

Residential Assisted Living Facility Procedure Development

WHEN TO CALL 911

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Purpose of this Document

In order to ensure efficient and effective care, streamline the process, and to ensure the availability of scarce emergency resources, the Pocatello Fire Department, in conjunction with numerous residential assisted living facilities has developed a series of guideline's, decision making trees, and protocols.

The intention is to empower the residential assisted living facility staff by providing tools, training, and guidance to analyze an event and to make a decision whether to call 911 or not.

The fire department has a vested interest in a well-trained aide who makes appropriate decisions, that is why we have taken the initiative to bring the players together and invest time in our community. This document is not intended to be a series of instructions or demands from the Fire Department. This is a consensus document intended to be a resource for the facility nurse to use while training staff. In essence it is a guide for all of the residential assisted living facilities in the community to seamlessly communicate and interact with the emergency responders, and to create a feedback loop for system, and document improvements.

According to Idaho Administrative Procedures Act (IDAPA) the facility needs to have a nurse available 24-7. The nurse can train staff to take vitals and do range of motion (ROM), so that when a need arises, the staff can report to the nurse over the phone to help the nurse make a determination if EMS should be called. The facility should not be skipping over this step and relying on EMS to provide that initial assessment. If EMS is not called, then the nurse will need to do an in-person assessment. The timing of this assessment depends on the incident, the resident, their health status, what the potential issue is, and the nurse's judgment.

Determine Medical Need

It is important to note that every patient in a residential assisted living facility is directly under the care of a physician. Each facility also has a registered nurse who is responsible for the patients as well. While this does not prevent anyone from calling 911, it does provide an obligation for the RN to obtain guidance and orders from the physician.

For all life threatening emergencies of non-terminal patients the provider should call 911 immediately and then notify the facility nurse. If the emergency is related to the terminal condition, then the provider should notify the facility nurse and Administration, MD, HH or Hospice as appropriate, follow their instructions.

For all non-life threatening situations, including any falls, the facility should contact the facility nurse for direction.

Sometimes facilities get into trouble if they are having staff call the hospice or home health for direction when a resident falls and the facility RN is not aware of the situation. If the emergency is related to the terminal condition, then it would be appropriate for staff to contact the hospice nurse first, and then make sure the facility RN was also aware. For all other situations, including any falls, the facility should contact the facility nurse for direction. Some facilities have also had difficulty when the administrator or other non-licensed staff member was the person being called and making the assessment determination rather than the licensed nurse.

Every patient, or medical power of attorney, has the Right to seek medical attention from someone other than their primary care physician (PCP), but it is highly encouraged to utilize the PCP. This reduces the confusion of multiple care givers, lost discharge papers, and improves continuity of care.

Equally important is that every patient who has not been deemed incompetent by a Court has the right to refuse examination, treatment or transport. The fire department/Bannock County Ambulance CANNOT assess, provide medical care or transport a patient against their will. Everyone has the Right to make their own healthcare choices, this included refusal of care. A patient who has assigned a power of attorney has not lost their right to refuse care, unless deemed incompetent by a Court. A power of attorney is simply a legal document that gives someone the patient chooses the power to act in their place, in case they ever become mentally incapacitated.

Key Questions

Does patient desire EMS assessment or transport?

Does event require immediate emergency intervention by a higher level of care?

Could the patient be monitored for the next several hours and then evaluated by RN?

Things to consider

Medicare does not pay for ambulance service that is not medically necessary or for the convenience of a patient, family, facility or physician. An example of this is that a patient who was sent to the hospital via ambulance for altered mental status, may not be eligible to be transported back to the facility by ambulance once the diagnosis of a UTI has been made. If Medicare doesn't pay for the ambulance services below, the patient, or the facility may be obligated to pay.

Medicare does not pay for everything, even some care that the health care provider has good reason to think the patient may need. In order to have this discussion prior to the patient accepting transport and then ending up stuck with the bill, Medicare has provided the Pocatello Fire Department/Bannock County Ambulance with an Advance Beneficiary Notice of Non-coverage (ABN) Appendix A. This document must be signed prior to any non-emergent transport. It states that we expect Medicare may not pay for the ambulance services listed below:

- Medicare does not pay for transportation from a residence or a facility for services that could more economically be performed at the residence or facility
 - **(Example)** Transportation to the hospital for a urinalysis, when a urinalysis could be conducted at the facility.
- Medicare does not pay for ambulance service that is not medically necessary
 - **(Example)** Transportation back to the facility for an ambulatory patient that could sit in a non-emergency vehicle.
- Medicare does not pay for transports to a doctor's office or other non-covered Destinations
 - **(Example)** Ambulance transports to locations other than the emergency department are most likely not covered
- Medicare does not pay for mileage beyond the closest appropriate facility
 - **(Example)** Ambulance transports to locations other than Portneuf Medical Center are most likely not covered
- Medicare does not pay for transports for the convenience of a patient, family, facility, or physician
- Medicare does not pay for wheelchair van or stretcher car services
 - The Pocatello Fire Department/Bannock County Ambulance does not offer this service.

Events to consider 911

Obvious Death

Definition: Obvious clinical signs of irreversible death such as:

Dependent lividity of any degree: indicating that the body has been pulseless and in the same position long enough for blood to sink and collect within the body, creating purplish discolorations at the lowest points of the body (with respect to gravity).

Rigor mortis: indicating that the patient has been dead for at least a few hours.

****Follow facility protocols****

DO NOT contact 911. Notify facility nurse, follow their instructions.

Law enforcement does not need to be notified for patients that are in a medical facility, and under the care of a physician, that appear to have died from medically related problems, unless the need for investigation is determined by staff.

Law enforcement should be contacted for obviously suspicious circumstances and coroner should be contacted for deaths with unexpected external causes. (208)243-1328

Cardiac Arrest

Definition: An unexpected loss of heart function, breathing and consciousness.

Initiate CPR protocols

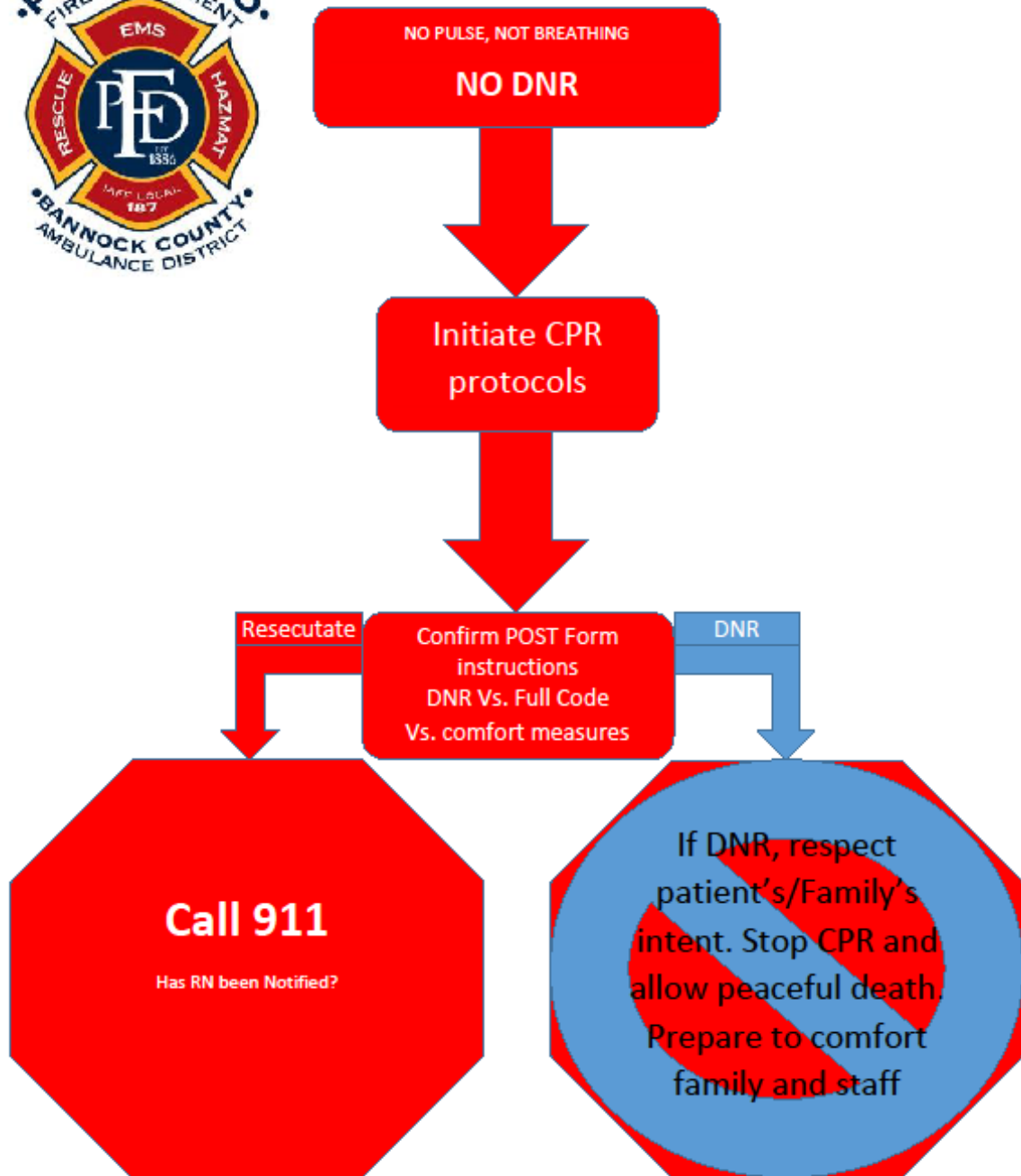
Is patient a DNR? Confirm POST Form instructions regarding DNR and comfort measure status. (Ideally it is desired for staff to remember each patient's status)

