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Standard Practice for Emergency Medical Dispatch Management[1]

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INTRODUCTION

The emergency medical dispatcher (EMD) is the principal link between the public caller requesting emergency medical assistance and the emergency medical service (EMS) resource delivery system. As such, the EMD plays a fundamental role in the ability of the EMS system to respond to a perceived medical emergency. With proper training, program administration, supervision, and medical direction, the EMD can accurately query the caller, select an appropriate method of response, provide pertinent information to responders, and give appropriate aid and direction for patients through the caller. Through careful application and reference to a written, medically approved, emergency medical dispatch protocol, sound decisions concerning EMS responses can be made in a safe, reproducible, and non-arbitrary manner. These benefits are realized by EMS systems when appropriate implementation, sound medical management, and quality assurance/quality improvement (QA/QI) at dispatch are provided within the EMD/EMS system. This practice assists in establishing these management and administrative standards.

1. Scope

1.1 This practice covers the function of the emergency medical dispatcher (EMD). This function is the prompt and accurate processing of calls for emergency medical assistance. The training and practice through the use of a written or automated medical dispatch protocol is not sufficient in itself to ensure continued medically correct functioning of the EMD. Their dispatch-specific medical training and focal role in EMS has developed to such a complexity that only through a correctly structured and appropriately managed quality assurance environment can the benefits of their practice be fully realized. The philosophies of emergency medical dispatch have established new duties to which the emergency medical dispatch agency must respond. It is important that their quality assurance/quality improvement (QA/QI) activities, including initial hiring, orientation, training and certification, continuing dispatch education, recertification, and performance evaluation be given appropriate managerial attention to help ensure the ongoing safety in the performance of the EMD. This practice establishes functional guidelines for these managerial, administrative and supervisory functions.

1.2 The scope of this practice includes:

1.2.1 The entry level selection criteria for hiring emergency medical dispatchers;

1.2.2 The orientation of new emergency medical dispatchers;

1.2.3 Development of QA/QI mechanisms, management strategies and organizational structures for use within a comprehensive emergency medical dispatch system;

1.2.4 Performance evaluation as a component of a comprehensive and ongoing quality assurance and risk management program for an emergency medical dispatch system;

1.2.5 Development and provision of continuing dispatch education activities for the emergency medical dispatcher;

1.2.6 Requirements for initial certification and recertification of the emergency medical dispatcher;

1.2.7 Provision for comparative analysis between different EMD program approaches available to the EMS community that conform to established EMD practice standards prior to implementation of an emergency medical dispatch program; and

1.2.8 Guidelines for implementation of an emergency medical dispatch program.

1.3 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

[1] This practice is under the jurisdiction of ASTM Committee F30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.04 on Communications.

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2. Referenced Documents

2.1 *ASTM Standards:*[2]

F1258 Practice for Emergency Medical Dispatch

F1552 Practice for Training Instructor Qualification and Certification Eligibility of Emergency Medical Dispatchers

3. Terminology

3.1 *Definitions of Terms Specific to This Standard:*

3.1.1 *case review template, n*—a structured performance evaluation document containing all necessary input and output actions required of dispatchers that parallels the EMDs' on-line protocols, policies, and procedures related to call-taking and processing. It contains check-off lists and compliance scoring mechanisms that objectively rate the EMDs' performance on a single call.

3.1.2 *dispatch life support, n*—the knowledge, procedures, and skills used by trained EMDs in providing care through pre-arrival instructions to callers. It consists of those BLS and ALS principles that are appropriate to application by medical dispatchers.

3.1.3 *emergency medical dispatch agency, n*—any organization or a combination of organizations working cooperatively, that routinely accepts calls for emergency medical assistance and facilitates the dispatch of prehospital emergency medical resources/personnel and provides medically oriented pre-arrival instructions pursuant to such requests.

3.1.4 *performance evaluation, n*—the documented, objective, quantitative measure of an individual emergency medical dispatcher's performance based upon compliance with departmental protocols, policies and procedures.

3.1.5 *pre-arrival instructions, n*—telephone-rendered, medically approved written instructions provided by trained EMDs through callers which help to provide aid to the victim and control of the situation prior to arrival of prehospital personnel.

