Chief of Operations will review the case and make a final determination.

9 Quality Assurance/ Quality Improvement Program

To maintain compliance with the National Academy of Emergency Medical Dispatch (NAEMD) the following standards must be maintained by all EMDs:

- Case Entry: 95%
- Chief Complaint: 95%
- Key Questions: 90%
- Post Dispatch Instructions: 90%
- Pre-Arrival Instructions: 95%
- Determinant Accuracy: 90%
- Cumulative Overall Score: 90%

All Emergency Communication EMDs are expected to meet these requirements. Approximately 25 medical calls per week will be audited with the results posted on a monthly basis by group and the center as a whole. All EMDs should receive feedback as part of the random review process.

Individual Emergency Communication EMD's with an overall score of less than 90% for any month shall be classified as “non-complaint”, and shall participate into the ECC Medical Dispatch Quality Improvement Program.

Role of Supervisor:
To ensure that all group members are actively participating in the medical priority protocol. Answer any questions or concerns of EMD's. Offer resources if individuals are seeking assistance. If a member of a supervisors
group is below 90% the supervisor will assume monitoring responsibility. Once notified, the supervisor will monitor 5 medical calls each tour not to exceed 15 in one month. To identify these calls you must search the CAD by the call-takers name, date of call and incident type group EMS. The following is step-by-step instructions.

1.) Go to CAD admin menu and select F
2.) Go into Search/Screen
3.) Select A for CAD incident log
4.) Enter date and call taker information
5.) Select (End) key for more screens
6.) Select C for routing information
7.) Use EMS for incident type group

After the calls are identified, the Quality Improvement Log will record whether the protocol is being used by the EMD. The Quality Improvement Log will be utilized to identify trouble areas. It will be the responsibility of the supervisor to turn the weekly logs in to the EMD-Q for review. In addition, the supervisor will notify the EMD of the areas of concern. The discretion is up to the supervisor on how the information will be delivered to the EMD. This function will allow the EMD to understand where they are having trouble and areas that need improvement.

**Role of EMD-QA:**
The role of the EMD-Q will be to conduct monthly reviews and identify individuals below compliance. The EMD-Q will notify the EMD’s supervisor and will make arrangements to set up a meeting. This meeting will begin the Quality Improvement Program.

The EMD-Q will also be responsible for identifying all deficiencies and non-compliant scores. They will be identified on every call of every EMD that is non-complaint. This will take place before and during all EMD phases. This will assist supervisors in identifying areas of concern prior to entering the QIP plan.

**Role of the EMD:**
To receive and process EMD telephone calls. To dispatch and coordinate all resources. To provide medical instructions to callers and scene information to EMS personnel. Post-dispatch and Pre-arrival instructions are an important cornerstone of the EMD process. Therefore, each EMD is required to give these instructions if possible.

**Medical Dispatch Quality Improvement Plan (QIP)**
1.) **Performance Assistance Program**
The first month that the EMD falls below the minimum performance standards, this information will be forwarded to the EMD’s immediate Supervisor. The Supervisor will meet with the EMD and discuss the unacceptable performance documented by the EMD Quality Assurance personnel. The purpose of this meeting is to assist the EMD in improving their skills. The Phase 1 action plan shall be filled out and signed by the EMD and the Supervisor, and forwarded to the EMD-QA personnel. If the EMD improves to meet or exceed the minimum standards, no further action is necessary. If the EMD performance remains below minimum standards after one month, the EMD will enter Phase 2 of the Quality Improvement Plan (QIP).

2.) **Intervention Phase**
If after the first full month after the Phase 1 meeting and the EMD does not improve with compliance standards, the EMD will enter Phase 2 of the Quality Improvement Plan (QIP). Phase 2 is a disciplinary remediation Phase, and a letter to the employee’s file will reflect such. A Phase 2 meeting will take place including the EMD, immediate supervisor, EMD-Q and the Chief of Operations. This meeting will outline an intervention action plan. The intervention action plan will include:

- Specific identification of the problem
- Reason that problem needs to be addressed
- Emergency Communications expectations
- Resources available to assist EMD with performance improvement and assist with questions or concerns.
- Consequences of failure to respond

The EMD will be expected to meet performance criteria within their next tour. If the EMD meets minimum criteria within their next tour, no further action will be required and EMD will be reset to normal operating status. If EMD fails to meet performance criteria, Phase 3 will be implemented.

3.) **Continued Intervention**
If a minimum criterion is not being met with the EMD’s tour as appropriated in Phase 2, EMD, EMD’s Supervisor, EMD QA, Chief of Operations and the Director will convene a meeting to discuss remediation/correctional process. Options will include (but not limited to) repeating Phase 2, re-attendance of an EMD class, assignment to a preceptor, etc. Phase 3 is disciplinary, and a letter to the employee’s file will reflect such.
4.) **Disposition Status Meeting**
If EMD performance is not corrected in Phase 3, a meeting will be convened to determine the disposition of the status of the EMD. The EMD, their immediate Supervisor, EMD-QA, Chief of Operations and the Director will attend this meeting. The EMD QA will present all documentation regarding the EMD from the previous Phases to the participants of the meeting. Disposition of the EMD’s status will ultimately be decided by the Chief of Operations and Director.

10 **Questions, Comments, and Suggestions**
All Dispatchers/Call Takers are strongly encouraged to forward any and all questions, comments, and suggestions concerning EMD to their immediate Supervisor (Form 1). The Supervisor will in turn forward the information to the appropriate responsible person for review and response.
EMERGENCY MEDICAL DISPATCH

Table of Contents

SECTION I : EMERGENCY MEDICAL DISPATCH................................. 1

1 General Description ........................................................................ 1
2 Training ......................................................................................... 2
3 Use of Pro-QA MPDS Protocol Software ...................................... 2
4 Use of MPDS Card sets............................................................... 3
5 Managing Caller Questioning ...................................................... 3
6 CAD Entry for EMS Incidents .................................................... 4
7 Dispatch of EMS incidents.......................................................... 4
8 Quality Assurance, Evaluations/Reviews .................................... 5
9 Quality Assurance/Quality Improvement Program ....................... 6
10 Questions, Comments, and Suggestions ..................................... 9