

THE EVOLUTION OF MPDS® PROTOCOL-38 ADVANCED SEND: RESEARCH-BASED PROPOSALS FOR CHANGE AND TRAINING ENHANCEMENTS

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INTRODUCTION

Emergency communication centers often field calls from police, local law enforcement, sheriff, state police, highway patrol, security, military police, or federal agents. When these officers radio their communication centers for medical assistance, historically, they have said “Send medical” or “Need paramedics.” Centers have typically sent lights-and-siren responses, sometimes wasting resources and potentially causing more accidents. It can be frustrating for all parties involved, because officers are not trained to provide necessary patient information, emergency dispatchers must triage a call with unknowns, and first responders are going in blind with unnecessary resources.

DEFINITION

The Medical Priority Dispatch System™ (MPDS®) Protocol 38 Advanced SEND (P38) is a new version and update of the original SEND process. The Advanced SEND Protocol guides emergency medical dispatchers (EMDs) to a more efficient and effective evaluation in order to record a reporting officer’s on-scene assessment and send the most appropriate resources to them. It is designed to help answer calls for medical assistance from non-medical officers. This protocol replaces the original SEND card used by many agencies.



OBJECTIVES

- Assess how compliant emergency dispatchers and officers are to P38.
- Assess effectiveness of the training for both emergency dispatchers and officers.

METHODS

- ProQA data and audio cases were requested from several agencies licensed to use P38 from January 2018 to February 2019.
- ProQA data was analyzed and descriptive statistics presented.
- Audio calls were reviewed by certified emergency dispatch quality (ED-Q) assessors.

RESULTS

IAED™ Accredited Center of Excellence (ACE) agencies provided all analyzed data.

Audio call reviewed

Data: 500 audio calls of P38 cases

Caller Types: included people not on scene, first responders, bystanders, and officers

Compliance: EMDs selected correct determinant levels; however, a lot of variation by both officers and EMDs. This included: silence gaps during call entry, repeated questions for obvious information already provided by officers, extended call processing times, failure to obtain information, incorrect Chief Complaint selection, and P38 use by non-officers.

ProQA data analyzed

Data: 1,377 ProQA cases; 658 (47.8%) P38 cases

Caller Types: 48.94% of P38 cases were 4th party callers

Compliance: 30% of P38 cases did not report the patient’s age

Call Priority: 21.73% of P38 cases were DELTA-level Determinant Codes; 45.44% of P38 cases were ALPHA-level Determinant Codes

DISCUSSION

- P38 is intended for 2nd party callers. Results from the study showed 50% were 4th party callers, which is concerning. Additionally, officers on scene would be able to provide an approximate age for patient. Data shows age missing for 30%.
- If an officer requests medical response without utilizing P38 or providing patient information, it results in EMDs over triaging and over sending resources. With only 22% of the calls coded at the DELTA level (audio call review confirmed correct determinant levels), calls were correctly triaged and appropriate resources were sent. This was a pleasant surprise.
- Audio call review revealed high variability in compliance among callers and EMDs.
 - To reduce the silence gaps, repeated questioning, and extended call processing times we are in the process of submitting several Proposals For Change (PFC).
 - To enhance training, we will focus on these topics: Chief Complaint selection, call entry process, authorized users, and when to use P38. Enhancements continue to evolve within our current training program.

- Additional information from user agencies, indicate that the addition of a P38 Chief Complaint determinant would enhance agency resource allocation data analysis.

CONCLUSION

The results of our research project provided insight into compliance concerns and training issues. When P38 was implemented (including training) and used properly, optimal resource allocation was achieved. We see opportunities to streamline P38 Case Entry and improve training for both officers and EMDs.

This research process resulted in evolving P38 through research-based PFCs and training enhancements.

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DISTRIBUTIONS FOR ADVANCED SEND