3.1.6 *quality assurance/quality improvement (QA/QI), n*—the comprehensive program of prospectively setting standards, concurrently monitoring the performance of clinical, operational and personnel components, and retrospectively improving these components in the emergency medical dispatch agency when compared with these standards.

3.1.7 *risk management, n*—a sub-component of the quality assurance/quality improvement program designed to: identify problematic situations and assist EMS medical directors, dispatch supervisors, and EMDs in modifying practice behaviors found to be deficient by quality assurance procedures; protect the public against incompetent practitioners; and modify structural, resource, and protocol deficiencies that may exist in the emergency medical dispatch system.

4. Summary of Practice

4.1 A comprehensive plan for managing the quality of care in an emergency medical dispatch system must include careful planning, EMD program selection, proper system implementation, employee selection, training, and certification, QA/QI, performance evaluation, continuing dispatch education, recertification, and risk management activities. These functions must be designed and implemented to assist the medical director, dispatch supervisor, and emergency medical dispatcher in monitoring and modifying EMD performance found deficient by QA/QI to protect the public against incompetent practitioners, as well as modify organizational structure, resource, or protocol deficiencies that exist in the emergency medical dispatch system.

4.1.1 *Entry Level Selection*—The selection and evaluation of new dispatchers must include clearly written objective standards to be adopted for qualifying candidates, interviewing applicants and pre-employment aptitude and skill testing pursuant to the hiring of dispatchers.

4.1.2 *Orientation*—A pre-planned process of events focusing on the development and acclimation of an employee who will function within the organization's standards, practices, policies, and procedures.

4.1.3 *Quality Assurance/Quality Improvement*—Within a physician medically directed emergency medical dispatch system, the development and implementation of employee performance thresholds, concurrent evaluation of compliance to these thresholds through on-line supervision, retrospective evaluation of non-edited logged recordings of requests for emergency service measuring compliance with policy, practice, and procedure to validate that the practices are appropriate, and to correct the employee and practice if they are found to be deficient.

4.1.4 *Performance Evaluation*—Each EMD in an emergency medical dispatch agency must regularly and routinely be evaluated with respect to his or her adherence to policy, protocol, and procedure through the QA/QI process. This determines conformance to these elements and measures how this performance affects the efficiency and effectiveness of the emergency medical dispatch agency. The evaluation must be quantitative and qualitative.

4.1.5 *Continuing Education*—Each emergency medical dispatch agency must provide for the development and implementation of a continuing dispatch education program for the benefit of that agency's EMD personnel. This program must provide the EMD with applicable educational topics designed to enhance their general knowledge and skill in the philosophy and application of the EMD program used within the emergency medical dispatch agency.

4.1.6 *Risk Management*—A written practice and procedure shall be established for each agency that provides guidelines for physician medical directors, EMS system administrators, agency supervisors, and/or QA/QI personnel to follow when an EMD is identified as failing to meet or follow established protocols. These may be acts of omission or commission identified through concurrent or retrospective review. This practice and procedure shall provide guidelines for proper investigative criteria relative to the medical or administrative nature of the perceived infraction, and the proper progressive disciplinary procedure to be followed in order to provide the EMD due process.

[2] For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

4.1.7 *Certification, Recertification*—All EMDs working in a medical dispatch agency shall be certified as competent in the use of the medically approved emergency medical dispatch priority reference system (EMDPRS) used within the medical dispatch center. Initial certification and recertification standards shall be established by each certifying entity associated with their EMDPRS protocols in accordance with ASTM-EMD standards that validate the individual EMD's knowledge and competency in their use.

4.1.8 *Reciprocal Certification*—Reciprocal certification shall be established between certifying agencies and organizations having programs that meet the standards contained in this practice.

4.1.9 *Registration and Maintenance of Certification Records*—All certifying entities, agencies, or organizations shall maintain records for all certified individuals and shall provide documents and reports regarding testing and certification status as required by using agencies, states, or governmental units. All records shall be maintained for a minimum period of ten years from initial certification, recertification or testing of the individual.

4.1.10 *Revocation of Certification*—This practice shall set forth guidelines for assessing grounds for a possible suspension or termination of certification when questionable situations arise in EMD conduct or performance.

