

Medical Directive # 2103002
FOR IMMEDIATE DISTRIBUTION
Date 03/01/2021

Effective: 04/05/2021

Expiration: N/A

Replaces Medical Directive #: 2010001

Subject: ET3 Telemedicine Navigation

In a continued effort to push our System forward, and navigate patients to the most appropriate clinical resource for their needs, an alternate disposition pathway for 911 callers is being introduced. This program will allow Medicare patients, with suspected low-acuity complaints to be navigated to either an alternate destination, such as an urgent care center, or be treated in place via telemedicine.

Inclusion:

Enrolled in Medicare (includes all types, including Medicare Advantage)

AND

Vitals within range:

Systolic blood pressure \geq 90 mmHg (or age-specific)

Heart rate 50-110 beats per minute

Respiratory rate 8-20 breaths per minute

Pulse oximetry \geq 94% on room air

AND

Provider suspicion of low-acuity medical or traumatic illness (see example list)

OR

Primary complaint of depression or suicidal ideation, without immediate plan/means

Exclusion:

Patients in a healthcare facility (e.g. SNF, nursing home, UCC, MD Office)

Age \leq 1-year old

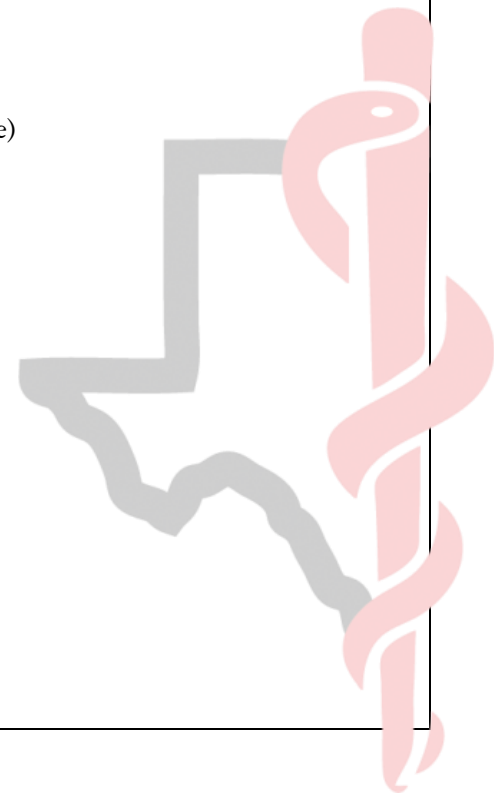
OB/Pregnancy complaints

Provider suspicion of moderate or high-acuity illness

Refusals without demonstration of capacity (Contact OLPG)

Patients in custody of law enforcement

Refusal of telemedicine consent



For patients who meet criteria:

1. Inform the patient of the Telemedicine Navigation
2. If agreeable, follow agency Telemedicine SOP for instructions on connecting the patient with the correct telemedicine resource physician for their complaint
 - a. For Mental Health complaints, utilize Tarrant County MHMR I-CARE
 - b. For all other complaints, utilize IES Mobile Medicine
3. Provide MHMR or telemedicine physician with a verbal report (SBAR)
4. Facilitate the telemedicine consultation, as appropriate
 - a. Requests by MHMR or the telemedicine physician for additional vital signs, physical exam maneuvers, or medication administrations, should be honored; provided they are within your credentialed scope
5. Collaborate with MHMR or telemedicine physician on alternate disposition:
 - a. Transport to ED
 - i. If patient refuses, follow standard AMA process
 - b. Transport to Alternate Destination
 - c. Treatment in Place
 - i. May include scheduled follow-up by mobile urgent care team
6. Refer to Telemedicine SOP for documentation of the encounter

Telemedicine physician or MHMR consultation is required for all cases with an alternate disposition.

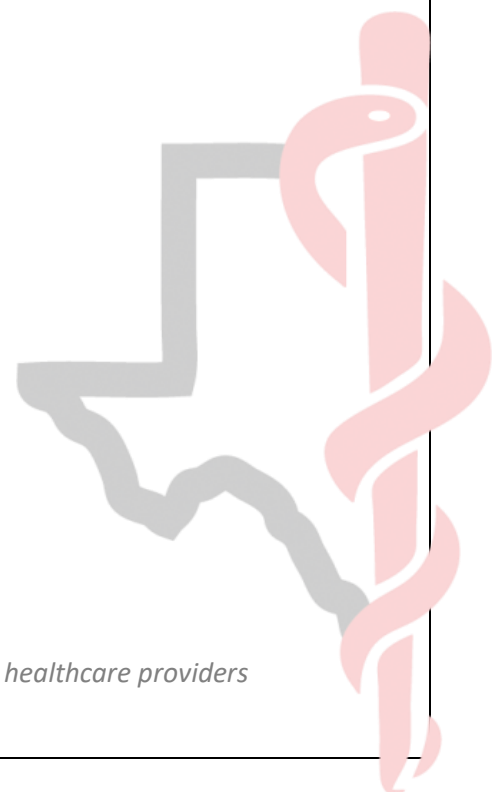
If you have any questions, do not hesitate to contact me directly.



Veer D. Vitalani MD, FACEP, FAEMS

System Medical Director, Metropolitan Area EMS Authority

Chief Medical Officer, MedStar Mobile Healthcare



Telemedicine Navigation – Low-Acuity Condition Examples

Examples of low-acuity medical or traumatic illness include, but are not limited to, the following:

- Back Pain
 - Excludes: abnormal vital signs, neurologic weakness or sensory changes
- Blood Glucose Issues
 - Successfully treated hypoglycemia without the need for ongoing IV dextrose
 - Excludes: blood glucose \geq 300 mg/dL; signs/symptoms of DKA, e.g. EtCO₂ \leq 25
- Bug bites and stings
 - Excludes: shortness of breath, GI symptoms, or wheezing on exam
- Childhood diseases (chicken pox, hand, foot and mouth disease, whopping cough)
- Contusions
- Ear Pain/Drainage
- Eye Pain/Redness
 - Excludes: Sudden onset of symptoms or visual deficits
- Extremity Injury
 - Excludes: bony deformity, open fractures, suspected partial amputation, angulation, long bones
- Foreign object removal
 - Excludes: airway involvement, GI foreign bodies
- Headaches and migraines
 - Includes: History of symptoms with the same pattern
 - Excludes: neurologic deficits, high-risk comorbidities (HTN, fever, neck pain/stiffness), AMS
- Joint Pain
 - Excludes: signs of acute inflammation/infection
- Minor MVC without need for spinal motion restriction
- Nausea/Vomiting
 - Excludes: signs of significant volume loss, risk factors for ACS, signs of diabetic emergency, headache as per above, GI bleeding (upper or lower)
- Rashes
 - Includes: Area of spread < 20cm
 - Excludes: shortness of breath, GI symptoms, wheezing on exam
- Upper Respiratory Infection/Flu-like Symptoms:
 - Includes: coughing, sinus pressure/congestion, excess mucus, nasal congestion, runny nose, scratchy or sore throat
 - Excludes: shortness of breath or chest pain
- Seasonal Allergies
- Scrapes, cuts, minor lacerations
- Simple chemical exposure
 - Excludes: inhalation, ingestion, or respiratory involvement
- Skin Conditions (acne, eczema, poison ivy, scabies)
- Sore throat
 - Excludes: stridor, shortness of breath, or wheezing on exam
- UTI Symptoms
 - Includes: painful urination (dysuria), increased urge to urinate or increased urination, pain or pressure in lower back or lower abdomen accompanied by other UTI symptoms

