

Overview – The Telemedicine for Alternate Destinations (TAD) Program enables 911 EMS patients to be routed to a Psychiatric Urgent Care Center (PUCC) rather than an ER.

Challenge – Title 22 of the California Health and Safety Code does not allow paramedics and emergency medical technicians (EMTs) to bring 911 patients to any destination other than a licensed Emergency Room (ER). Increasingly, the 911 system is encountering patients with mental health emergencies, and many ERs are poorly equipped to provide care for these vulnerable patients. In addition, there is such a shortage of psychiatric inpatient beds across Los Angeles County that many of the sickest mental health patients languish in ERs for days awaiting an inpatient bed becoming available. This then further impacts the ERs' capacity to manage other emergencies because of a diminished ER bed capacity.

Within the EMS system, multiple PUCCs have been opened to provide a more therapeutic environment to manage exactly this patient population. Law enforcement has been bring patients to PUCCs for several years, but the limitation in Title 22 limited our ability to connect EMTs and paramedics to the PUCCs as a patient destination.

Solution – While Title 22 limits the paramedics and EMTs' ability to triage patients to the PUCCs, it does not limit a physician or nurse practitioner from performing this triage. The Los Angeles County Fire Department covers more than 2300 square miles, but, using telemedicine, we have been able to connect a system of physicians and nurse practitioners with our units in the prehospital setting.

Innovation – The Los Angeles County TAD program is the only telemedicine program of its kind in all of California. There are other programs that have gotten pilot project approval to use specially trained field paramedics for this purpose, but the pilot project applications are closed, and the curriculum is not being offered anymore. TAD enables our department to utilize our existing EMT and paramedic resources without pilot project approval and without any additional training programs. Instead, in

partnership with the PUCCs, we developed a mutually agreed upon triage instrument that is applied to each potential patient.

Results – 80 patients, to date, have been diverted to the PUCCs using the TAD program. The triage instrument has been successful, with no patients suffering any medical complications resulting from being diverted around the ER medical services to the PUC. By not sending these patients to the ERs, we have increased ER capacity to see hundreds of other patients, and, unlike in the ERs, the ambulances have experienced virtually zero offload delays at the PUCCs. Lastly, the PUCCs are able to connect patients to outpatient mental health and social services far superiorly to the community ERs.

Replicability – With telemedicine, paramedics and EMTs can be connected to nurse practitioners and physicians that are remote, as long as there is adequate cell coverage. We continue to lobby for more PUCCs as an inexpensive option to manage mild to moderately ill mental health patients during our severe shortage of inpatient psychiatric beds, and we lobby for an update to Title 22 to enable EMTs and paramedics to perform the triage without telemedicine support. Counties that have PUCCs could easily replicate this project.

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