If DNR, respect patient/families intent. Stop CPR and allow peaceful death. Prepare to comfort family and/or staff. (See Obvious Death)

If NO DNR... **Call 911**

Notify facility nurse and follow their instructions.

UNRESPONSIVE PATIENT FLOW CHART



Shortness of Breath

Definition: Severe difficulty in achieving adequate oxygenation in spite of significant efforts to breathe. It is usually associated with increased breathing rate and the use of accessory muscles in the chest wall.

Is patient a DNR? Confirm POST Form instructions regarding DNR and comfort measure status. (Ideally it is desired for staff to remember each patient's status)

If DNR, respect patient/families intent. Stop CPR and allow peaceful death. Prepare to comfort family and/or staff. (See Obvious Death)

If NO DNR **Call 911**

Open airway, prevent positional asphyxia.

If allowed, place patient on oxygen. **DO NOT LEAVE PATIENT UNATTENDED! CALL FOR HELP!** Monitor and prepare for respiratory/cardiac arrest. Notify facility nurse and follow their instructions.

See the Interact guidelines <http://interact2.net/>

Illness

Definition: An unhealthy condition of the body.

Notify facility nurse and follow their instructions.

See the Interact guidelines <http://interact2.net/>

Acute Mental Status Change

Definition: A change in awareness of a person's surroundings and/or impaired mental functioning.

Consider **911** for Physical symptoms along with altered mental status that is a deviation from the patient's baseline mental status Consider the possibility of a stroke.

Notify facility nurse and follow their instructions.

See the Interact guidelines <http://interact2.net/>

Hip Pain After a Traumatic Event

Definition: New pain in the hip/pelvic/upper thigh area after a traumatic event, such as a fall, that causes pain during sitting, movement or standing up.

Allow patient to seek position of comfort. Patient should not be restricted from voluntary movement to a sitting position or from movement to a bed.

Do not prevent patient from seeking different position to prevent difficulty of breathing.

Cover patient with a blanket to reduce heat loss.

Attempt to place a blanket under the patient to provide padding and to facilitate patient movement. Place pillow under patient's head. It is anticipated that the most comfortable position for the patient will be in their bed, on a couch or in a recliner. **HOWEVER**, if patient complains of pain during movement, **STOP!** Reconsider decision to move patient.

Stay with patient when calling 911.

Notify facility nurse and follow their instructions.

See the Interact guidelines <http://interact2.net/>

Fall

Definition: to descend freely by the force of gravity, to leave an erect position suddenly and involuntarily.

From Standing Forward/Backward

Observe for head injury. Common signs/symptoms:

Headache

Nausea or vomiting

Fatigue or drowsiness

Dizziness or loss of balance

Did patient lose consciousness?

Are there any marks on the resident head, fluid from ears/nose, pupils equal, complaining of neck pain?

Is there any new extremity pain, swelling, deformity, discoloration, vomiting, slurred speech (if normally understood), seizures, chest pain, shortness of breath, right or left sided weakness, facial drooping?

If yes, **Call 911**

If NO, Are there any wounds? Bruises, skin tears, rug burns, or red marks?

Obtain VS, requisite documentation. Notify facility nurse and follow their instructions.