4.1.11 *Program Selection and Implementation*—This is intended to assist the EMS administrator in the selection of the program that best suits the dispatch agency's needs from a medical, legal, and operational perspective and provide for comparative analysis between different EMD program approaches available to the EMS community that conform to established EMD practice standards.

4.1.12 *Physician Medical Director*—Each emergency medical dispatch agency shall have a physician medical director, who shall assist in evaluation and review of the EMD program under consideration. The physician medical director shall approve the selected EMD program written protocol. The physician shall be responsible for all medical aspects of the EMD program. Additional responsibilities include the medical oversight of the EMD training and certification program, continuing education requirements, recertification eligibility, QA/QI and risk management functions. These responsibilities include recommendations regarding the certification and employment eligibility of individuals found to be unsafe practitioners through employee evaluation and disciplinary due process.

5. Significance and Use

5.1 The emergency medical dispatcher should be a specially trained telecommunicator with specific emergency medical knowledge. Many of these personnel still perform in this role without the benefits of dispatch specific medical training and medically sound protocols. The majority perform their duties without appropriate medical management provided through a structured quality assurance/improvement environment. Training only prepares a new EMD for correct use of the EMDPRS. It cannot ensure that the EMDPRS is used as intended. Since the EMD is clearly defined as a pre-hospital medical professional, it is necessary to establish sound medical management processes through a multi-component QA/QI program administered by the EMD's agency in conjunction with the physician medical director. Prompt, correct, and appropriate patient care can be enhanced through the use of a standardized approach to quality assurance, especially the component of EMD performance assessment. This practice is intended for use by agencies, organizations, and jurisdictions having the responsibility for providing such services and assurances to the public through the correct management of the nation's emergency medical dispatchers.

6. EMD Entry Level Selection Criteria

6.1 Each emergency medical dispatch agency shall adopt a formal written policy delineating the selection procedures for individuals to be employed as emergency medical dispatchers. It must address the ability to:

6.1.1 Read and write at a high school graduate or GED level;

6.1.2 Perform those clerical skills as delineated by the employing agency;

6.1.3 Perform verbal skills in a clear and understandable manner, in the required language or languages established as necessary to that emergency medical dispatch agency;

6.1.4 Perform alphanumeric transcription skills necessary to correctly record addresses, locations, and telephone numbers; and

6.1.5 Demonstrate competency in basic telecommunications skills as required by the employing or training agency.

6.2 Selection criteria should also include the following:

6.2.1 A clear attribute of helpfulness and compassion toward the sick or injured patient and the caller advocate;

6.2.2 The ability to clearly guide callers in crisis through application of necessary interrogation procedures and the provision of telephone pre-arrival instructions;

6.2.3 The ability to learn and master the skills, philosophy and knowledge required to successfully complete the training process;

6.2.4 The ability to efficiently and effectively organize multiple tasks and complicated situations and activities;

6.2.5 The ability to handle the levels of emotional stress present in caller/patient crisis intervention, death and dying situations, call prioritization and triage, and multiple tasking;

6.2.6 The ability to function within the team framework of public safety and EMS systems; and

6.2.7 The ability to elicit and assimilate caller information and then to prioritize and appropriately consolidate and summarize this information in a format used to inform and direct public safety responders.

7. Orientation Guidelines for Emergency Medical Dispatchers

7.1 When an individual has successfully completed the initial EMD training and is employed by an emergency medical dispatch agency, a comprehensive orientation program must be in place to initiate this individual to the intense and demanding conditions that exist in dispatch centers. It must include:

7.1.1 An orientation manual for the new EMD;

7.1.2 A formal orientation for the new EMD in the communications and dispatch operation as well as the employing agency as a whole including all relevant policies, practices, and procedures.

7.1.3 Orientation with a one-on-one preceptor concurrent with the employee's probationary period;

7.1.4 Written evaluation of compliance through the agency's quality assessment practice as defined in this practice; and

7.1.5 Written evaluation of performance during orientation and frequent feedback and critique from those individuals responsible for training and evaluation of the new emergency medical dispatcher.

8. Performance Evaluation

8.1 The EMD must function using a medically approved EMDPRS to establish the template for performance and protocol compliance evaluation. The ongoing performance appraisal must evaluate the EMD's ability to follow and comply with the established agency policies and procedures.

