

TELEMEDICINE EVALUATION



For Tri-State Ambulance only.

Telemedicine evaluation should be considered for patients with no obvious life threats whom do not request transport. The most important factors in determination for appropriateness of telemedicine evaluation is the providers' clinical impression and the ability of the patient and/or support persons to comply with instructions provided by a telemedicine physician (i.e. obtain prescription medication, monitor vital signs, eat/drink, etc.).

Patients that are expected to need resources that are unable to be provided via telemedicine should be transported to the emergency room. Examples include, but are not limited to, social services, psychiatric, and detoxification.

Vital Signs

Patients with vital signs outside these parameters should not be considered for telemedicine evaluation only. Telemedicine evaluation may be used in addition to standard assessment, treatment, and transport for patients with vital signs outside the parameters.

- Normal level of consciousness (per baseline)

Adult Vital Signs Limits		
Vital Sign	Lower Limit	Upper Limit
Heart Rate	60	110
Systolic BP	90	210
Respiratory Rate	10	24
SPO ₂	92%	-
Temperature	96.8°	100.3°

TELEMEDICINE EVALUATION (CONTINUED)



Consider use of telemedicine evaluation for the following patient categories and criteria.

Endocrine

- Hypoglycemic incident with return to normal LOC after treatment
 - Use telemedicine consult to determine need for transport and destination

Medication Issues

- Out of medication
- “Reaction” to medication
 - No signs of allergic reaction/anaphylaxis
- Took wrong medication/dose

Refusal of Transport

- Falls with refusal of transport
- Refusals of transport involving initial or active complaints of emergency symptoms
 - Emergency symptoms includes, but is not limited to, shortness of breath, persistent pain or pressure in the chest, new confusion, or altered mental status.

Telemedicine Information & Instructions

GO LIVE for Treatment-in-Place is April 19th, 2021

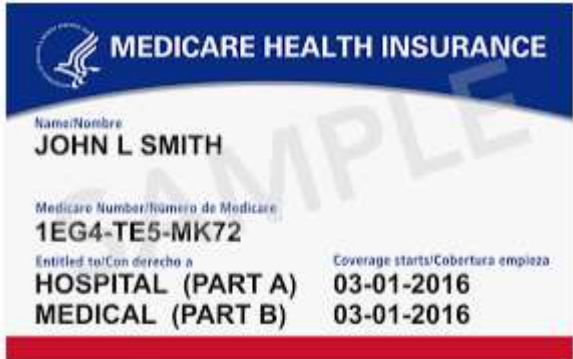

ET3 Treatment-in-Place

Clinical Criteria

- Refer to TSA Medical Guidelines pages 154-155 (Telemedicine Evaluation)
- Adhere to the strict inclusion criteria and use clinical judgment only to *exclude* a patient from participation

Payer Criteria

- Only patients with “fee-for-service” Medicare are eligible for participation in ET3
 - Typically, only patients over 65, or those with disabilities or end stage renal disease
 - Patients with a Medicare Advantage plan are ineligible
 - Patients with VA or private insurance are currently ineligible
- If patient is unsure and over 65, attempt to identify insurer through additional questioning or viewing insurance card