See the Interact guidelines <http://interact2.net/>

From Sitting/Bed Forward onto face or upper torso

Observe for head injury. Common signs/symptoms:

Headache

Nausea or vomiting

Fatigue or drowsiness

Dizziness or loss of balance

Did patient lose consciousness?

Are there any marks on the resident's head, fluid from ears/nose, pupils equal, complaining of neck pain?

Is there any new extremity pain, swelling, deformity, discoloration, vomiting, slurred speech (if normally understood), seizures, chest pain, shortness of breath, right or left sided weakness, facial drooping?

If yes, **Call 911**

If NO, Are there any wounds? Bruises, skin tears, rug burns, or red marks?

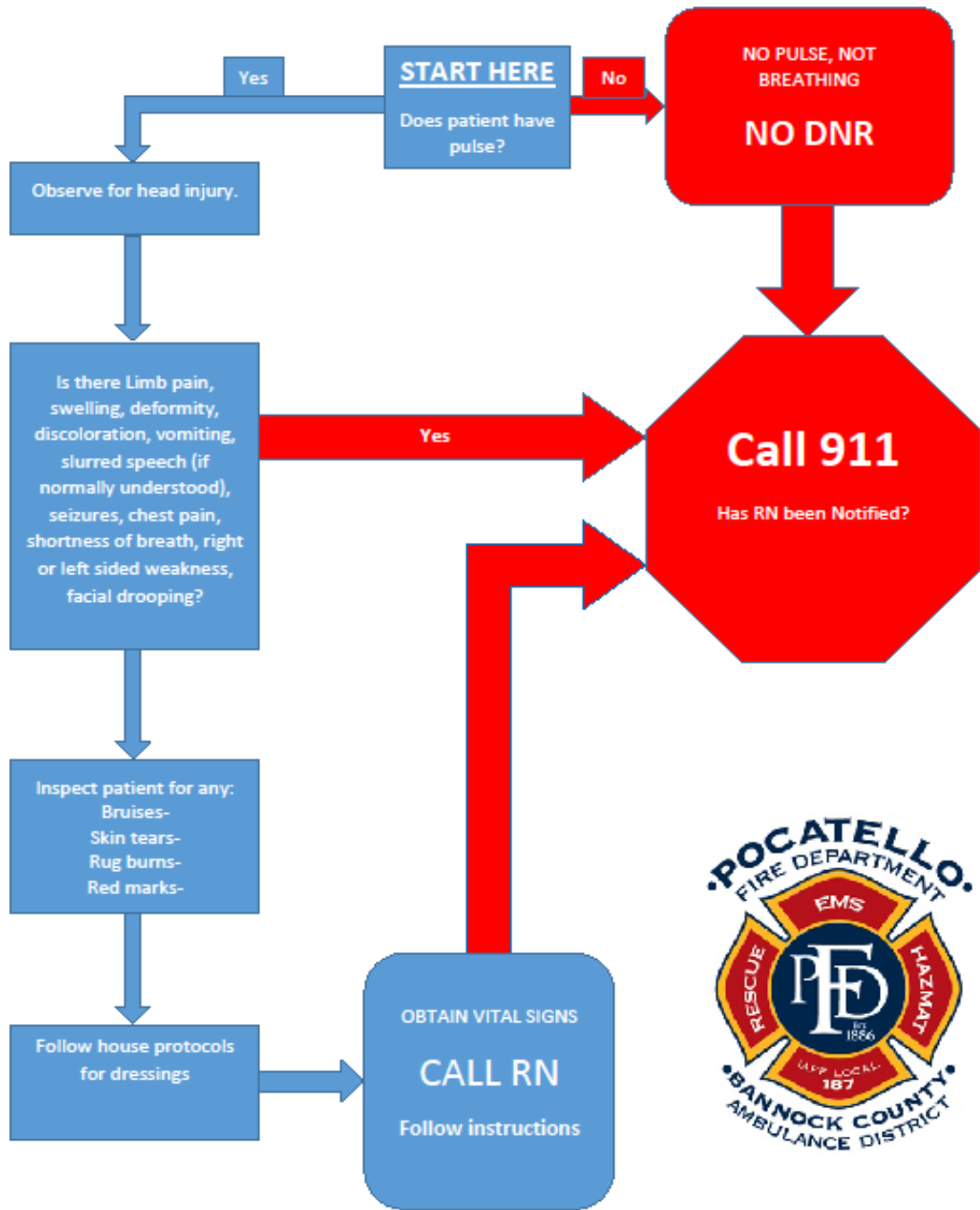
Obtain VS, requisite documentation. Notify facility nurse and follow their instructions.