8.2 Established performance criteria should be shared with new employees and measured on a regular basis. These should include evaluation of performance in:

8.2.1 Conformance to established policies of the employing agency, and

8.2.2 Compliance with the EMDPRS of the employing agency.

8.3 Performance appraisal of the EMD through case review should be accomplished by the following:

8.3.1 Multiple cases that an individual manages must be reviewed on a regular basis.

8.3.2 The selection of cases to be reviewed should provide a perspective of the individual's performance over the entire spectrum of call-types received. The review process should, as a minimum, review 7 to 10 % of calls received by the emergency medical dispatch agency.

8.3.3 Individuals performing dispatch case reviews must have an emergency medical background (preferably experienced at an ALS level) and be specially trained in the process of EMD case review.

8.3.4 These reviewers shall use a standardized *case review template* form that objectively outlines and quantifies all parameters of EMDPRS compliance by which the EMD will be evaluated.

8.3.5 Records must be kept showing at a minimum the following areas of compliance:

8.3.5.1 Compliance to asking the systematized interrogation questions. These should be subdivided to show different areas of interrogation in the EMDPRS.

8.3.5.2 Compliance to providing the systematized pre-arrival instructions (when possible and appropriate to do so); the record should show separate compliance for each type of pre-arrival instructions found within the EMDPRS.

8.3.5.3 Compliance to correctly selecting the dispatch response classification code.

8.3.6 Records should be kept showing cumulative compliance scores in the listed areas for the following groups:

8.3.6.1 Individual compliance averages;

8.3.6.2 Shift compliance averages, and

8.3.6.3 Emergency medical dispatch agency compliance averages.

8.3.7 Group compliance averages should be periodically purged of older records allowing the EMD to reasonably improve scores over time. All records should be maintained and archived.

8.3.8 The process of individual case review and the findings and recommendations should be managed by a specially trained diversified group of EMS and dispatch agency personnel. Participants in the management of the case review process should represent a cross-section of those individuals within the system affected by the emergency medical dispatch program. These should include, but not be limited to, line dispatchers, managers, administrators, medical control physicians or their representatives, or both, field personnel, and ancillary public safety groups such as 9-1-1, primary and secondary public safety answering points (PSAPs), that operate within the structure of an organized medical dispatch case review committee.

8.3.9 The specific policies and procedures to be utilized for performance appraisal activity must be carefully explained to the EMDs whose performance will be measured and must be objectively and impartially administered.

8.3.10 Regular feedback must be provided to the EMDs based on the findings of their performance appraisal.

8.3.11 The goal of the case review process is to enhance the performance of the EMD. This feedback should include both recognition of exemplary performance as well as behavior requiring remediation. This feedback must be provided in written form and maintained in the employee's records.

8.3.12 EMDs who consistently provide quality care should be recognized. Commendations, awards, advancements, media exposure, and other forms of positive reinforcement are important elements of performance appraisal.

8.3.13 The emphasis of any remedial activity should focus on re-training and modification of unacceptable practice patterns rather than on sanctions.

8.4 Field-to-dispatch feedback mechanisms should be established to monitor, inquire about and document issues relative to the application of medical dispatch practices witnessed in the total system.

8.4.1 Standardized forms should be used to collect, record, and report this information.

8.4.2 All reports generated should be carefully tracked through the system, investigated and evaluated, and written "feedback" provided to the initiator. These reports shall be maintained.

8.4.3 All reports should avoid any and all accusatory "non-colleagueal" tones.

9. EMD Certification

9.1 To become certified, an EMD shall successfully complete an EMD course that meets the requirements of this practice and the curriculum standard guidelines contained in Practice F1552; and

9.2 Successfully pass a written or automated examination that evaluates the knowledge, comprehension and application

of information required to function as an EMD as enumerated by Practice F1258 and Practice F1552.

9.3 The official sanctioning agency must evaluate the curriculum, testing, and EMDPRS of any emergency medical dispatch program to be approved through direct evaluation and approval by the physician medical director.

9.4 The initial certification period for a new emergency medical dispatcher shall be two years.

9.5 Certification of EMDs shall be documented and directly traceable to a nationally established organization with a recognized program sanctioned by the governmental body with jurisdiction for EMS systems in the state.