ELIGIBLE	INELIGIBLE
Note card has Part B	Note card has Blue Cross Blue Shield
	

911 Only Criteria

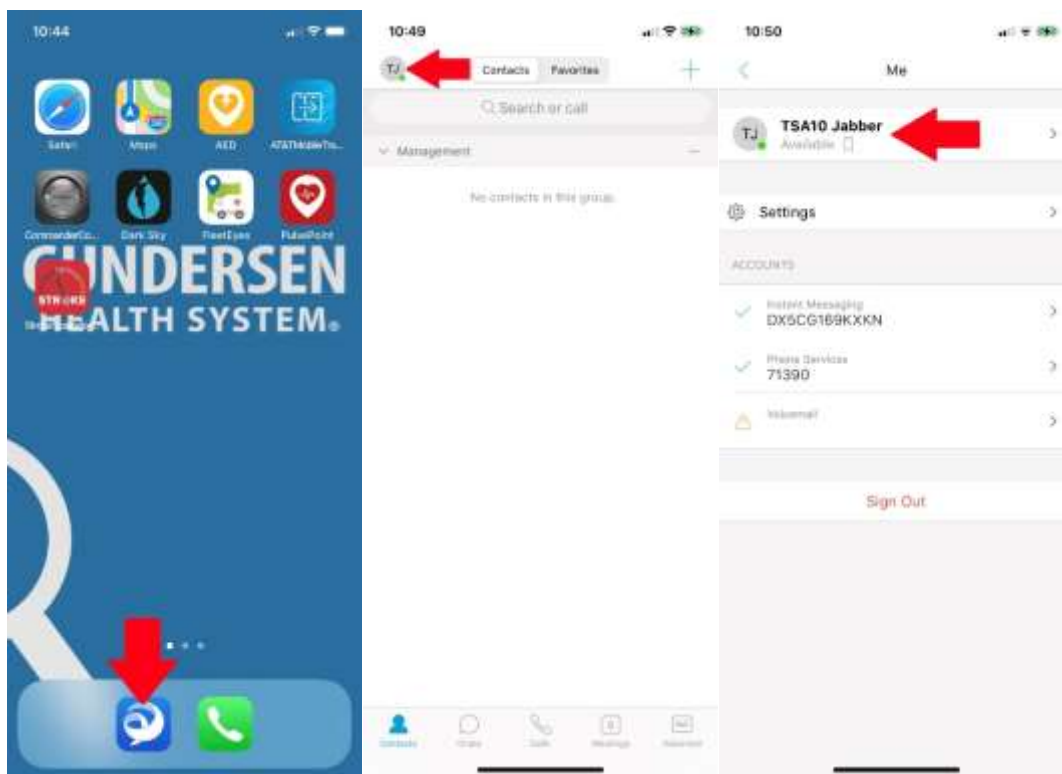
- Only requests that came through a 911 PSAP are eligible for ET3 inclusion
- After determining the patient meets both the clinical and payer criteria, determine if the call is from 911
 - If first responders are present and you didn't request them, assume 911
- If unsure, contact MedComm

After confirming the patient meets clinical & payer criteria, and the request was generated through 911, initiate the treatment-in-place telemedicine evaluation.

Telemedicine Information & Instructions

Initiating ET3 treatment-in-place telemedicine evaluations

- If in the patient compartment, verify your four-digit vehicle number
- If using iPhone, verify the TSA phone ID using the asset tag located on the back
 - If the phone does not have an asset tag, check the Jabber username by opening Jabber and clicking the “TJ” icon in the top left corner of the screen. You will see something like “TSA10 Jabber,” indicating you have phone 10.



- Obtain a signature from the patient on the **authorization form** (request MRN from registration on next step).
- Call **GHS Registration at 775-3217** and advise them you'd like to initiate an ET3 treatment-in-place telemedicine evaluation. Tell them the TSA Phone ID or four-digit vehicle number.
 - GHS registration will create an encounter for an ES physician to call that phone ID using Jabber video software.

Telemedicine Information & Instructions

During ET3 treatment-in-place telemedicine evaluations

- When the ES physician calls via Jabber, answer the call, and introduce the patient.
- Assist the patient and/or physician as needed during the medical evaluation.
 - You must stay on scene during the evaluation.
- Upon completion of the evaluation, be sure to retain the iPhone and the signature form.

Documenting ET3 treatment-in-place telemedicine evaluations

- If the patient is **NOT transported** after the ET3 treatment-in-place telemedicine evaluation
 - Document the call as you normally would with the following additions:
 - Under *Outcome->Outcome* – select **Patient Treated, Transferred Care to Telehealth Provider.**
 - Under *Outcome->Outcome->(ET3) Alternative Disposition...* – select **Alternative Disposition Offered, Accepted by Patient.**
 - Under *Outcome->Outcome->Facility Name* – select **GHS Treatment-in-Place Telemedicine**
 - Under *Outcome->Outcome->Destination Facility Type* – select **Qualified Health Care Partner.**
- If the patient is **transported to an alternative destination** after the ET3 treatment-in-place telemedicine evaluation
 - Document the call as you normally would with the following additions:
 - Under *Disposition->Outcome->Outcome* – select **Treated, Transported by EMS.**
 - Under *Disposition->Outcome->(ET3) Alternative Disposition...* - select **Alternative Disposition Offered, Accepted by Patient.**
- If the patient is **transported to an ER** after the ET3 treatment-in-place telemedicine evaluation
 - Document the call as you normally would with the following additions:
 - Under *Disposition->Outcome->Outcome* – **Treated, Transported by EMS.**
 - Under *Disposition->Outcome->(ET3) Alternative Disposition...* - select **Alternative Disposition Offered, Accepted by Patient.**

