## **EMIHS 5-minute Lineup Drill EMS700: Clinical Disposition Officer**

The healthcare system currently faces many challenges: 1) Higher acuity patients 2) Staffing shortages 3) Longer inpatient hospital stays

- *EMS700* is in place to <u>*HELP*</u> you! They:
  - Liaise with the EMS DOs and ED staff
  - □ *Monitor* EMS resources, ED conditions and hospital statuses
  - Assist with the clinical based decisions, matching each patient with the best need
    Alternative Destinations, Hospital Transports, DTT, Refusals, etc.
  - Collaborate with you to make the best medically based decision destination

## When notifying EMS 700:

- □ **Provide** the transporting unit (e.g., "A708B", not "ALS708")
- □ Inform of age, nature of illness/injury, and <u>pertinent</u> assessment findings
- Advise of medical needs, repatriation, patient preference, if warranted
- State your plan what you intend to do / where you intend to transport

## EMS 700 may send a unit:

- □ farther to avoid a long wait at a closer ED, or to match inpatient capabilities (ICU, BH)
- □ to Children's if local pediatric beds are limited or if PICU admission is a possibility

Understand, there will still be times when the demand for EMS services surge the healthcare system and inundates the facilities in the area's ability to promptly register, triage, and/or treat.

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The purpose of EMS 700 is not to make transport decision

Say something like this . . .

"Ambulance 701 to EMS700, we have an adult female with abdominal pain . . . they are requesting Holy Cross Silver Spring"

"Medic 723 to EMS700, we have a 17-yearold male Category C Trauma, we're planning on going to Suburban"

"Medic 723, Suburban just went on Trauma Bypass, I suggest either INOVA Fairfax or MEDSTAR." Avoid communications like this . . .

Ambulance 716 to EMS700, we have an ETOH patient where would you like us to take him?

Ambulance 742D to EMS700, we have an elderly female, checkup . . . <silence>

EMS 700 confirms or adjusts your plan based on their perspective