9.6 All certifying entities or organizations shall maintain records for all certified individuals and shall provide documents and reports regarding testing and certification status as required by using agencies, states, or governmental units. All records shall be maintained for a minimum period of ten years from initial certification, recertification or testing of the individual.

10. Recertification

10.1 To become recertified as an EMD a candidate shall provide evidence of successful completion of a minimum of 12 h of approved continuing medical dispatch education per year during the required recertification period.

10.2 The content of the continuing medical dispatch education required shall be defined and approved by the certifying agency and be consistent with the requirements of this practice; and

10.3 The candidate shall also successfully pass a written or automated examination that evaluates the knowledge, comprehension and application of information required to function as an EMD as enumerated by Practice F1258 and the minimum curriculum guideline of Practice F1552.

10.4 After the initial two year certification, the subsequent recertification period of the emergency medical dispatcher shall be not less than two years and not more than four years.

10.5 If an EMD certification expires, the EMD shall have twelve months to recertify or the EMD shall be required to perform all requirements of initial certification.

11. Reciprocal Certification

11.1 Reciprocal certification shall be established between certifying agencies and organizations having programs that meet the requirements contained in this practice and Practice F1552.

11.2 The diversified EMDPRS protocols require specific training and knowledge in their proper use; therefore, the emergency medical dispatcher wishing reciprocal certification must receive formal training on the specific EMDPRS that is used for the certification being sought and as used within the employing emergency medical dispatch agency.

12. Revocation of Certification

12.1 The goal of quality assurance is to correct deficiencies and encourage excellence, not just adhere to minimum standards. Demonstrated inabilities and failure to perform appropriate patient care through approved pre-arrival instructions and demonstrated inabilities and failure to perform according to the predetermined medically approved protocols are significant failures and cannot be tolerated within a comprehensive EMD program.

12.2 EMD certification or recertification may be suspended or revoked by the certifying entity for any of the following causes:

12.2.1 Habitual or excessive use of or addiction to narcotics or dangerous drugs, or conviction of any offense relating to the use, sale, possession, or transportation of narcotics, dangerous drugs, or controlled substances.

12.2.2 Habitual or excessive use of alcoholic beverages or being under the influence of alcoholic beverages, or controlled substances while on call or on duty as an EMD, or conviction of driving under the influence of alcohol or controlled substances.

12.2.3 Fraud or deceit in applying for or obtaining any certification, or fraud, deceit, incompetence, patient abuse, theft, or dishonesty in the performance of duties and practice as an EMD or other EMS professional.

12.2.4 Involvement in the unauthorized use or removal of narcotics, drugs, supplies or equipment from any emergency vehicle, agency, or health care facility.

12.2.5 Performing procedures or skills beyond the level of certification or not allowed by rules, or violation of laws pertaining to medical practice and drugs.

12.2.6 Conviction of a felony or a crime involving moral turpitude, or the entering of a plea of guilty or the finding of guilt by a jury or court, of commission of a felony, or a crime involving moral turpitude.

12.2.7 Mental incompetence as determined by a court of competent jurisdiction.

12.2.8 For good cause, including conduct that is unethical, immoral, or dishonorable.

12.2.9 Demonstrated inabilities and failure to perform appropriate patient care through approved pre-arrival instructions, and

12.2.10 Demonstrated inabilities and failure to perform according to the predetermined medically approved EMDPRS protocols.

13. Continuing Dispatcher Education (CDE)

13.1 A sound, ongoing program of continuing dispatcher education is essential. Without regular educational experiences specifically direct to their practice, the EMD will become less proficient in the understanding of and compliance to the EMDPRS. The agency's continuing dispatch education (CDE) program should be coordinated and organized for the EMDs through the emergency medical dispatch QA/QI personnel who, through the evaluation of on-line case review, identify the specific and individual needs of the EMD. Objectives of training should be for the EMD to:

13.1.1 Develop an understanding of telecommunications and the EMDs' roles and responsibilities;

13.1.2 Enhance the on-line skills in pre-arrival instructions and in all emergency telephone procedures within the practice of EMD;

13.1.3 Improve skills in the use and application of all component parts of the EMDPRS, including interrogation, prioritization, and appropriate provision of pre-arrival instructions;

13.1.4 Seek opportunities for discussion, skill practice, and critique of skill performance;

13.1.5 Maintain a current understanding of the evolving science of emergency medical dispatching methods, procedures, techniques, and standards.

