

MIH: 9-1-1 Call Transfer to TeleBEST

Effective: 10-25-22

PURPOSE

The purpose of the 9-1-1 Call Transfer to TeleBEST program is to connect low-acuity behavioral health calls to more appropriate points of care and increase access to care, leading to prioritization of EMS resources for patients in more critical condition, a decrease in medically unnecessary emergency department visits, and improved patient care coordination.

BACKGROUND

Boston EMS secured approval through the Massachusetts Department of Public Health, Office of Emergency Medical Services, Mobile Integrated Health Care (MIH) Emergency Diversion program, authorizing the department to route low acuity 9-1-1 behavioral health incidents directly to a licensed clinician working for the Boston Emergency Services Team (BEST). In partnering with BEST as an Emergency Services Program (ESP), Boston EMS call takers will screen behavioral health-related incidents to determine qualification for call transfer to a telehealth line staffed by a licensed BEST behavioral health clinician. This service will be known as ‘9-1-1 Call Transfer to TeleBEST’.

Patients who meet established criteria will be offered the option to speak with a master’s level BEST clinician who is experienced in caring for people during a behavioral health crisis. The call will be transferred as a warm handoff after the patient provides verbal consent. BEST currently has a well-established hotline that takes calls directly from anyone in the city experiencing a behavioral health crisis, providing information, and referrals. For patients who are unaware of or unable to access this option, and instead call 911, the MIH program and partnership will link them to the BEST call center for immediate behavioral health care, and long-term care connections. All patients retain the right to be transported to a hospital at any time if they choose.

PROCEDURE

A soft button has been installed on the NG9-1-1 screen. The TeleBEST soft button will call the BEST clinician(s) directly. This phone number is dedicated to 9-1-1 transfers and is not part of the BEST Team’s current call system. All calls into Boston EMS 9-1-1 follow standard guidelines, starting with EMD/All Callers Card. EMT-Ts will continue to follow the standard call scripting process, incorporating new language if the complaint is confirmed to be a low acuity mental health issue (EDP3).

TeleBEST will only be available during designated days and hours. Boston EMS call takers will be informed when it is an available option for callers.

CALL SCRIPTING

1. The call taker will follow the standard EMD procedure. If, during call processing, the complaint is confirmed to be a behavioral health issue and the call is designated as an EDP3 or ILL3, the call taker will initiate the TeleBEST Assessment.
2. TeleBEST Assessment- the patient must meet ALL of the following criteria:
 - a) Can communicate
 - b) Appears/sounds to be in a safe and stable situation, including no immediate danger to self or others
 - c) Not actively suicidal with a plan
 - d) Patient is 16 years of age or older (if 16 or 17, parent/guardian consent is preferred)

AND have no indication of:

- a) Having consumed quantities of medications or other substances which would be considered an overdose or poisoning
- b) Active chest pain
- c) Recent seizure (within last 4 hours)
- d) Recent head injury (within 24 hours)
- e) Hypoglycemia with history of diabetes, currently on medications

If patient qualifies for TeleBEST Referral/Consultation:

3. Once the patient is determined to qualify for TeleBEST, follow these steps:
 - a) Explain to the caller the option to be transferred directly to an experienced behavioral health clinician who can provide immediate mental health crisis consultation over the phone. And, that the call transfer will only occur, if you are able to directly reach the clinician on call.
4. If the patient agrees, take the following warm handoff steps:
 - a) Obtain the patient's name and call-back number
 - b) Activate the TeleBEST soft button on NG9-1-1
 - c) If there is no answer after 5 rings, the call taker will take the call back and enter the call using standard EMD procedures
 - d) When connected to the clinician, please identify yourself, then obtain the clinician's ID#, enter the ID# into the CAD comment section of the disposition dialog box, and accept the event using disposition of 'TEL' to obtain the CAD incident number which is needed for clinician referral.

- e) Provide the Clinician with the following information:
 - i. Patient's name and age
 - ii. Patient or caller's call back number
 - iii. Brief description of patient's chief complaint
 - iv. The full ADVISED TeleBEST CAD incident number
 - f) Once connection is confirmed, the call can be released, and the call-taker no longer needs to remain on the line.
 - g) If using interpreter services with the patient or caller, they can be transferred to the TeleBEST service as well
 - h) All calls transferred to TeleBEST should use the following typecode, subtype and disposition:
 - i. Type Code: TELEMED
 - ii. Subtype: TELEBEST
 - iii. Disposition: TEL
5. If after consultation with the patient, the TeleBEST clinician determines the patient requires a 9-1-1 response, which may include Section 12, the clinician will add Boston EMS operations (617-343-4510) to the call, jointly with the patient. The clinician will give the call-taker the incident number, communicate whether any immediate safety threat exists, and if so, list specifics of the threat. To ensure the patient is not disconnected, the BEST clinician will remain on the line. The call-taker will update the incident with the appropriate Type Code and enter any relevant information as needed using standard EMD procedures.