

POLICY #: 212 TIERED RESPONSE PROGRAM FOR SKILLED NURSING FACILITIES

I. PURPOSE

- A. To establish a process through which skilled nursing facilities may participate in a tiered response level for patients requiring unscheduled non-emergent transportation to a hospital.

II. DEFINITIONS

- On-Site Medical Staff – Licensed medical professionals (Physician, Registered Nurse), staffing a skill nursing facility on a 24 hours per day.
- Skilled Nursing Facility (SNF) – 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.

III. POLICY

- A. No SNF will utilize or request tiered response transport unless authorized by the County of San Luis Obispo Emergency Medical Services Agency (EMS Agency) in accordance with this policy.

IV. PROCEDURE

- A. A SNF seeking authorization to participate in the tiered response program must submit a written proposal to the EMS Agency, which includes the following elements:
 1. Requesting facility has a licensed medical staff on duty 24 hours per day.
 2. A written letter of support for the request to participate in the program from the jurisdictional Fire Department and Public Safety Answering Point (PSAP) submit to the EMS Agency.
 3. The jurisdictional PSAP must be an EMS Agency approved Emergency Medical Dispatch provider agency
 4. Requesting facility must provide written documentation detailing process for how staff will handle preparing for the transfer request, including the inclusion of appropriate patient transfer documents, and notification of/coordination with receiving hospitals.
 5. Final approval may include a review by an EMS Agency advisory committee(s).
 6. The EMS Agency will review each request within 60 days of receipt and will approve request after all requirements have been satisfied:
- B. Upon EMS Agency written approval of request:

1. Approved facility must utilize the Patient Assessment Flow Chart (Attachment A) to determine whether to request a Code 2 or Code 3 response
2. Approved facility will utilize the narrative script (Attachment B) when facility contacts the PSAP to request unscheduled patient transport
3. Approved facility will participate in a Quality Improvement program, and provide documentation to the EMS Agency upon request.

V. AUTHORITY

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

VI. ATTACHMENTS

- A. Patient Assessment Flow Chart
- B. Facility Narrative script