13.2 *Elements of Continuing Dispatcher Education*—CDE at a minimum must include a review of the elements of the curriculum, with special emphasis on operational functions, protocol and policy compliance, new procedures, medical advancements, problematic situations, and greater in depth understanding of the medical conditions that are represented within the EMDPRS. CDE learning can be obtained through various educational methods and may include but is not limited to the following suggested CDE categories:

13.2.1 *Scenario Drills/Role Playing*—Workshops and seminars related to EMS, preferably related to the skills of an EMD; that is, airway management, review of essential telecommunication skills, telephone scenarios, medical legal issues, computer aided dispatch, stress management, refresher courses, etc. (maximum of eight instructional hours per year);

13.2.2 Local planning or management meetings, including general organization for disaster mass casualty, and HAZ-MAT related incidences (maximum of four instructional hours per year.),

13.2.3 *Case Review Activities*—Quality assurance/quality improvement case review, planning and analysis of issues or findings identified by dispatch QA/QI, theoretically or in practice (maximum of four instructional hours per year.),

13.2.4 Audio-visuals (films, video tapes, etc.), that illustrate and review proper emergency care and EMD procedures. Titles should be restricted to those specific to EMS, preferably EMD related (maximum of two instructional hours per year),

13.2.5 *Didactic Lectures*—Teaching the general public any topic within the scope of basic EMD/EMS relations. Synopsis of the subject taught should be included in the CDE documentation (maximum of two instructional hours per year),

13.2.6 *EMS Field Experience*—Miscellaneous categories may include on-duty work experience as an EMT (maximum of two instructional hours per year), and

13.2.7 *Attendance at Remote Professional Conferences and Seminars*—Workshops and seminars related to EMS, preferably related to the skills of an EMD.

14. Risk Management

14.1 The following attitudinal philosophy of risk management within a quality assurance program is derived from the *Guidelines for Quality Assurance*[3] from the Council on Medical Service of the American Medical Association and deals mainly with risk management-type issues. These ten guidelines should be utilized in any medical dispatch system, whether private or governmental operated and whether conducted by medical directors, administrators, supervisors, peers, or governmental authorizing agencies.

14.1.1 The specific policies and procedures to be utilized for performance evaluation activity must be carefully explained to the EMDs whose performance will be measured. All procedures must be objectively and impartially administered.

14.1.2 Any formal corrective activity related to an individual EMD should be triggered by concern for that individual's overall practice, rather than by deviation from specified criteria in single cases. Judgment as to the competence of specific dispatchers should be based on an assessment of their performance with a number of patients and not on the examination of single, isolated cases, except in extraordinary circumstances.

14.1.3 The institution of any corrective action or activity should be preceded by discussion with the EMD involved. There should be ample opportunity for the EMD to explain observed deviations from accepted practice patterns to supervisors, professional reviewers, or the medical director, or all three, before any remedial or corrective action is decided on.

14.1.4 Emphasis should be placed on retraining and modification of unacceptable practice patterns rather than on sanctions. The initial thrust of any remedial activity should be toward helping the EMD correct deficiencies in knowledge, skills, or technique, with practice restrictions or disciplinary action considered only for those not responsive to such remedial activities.

14.1.5 The employing agency must provide the appropriate educational resources needed to effect desired practice modifications whether they be peer consultation, continuing education, retraining or self-learning and self-assessment programs.

14.1.6 Feedback mechanisms should be established to monitor and document needed changes in practice patterns and allow for assessment of the effectiveness of any remedial activities instituted by or for an EMD.

14.1.7 Restrictions, sanctions or disciplinary actions should be imposed on those dispatchers not responsive to remedial activities, whenever the employing agency or medical director, or both, deem such action necessary to protect the public. Depending on the severity of the deficiency such restrictions may include loss of certification.

14.1.8 The imposition of restrictions, sanctions or disciplinary actions must be timely and consistent with due process. Before a restriction or disciplinary action is imposed, the EMD affected should be provided an explanation of the basis for such actions, ample opportunity to request reconsideration and to submit any documentation relevant to the request, and the right to meet with those considering its imposition. However, in cases where those considering the imposition of restrictions, sanctions or disciplinary action deem the dispatcher to pose an imminent hazard to the health of patients, personnel or the public at large, such restrictions or disciplinary actions may be imposed immediately.