See the Interact guidelines <http://interact2.net/>

Slid from Chair/Bed to floor

This is not a fall, confirm lack of injuries, assist patient back to chair and document appropriately.

RESIDENT FOUND ON FLOOR DECISION TREE FLOW CHART



Accessing 911

The City of Pocatello utilizes a computer aided dispatch program for emergency medical dispatching. This program, called ProQA, directs our certified Emergency Medical Dispatchers to ask a series of questions to quickly and accurately determine the best response for the emergency.

With each call to 911, our goal is to create a quick and proper response for the emergency medical need, also, to reduce the risk to the public and emergency vehicles responding to the scene.

- The information needed when a call is placed to 911 is:
- What the address of the emergency is?
- The phone number of the caller, in case of disconnection?
- Exactly what happened in a short or condensed manner?
- Is the caller near the patient?
- The number of patients?
- The age of the patient if it is known or approximation?
- If the patient is awake or not?
- If the patient is breathing or not?
- Provide dispatcher with door code if needed

After these few questions are answered, and based on the nature of the emergency, 911 can dispatch the proper response and personnel to the address of the emergency. Additional questions may be asked based on the nature of emergency, and instructions on what to do until EMS arrives will be given, if needed.

What to do before the ambulance arrives.

UNLOCK THE DOORS!

Have staff member stand by to offer directions.

Continue to monitor patient.

Provide necessary interventions.

Obtain vital signs (if able):

Pulse

Respirations

SPO2 if within scope of practice

Blood Pressure

Blood Glucose

Required/Desired Paperwork

	Document	Why
1	Facesheet	Name/birthday
2	Staff (someone who knows why we are being called)/location	Directions to patient and issue (sometimes not why we were dispatched)
3	Idaho Physicians Order for Scope of Treatment (POST)/DNR	Patient and family wishes
4	Medication administration record (MAR's)	History of UTI's? Antibiotics?
5	Hospice status and for what reason	Has hospice been notified?
6	Recent history and physical	Changes due to age, Acute vs. Chronic
7	Current diagnosis	Aids in our evaluation of the patient
8	Vital signs	Current status/initiate baseline Vital signs
9	Pertinent paperwork for the hospital	Easier to give to them rather than fax later
10	Power of attorney paperwork	Have they been contacted/ their decision of transport or no transport

Amendment Process

This document is intended to never be finalized. It will be reviewed on an ongoing basis and when deemed appropriate by its stakeholders and signatories, shall be modified and updated to fit the scope of the current need. Any stakeholder or signatory can offer up suggested language to be agreed upon at any of our future meetings. The stakeholder shall identify a problem, develop the desired language to address the issue and send it out to all members for review. If it is a time sensitive concern, a meeting may be scheduled prior to the intended quarterly meeting.

Appendix A

Rules

Core 520 - 011.08 -definition of inadequate care - When a facility fails to provide the services required to meet the terms of the negotiated service agreement (NSA), or provide for room, board, activities of daily living, supervision, first aid, assistance and monitoring of medications, emergency interventions, coordination of outside services, a safe living environment or engages in violation of residents rights or takes residents who have been admitted in violation of provisions of section 39-33-7, Idaho Code

Core 525 - 011.24, definition of neglect – Failure to provide food, clothing, shelter, or medical care necessary to sustain the life and health of a resident.

Nursing rules: 300-Nursing services must be performed in accordance with IDAPA 23.01.01, Rules of the Idaho Board of Nursing. The facility must have on staff or under contract the nursing personnel listed in subsection 300.01 and 300.02 of these rules to provide nursing service requirements.

300.1 –A licensed professional nurse (RN) must visit the facility at least once every ninety (90) days or when there is a change in the resident’s condition...

300.2 – The facility must assure that a licensed nurse is available to address changes in the resident’s health or mental status and

305- The licensed professional nurse must assess and document, including date and signature, for each resident as described in subsections 305.01 through 305.08 of these rules.

305.03- Conduct a nursing assessment of the health status of each resident by identifying symptoms of illness or changes in mental or physical health status.

711.8.e – There must be documentation of the “notification of the licensed professional nurse of a change in the resident’s physical or mental condition; and...

