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EMS system to shift low-priority calls

Patients will talk with nurse, may avoid ambulance, ER

BY JESSIE HALLADAY • JHALLADAY@COURIER-JOURNAL.COM • APRIL 18, 2010

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Hoping to ease overcrowded emergency rooms and trim ambulance runs, Louisville Metro EMS is launching a program to screen low-priority 911 calls and divert some patients from hospitals to more appropriate care.

Starting Monday, dispatchers will turn a small number of the lowest priority calls — such as an earache or stomachache — over to a nurse, who can spend more time on the phone to decide the most appropriate treatment, which may not include a trip to an emergency room in an ambulance.

The nurse may, for example, connect the caller with a doctor's office or an urgent-care center.

"We're trying to challenge the way things are traditionally done," said Dr. Neal Richmond, EMS director. "Let's find these people better care."

The system, the second of its kind in the nation, is widely used in the United Kingdom and Australia, said Dr. Jeff Clawson, medical director for the National Academies of Emergency Dispatch. While a handful of cities have explored similar programs, only Louisville and Richmond, Va., which piloted the program, are fully implementing it, he said.

If used carefully, Clawson said, the system could be a powerful way to "preserve precious resources" while still getting patients needed care. "The time is here for this."

Clawson said no patient would be denied ambulance service. All would have the choice of consulting with the nurse and, if they still want an ambulance, one would be dispatched.

Difference not obvious

Most patients calling 911 for help won't notice any difference, as all calls will continue to be screened through an automated protocol system already in place.



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Merrille Noe, left, from EMS, provides instruction about the new program of screening low-priority calls as Rick Roller from EMS asks a question. Behind Roller is Kim Wright, and Amy Pierce is at right. The program will operate on a limited basis beginning Monday. (By Michael Hayman, The Courier-Journal)

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But for an estimated 10 to 15 calls a day — the ones classified as the lowest risk among the 230 to 250 received each day — there will be additional screening to see if there is a better option than an ambulance trip to an emergency room.

In those cases, a registered nurse or nurse practitioner will ask the caller questions aimed at getting a more thorough picture of the medical complaint. Based on that information, the nurse may make alternative recommendations, including assisting the patient in making an appointment with a doctor or clinic.

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