



Presentation Title: EMS Success Collaborating with Assisted Living Facilities

Presented by: Kim Stouse, Community Relations/Education Specialist Pocatello Fire Department/Bannock County Ambulance

I. Formative Evaluation – Planning

Pocatello Fire Department and Bannock County Ambulance recognized a significant increase in calls to assisted living facilities, which accounted for over 10% of all emergency medical calls. Nearly 50% of the responses to assisted living facilities were non-transport (non-emergency incidents), mainly falls.

Further investigation into these incidents found that the assisted living facility staff believed their protocol was to leave the patient as they found them following a fall and call 911, thus creating a potential for further injury or harm. The assisted living staff believed that the role of the emergency medical service was to evaluate and either medically clear their patients or transport them to the hospital for further evaluation. The facility nurse did not understand that they could train the CNA's to conduct a similar medical evaluation.

Rather than charge a fee for service, the Pocatello Fire Department and Bannock County Ambulance gathered key stakeholders to form a committee to resolve the concerns and reduce Emergency Medical Responses to assisted living facilities. Representatives from the area's assisted living facilities, emergency response organizations, and state officials formed a committee and to write protocols for calling 9-1-1 verses utilizing facility nurses while meeting all State and Local regulations and doing what is in the best interest of the patient.

II. Process Evaluation – Implementation

In the later part of 2015, fire department representatives met with each of the facilities to explain the situation and ask for their help in sending a representative to be on the committee. The committee consisted of EMS, EMS Senior Staff, Assisted Living Facility Directors & Nurses, Medical Director, Area Agency on Aging, Ombudsman, and State licensing. The committee met to discuss the issue and formed sub-committees to work on various pieces of the protocols. The committee members approved the protocols about a year and a half later, meeting about every other month to review progress and work through trouble spots. In 2017, protocols were forwarded to all facilities asking for their endorsement. On-site training and education of assisted facility staff occurred upon request, free of charge, on the new protocols. Continual new-hire and review training is on-going. A review meeting held 12 months after implementation allowed the committee to review the data and any issues or concerns experienced with the protocols.

III. Impact Evaluation – Short-Term Results

After the initial meeting with the assisted living facility directors and nurses, there was a slight decline in the non-emergent calls. The decline showed that the problem was understood and assisted living facility staff were willing to work on reducing the non-emergent calls as a collaborative approach.

The committee formed with 26 members, creating seven sub-committees, and met twelve times over fifteen months.

In 2017, the protocols were written and agreed upon by the committee.

All 18 assisted living facilities in Bannock County, Idaho, implemented the protocols.

During 2017, the Pocatello Fire Department/Bannock County Ambulance provided training to 12 assisted facilities, educating approximately 80 staff members, including directors, nurses, and CNA's.

As of 2019, the Pocatello Fire Department/Bannock County Ambulance provided 15 reviews or new-hire training educating about 45 staff members.

IV. Outcome Evaluation – Long-Term Results

In 2016, the calls to assisted living facilities declined approximately 50% from the highest year previous to the program, YEAR.

Emergency Medical responses to assisted living facilities were 4.9% of total EMS calls in 2019, down from 11.2% in 2013 and 10.2% in 2014 before the program. The no transport rate was 22% in 2019, down from 50% in 2014.

Collaborative work with facility nursing and care staff have proven that a medical incident at an assisted living facility does not always need Emergency Medical Services.

Recommendations for others:

Agencies are encouraged to provide data to the individual facilities on how their facility is impacting the system. The explanation made it more individual instead of it being a global problem. Encourage all parties to have an opportunity to be part of the committee. It was very helpful having all partners be involved in the process. The involvement created a sense of ownership and willingness to work together.

Conclusions:

We met our objectives, and we significantly reduced our non-emergent calls to assisted living facilities and improving patient care. This project also opened the lines of communication among our Assisted Living Facilities and our EMS organization. It has also shown us that we can come together and solve problems through partnerships. It was impressive to see how all parties were willing to work together and create a solution. The protocols also help assisted living facility staff feel empowered to do things for the residents and not have to rely on 911.