Disposition		State	WISCONSIN
Outcome	Patient Tre...	City	Onalaska
Instructions Provided		County	La Crosse
Trauma Center Crit...		Country	United Stat...
(ET3) Alternative Di...	Alternative ...	Phone	(608) 775-8...
Level of Care		FAX	
Barriers To Care		MRN	
Destination Delay		Receiving Name	
Type of Service	911 Respo...	Receiving Phone	
Transport		Diverted By Facility	
Moved To Ambula...		Diversion Reason	
Position During Tra...		Destination Facility ...	
Final Patient Acuity		Checklist	
Transport Priority		ET3 Reminder	
Transport Mode De...		ET CO2 Attached	
Transport Method	Ground Am...		

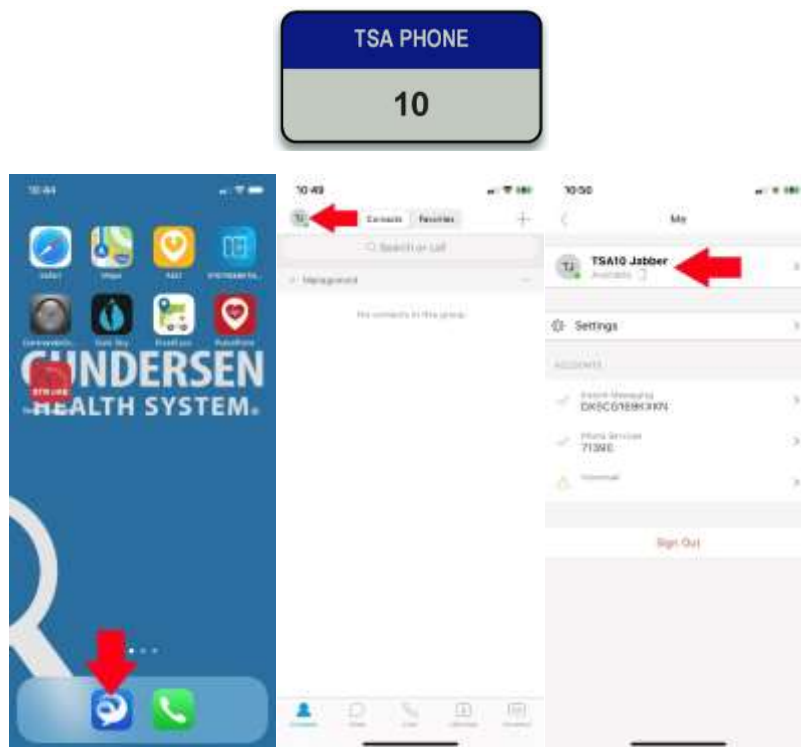
Telemedicine Information & Instructions

Telemedicine for Medical Control Contacts

Dr. Eberlein would prefer you use telemedicine for all medical control contacts for orders, consultation, etc. This can be done via the telemedicine equipment in the ambulance or the iPhones.

Initiating Medical Control Contact w/ iPhone

- Verify the TSA phone ID using the asset tag located on the back of the TSA iPhone.
 - If the phone does not have an asset tag, check the Jabber username by opening Jabber and clicking the “TJ” icon in the top left corner of the screen. You will see something like “TSA10 Jabber,” indicating you have phone 10.



- Call GHS Medical Control Line @ 775-7220 and ask nurse to have a physician call you at the TSA Phone ID you’re carrying.

Initiating Medical Control Contact in patient compartment

- Call GHS Medical Control Line @ 775-7220 and ask nurse to have a physician call you in the ambulance you’re in.
 - You must provide the four-digit vehicle number NOT the three-digit unit number.
- When physician calls, the telemedicine unit will automatically connect.