Frequently Asked Questions

Received from Simpson, Jamie L. - Licensing & Certification, 10/23/2015

<p>Is a person who needs a two-person assist with transfers appropriate for admission to a RALF?</p>	<p>They can be, but the facility would have to have at least 2 staff on around the clock to provide the assistance. (12/8/08)</p>
<p>If a hospice resident has blackout episodes that are a part of their disease process does 911 have to be called?</p>	<p>Not if the facility has written parameters from the physician describing when 911 should not be called. (4/2/07)</p>
<p>Families have sometimes become angry when 911 was called. What should we do about this?</p>	<p>The facility should disclose to families during the admission process what level of nursing the facility has in the building and that when there is not a nurse in the building, then 911 will be called, as facility staff cannot assess residents. Ultimately, the facility is responsible for ensuring the residents are provided the necessary medical care. (7/15/09)</p>
<p>When a resident falls we were recently told that the nurse first had to assess them before they were helped up from the floor. Is it possible for it to be a phone assessment by the nurse or do they need to come in? Our nurse has instructed the staff to ask the resident to do various ROM tasks to determine if an unobvious fracture is present. She would be happy to do this over the phone but was unaware that she needed to come in for every fall.</p>	<p>Unlicensed Caregivers can be trained to take vitals and direct the resident in ROM tasks. The nurse would need to provide face to face training for staff and document the delegation. When called, the nurse could determine, based on the resident and the information reported by staff, if 911 needed to be called. If 911 was not called, the nurse should come in and do an assessment to ensure the resident is ok.(6/11/07)</p>
<p>Are assisted living facilities required to have a nurse on call 24-7?</p>	<p>IDAPA 16.03.22.300.02. Licensed Nurse. The facility must assure that a licensed nurse is available to address changes in the resident's health or mental status and to review and implement new orders prescribed by the resident's health care provider. (7/19/06)</p>

Bannock County Ambulance District

408 E Whitman, Pocatello, ID 83201 Phone: (208) 234-6200 Fax: (208) 233-4043

Patient Name: _____

Incident Number: _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for the ambulance services below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have

good reason to think you need. We expect Medicare may not pay for the ambulance services listed below.

Services	Reason Medicare May Not Pay:	Estimated Cost
Ambulance transport and mileage	<input type="checkbox"/> Medicare does not pay for transportation from a residence or a SNF for services that could more economically be performed at the residence or SNF <input type="checkbox"/> Medicare does not pay for ambulance service that is not medically necessary <input type="checkbox"/> Medicare does not pay for transports to a doctor's office or other non-covered destinations	BLS Ambulance Service: \$440 (Bannock County Resident) or \$660 (non-resident)
Ambulance mileage	<input type="checkbox"/> Medicare does not pay for transports for the convenience of a patient, family or physician	ALS Ambulance Service: \$520 (Bannock County Resident) or \$780 (non-resident)
Non-Ambulance Services	<input type="checkbox"/> Medicare does not pay for mileage beyond the closest appropriate facility <input type="checkbox"/> Medicare does not pay for wheelchair van or stretcher car services	\$10 per mile

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the ambulance services listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the ambulance services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the ambulance services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the ambulance services listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature: _____	J. Date: _____
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

EMERGENCY ROOM/INPATIENT REFERRAL FORM

Today's Date: _____ PCP: _____

PATIENT INFORMATION

Patient's last name:	First:	Middle:
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Does Patient have a Medical Power of Attorney	If so, what is their name?	Power of Attorney contact information	Birth date:	Age:	Sex:
<input type="radio"/> Yes <input type="radio"/> No					<input type="radio"/> M <input type="radio"/> F

Social Security no.: [SS#]		
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Facility Name and Address: [Address/ P.O Box, City, ST ZIP Code]

Transportation to ED: Facility Bus Private Vehicle Ambulance

Transportation from ED: Facility Bus Private Vehicle Ambulance

Medicare does not pay for ambulance service that is not medically necessary or for the convenience of a patient, family, facility or physician

Reason for ER Visit: include date of onset, present treatment, history of illness, include all x-ray's and lab results with consultation.

Current Medications: SEE MAR or LIST

Allergies: See Medical records or LIST

Vital Signs: BP / P R T SPO2 Glucose

ER Physicians Report

Please attach actual Emergency Room records

Significant findings, including tests done:

Diagnosis

Orders/Recommendations

ER Physicians Signature:

Date

Please include copy of ER Discharge Summary upon release

QA document