



City and County of San Francisco
London Breed, Mayor

Department of Public Health
Emergency Medical Services Agency

Date: July 2, 2020

To: San Francisco EMS Providers
DEM Division of Emergency Communications
San Francisco Receiving Hospitals

From: John Brown MD, MHOAC & San Francisco EMS System Medical Director
Jim Duren, EMS Administrator

Subject: **CADDiE Project Augmentation – CADDiE Hospital Direction Now Mandatory**

A primary objective of the CADDiE project is to use comprehensive EMS and hospital information to distribute EMS patients in a way that preserves the sustainability of our local health system. Following interim CADDiE data analysis, and to best prepare for a potential increase in local health system utilization with the ongoing COVID-19 response, the EMS Agency is making the following change to the CADDiE operational process for EMS field providers:

- Contact with the CADDiE Base shall be made for all patients transported Code 2.
- The destination determination made by the CADDiE Base shall be treated as a mandatory directive, **not** a recommendation.

This change will go into effect on **7/3/20 at 07:00**. For the duration of this memo, CADDiE-driven destination determination shall override any relevant language in EMS Agency Policy 5000 – Destination Policy for Code 2 patients. This memo will remain in effect until rescinded by the Medical Director.

An updated version of the EMS Field Provider CADDiE Flowchart is provided on the following page. Please ensure this information is disseminated to field providers as soon as possible. Thank you all for your continued cooperation.

EMS Provider Guidance

We understand this process is a significant change in our standard EMS practice and may present providers with new challenges. The following guidance from the Medical Director addresses issues which may arise, and suggests language/information to use when speaking with patients.

A primary objective of CADDiE is using comprehensive, real-time EMS and hospital information to distribute patients in a way that preserves the sustainability of our health system. This benefits patients directly by ensuring they receive the best possible care in the shortest amount of time, and by preventing hospital over-loading in the ED and beyond. EMS providers are a crucial component in this system and your hard work and flexibility during the COVID-19 response is appreciated.

Addressing Concerns About Patient Autonomy

- ▶ In a time of pandemic, we must adapt to provide the best possible care and maintain the health system's ability to continue providing that care.
- ▶ Communicate to patients that their hospital of choice is taken into consideration by the CADDiE Base. It's one of the top priorities in their decision algorithm.

Addressing Concerns About Medical Home

- ▶ CADDiE Base will continue to consider and prioritize patient's medical home.
- ▶ With exception of VA and Dignity Health facilities, all SF ED's use Epic, enabling cloud-based EHR data sharing.
- ▶ If medical home is important for specific treatment (e.g. oncology, OBGYN) please relay this information to the CADDiE Base.
- ▶ Ultimately, better care is more important than better records.

Addressing Concerns about Insurance Coverage

- ▶ EMS has never had the ability to fully address issues of insurance coverage. However, the CADDiE project, including CADDiE destination as a directive, was approved by the Hospital Council of Northern California (which includes Kaiser).

If the Patient Adamantly Refuses CADDiE Hospital

- ▶ CADDiE Base will do their best to provide the most appropriate options for patients.
- ▶ Consult with CADDiE on alternative hospital choices.
- ▶ Patients with capacity have the option to PDT/AMA.

If the Patient Becomes Aggressive/Argumentative

- ▶ Providers should handle this situation no differently than any other when the scene is no longer safe.
- ▶ Make all attempts to verbally deescalate and keep patients informed on the decision-making process.
- ▶ Follow current policies for disengaging and utilize law enforcement when needed.

If the Patient Meets Specialty Criteria

- ▶ Per the Medical Director, these patients are still subject to CADDiE Base contact, provided they are being transported Code 2. Critical patients transported Code 3 are not subject to CADDiE (see flowchart).