[3] *Guidelines for Quality Assurance*, Council on Medical Service of the American Medical Association, 515 N. State St., Chicago, IL 60610.

14.1.9 Quality assurance systems for medical dispatch should be structured and operated so as to ensure immunity for those conducting or applying such systems who are acting in good faith. To ensure the active unfettered participation of all parties in the review process, all case reviews, and the documents and opinions generated by them, should be structured, if possible, for protection from subpoena and legal discovery. This incident review protection is common in most hospital and medical review environments. Reviewing state and federal legislation as well as pertinent court decisions as the basis for developing comprehensive guidelines on immunity in review activities is essential.

14.1.10 To the fullest degree possible, quality assurance systems should be structured to recognize care of high quality as well as correcting instances of deficient practice. The vast majority of practicing, professionally trained EMDs provide care of high quality. Quality assurance systems should explore methods to identify and recognize those treatment methodologies, procedures, and protocols that consistently contribute to improved patient outcomes, system efficiency, and safety. Information on such results should be communicated to the medical control community and dispatch agency administrations. EMDs providing high and consistent quality care should be rewarded. Commendations, awards, advancements and other forms of positive reinforcements are important facets of quality assurance.

15. Sequence of Implementation

15.1 This section is intended to serve as sequential steps guideline of activities that must be completed to implement an emergency medical dispatch program. All administrative and oversight functions must be established and in place prior to training the EMDs or any “on line” use of the EMDPRS.

15.1.1 Selection and orientation of:

15.1.1.1 The medical director (who also serves on the QA/QI and oversight committees noted below);

15.1.1.2 EMD project director;

15.1.1.3 Communications center manager;

15.1.1.4 Emergency medical service system(s) administrator(s);

15.1.1.5 EMD program QA/QI personnel;

15.1.1.6 Active on-line dispatcher(s);

15.1.1.7 Prehospital care provider representative (EMT or paramedic, or both);

15.1.1.8 EMD labor organization representative; and

15.1.1.9 Continuing dispatch education personnel;

15.1.2 Identification of the goals and objectives of the proposed EMD program by the oversight committee.

15.1.3 Selection of an EMDPRS by the oversight committee, with the written approval of the program medical director, conforming to the goals and objectives identified above.

15.1.4 Acquisition of the selected EMDPRS.

15.2 Orientation about the EMD program for all relevant governmental or municipal personnel, EMS personnel (field responders, supervisory, administrative) and communications managers, administrators, and oversight committee members.

15.3 Development of a QA/QI program for employee evaluation as indicated in the section on performance evaluation.

15.4 Ensuring that all oversight committee functions, QA/QI mechanisms, continuing education programs and other above outlined administrative functions are established prior to commencement of EMD training.

15.5 Arranging, scheduling and conducting all prerequisite or pre-EMD training programs such as CPR or emergency medical orientation (first responder) classes for communications personnel.

15.6 Arranging, scheduling and conducting the EMD training program for all communications personnel, all oversight committee members, and medical direction personnel.

15.7 Implemention of the EMDPRS in the communications center.

15.8 Commencement performance evaluation of EMD cases according to the QA/QI program.

15.9 Initiation of the continuing dispatch education program (CDE).

15.10 Commencement of dispatch feedback mechanisms and performance remediation process.

15.11 Conduct orientation of ancillary public safety communications centers in the geographic area.

15.12 Provision for a public education component to orient the serviced population to the new EMD program.

15.13 Continuation of gathering and recording data relative to the effectiveness of the EMDPRS and evaluate the impact of the EMD program on the delivery of emergency medical services.

16. Keywords

16.1 case review; continuing dispatch education; dispatch life support; dispatch management; dispatch protocol; dispatcher; EMD; EMD administration; EMD certification; EMDPRS; emergency medical dispatcher; emergency medical dispatch management; emergency medical dispatch priority reference system; medical dispatch; medical director; performance evaluation; pre-arrival instructions; priority dispatch; PSAP; quality improvement; quality assurance; recertification; reciprocity; risk management; telecommunicator