

## ***Emergency Medical Services Abuse Policy (Number)***

### I. POLICY

It is the responsibility of the Kern County Public Health, EMS Program (EMS) to organize an emergency medical services response system that provides expedient, efficient and safe emergency medical services to persons in need of emergency medical response, care and transport. This policy applies to ambulance provider paramedics only.

### II. PURPOSE

The Kern County EMS system is designed to help residents and visitors to our county obtain prehospital emergency health care in an efficient and timely manner. Unfortunately, there are people who abuse these services thereby reducing resources for patients in need of emergency services, evaluation, and transport. This policy outlines the identification and management of system abusers.

### III. AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220, and Section 1798.

### IV. PROCEDURE:

#### A. Identification

1. System abusers may come to the attention of EMS by direct report from provider agencies, hospitals, the CQI system, law enforcement, or analysis of system data.
2. A system abuser will be defined as an individual who has accessed the EMS system an average of two times per month over a period of three months (e.g., six or more responses within a 90 day period).
3. The EMS Medical Director and EMS Program Manager shall perform a case-by-case review to determine if the abuser requires further action under this policy.
4. Public drunkenness is not an emergency medical condition, and will not be treated as such in this policy. Law enforcement

initiated responses will not exempt a patient from revocation of EMS response.

5. Patient transports where an authorized agent applies a Welfare and Institutions Code 5150 will not be included in the above statistics.
6. Abusers who appear to have psychiatric or medical conditions which make them incapable of caring for themselves will be referred to the appropriate agency to assess the patient's competency or ability to care for themselves. If it is determined that the patient is competent to make their own decisions or has the ability to care for themselves, this policy will be in effect in evaluating EMS usage.
7. Payment or non-payment of EMS services, gender, ethnic background, employment status, financial status, or physical/mental condition are not used to determine revocation of EMS response and transport.

B. Counseling

1. Once an EMS abuser is identified pursuant to Section IV.A.2 of this policy, the following agencies will be notified, if possible, to assist with management of the individual:
  - a) Kern County Public Health Nursing
  - b) Kern County Behavioral Health & Recovery Services
  - c) Kern County Department of Human Services
  - d) The patient's primary care physician (if possible)
  - e) Appropriate law enforcement agency
2. The abuser will be engaged by one of the aforementioned agencies on at least one occasion prior to suspension of ambulance transport services.
3. EMS, or its designee, will counsel the patient regarding the purpose, and appropriate use, of the EMS system.
4. The abuser will be provided a copy of this policy. This policy will be discussed with the abuser, and questions will be answered by EMS staff or their designee.

C. Revocation of EMS Transport

1. During the initial counseling period, the abuser will be given a first written warning of impending cancelation of ambulance services (First Warning). This warning will be mailed by certified mail or hand-delivered.
2. After 15 days, if the trend of use of the ambulance services continues to be excessive, a second written notice shall be mailed by certified mail or hand-delivered (Second Warning).
3. After 30 days, if the trend of use of the ambulance services continues to be excessive, a third and final written notice shall be hand-delivered (Final Demand).
4. After a minimum of 40 days (or 10 days after the Final Demand is delivered), if the trend of use of the ambulance services continues to be excessive, a written notice shall be hand-delivered advising the abuser that ambulance transport privileges have been discontinued, and they will no longer receive an ambulance transport.

D. EMS Abuser Appeals Process

1. EMS must be notified in writing by the abuser, or their representative, that EMS services should be continued. These requests can be made at any time; however, no more than two requests for appeal will be heard in any six-month period.
2. In order for the request for appeal to be found credible, the abuser must provide evidence that they can use EMS Resources responsibly.
3. If the request for appeal is found to be credible by the EMS Medical Director, EMS will schedule an Appeals Panel conference within 15 days where the abuser, or his representative, will present their evidence as to why EMS services should be re-instated.
4. Three representatives for Appeals Panel will be chosen by EMS. The panel members must have substantial EMS experience and will be chosen from hospital emergency departments, provider agencies, and/or first responder agencies that have the least contact with the abuser.

5. The decision of the Appeals Panel will be advisory to the EMS Medical Director, who will make the final determination if EMS services should be reinstated.

E. Reinstatement of EMS Response and Transport

1. If the EMS Medical Director reinstates EMS response and services, the EMS abuser will not be exempt from this policy.
2. A probationary period of 180 days will begin wherein the EMS Medical Director can implement an immediate suspension of ambulance privileges if the use of the ambulance services continues to be excessive.
3. After 180 days, a new 90-day period will begin, and EMS use will be monitored.

V. IDENTIFICATION OF ABUSERS AND NOTIFICATION TO AMBULANCE PROVIDERS

When the EMS Medical Director determines that actions must be taken on an EMS abuser in accordance with this policy, EMS shall issue a Special Memorandum to ambulance providers, law enforcement and first responder agencies that will specifically identify the individual and provide any additional information, as necessary.

VI. AMBULANCE PROVIDER RESPONSIBILITY

- A. Upon contact with an EMS abuser, who is specifically determined to be an abuser by the EMS Medical Director, the ambulance personnel will make an initial scene assessment upon arriving on scene.
1. If the patient is not ambulatory, cannot sit unassisted, meets 5150 criteria, meets specialty care center criteria, or the paramedic recognizes a medical condition that requires immediate medical treatment, normal policies and procedures for patient assessment, treatment and transport shall be initiated. The EMS Medical Director may modify these criteria on a case-by-case basis.
  2. If the patient does not meet the above criteria, the EMS crew will advise the individual of the following:

*“You have been identified as abusing the ambulance system. The EMS Medical Director has suspended ambulance transport for you. You need to consider alternative transportation. If you feel this is in error, you can contact EMS at (661) 321-3000. **We are not transporting you to the hospital.**”*

B. Field Documentation

1. A patient care report (PCR) shall be initiated with any patient managed under this policy. If an EMS abuser is denied EMS services under this policy, the PCR shall include all pertinent patient information, a complete assessment including vital signs, glucose and 12 lead ecg as indicated by the complaint and a brief statement of why the patient was denied services (e.g., “No immediate medical condition found”, “Patient was ambulatory at scene” and/or “Patient could sit unassisted”).
2. Each PCR shall be reviewed by the provider agency and EMS to assure compliance with this policy.