



City and County of San Francisco  
London Breed, Mayor

Department of Public Health  
Emergency Medical Services Agency

Date: June 30, 2021

To: Emergency Medical Services Advisory Committee  
San Francisco EMS Providers

From: John Brown MD, San Francisco EMS Agency Medical Director

A handwritten signature in black ink, appearing to read "John Brown MD".

Subject: **Change to CADDie Operations**

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I appreciate all of our providers working together to better distribute 911 patients to our hospital facilities and avoid surges that can be detrimental to patient care. I understand that the task of requesting CADDie guidance for patient destination is time consuming and may impose additional burdens on EMS providers, having to counsel patients on why it is important that the CADDie destination determination be followed. I respectfully request that our providers act as advocates for both patients and the EMS system, realizing that honoring a single patient's destination request during surge at a hospital may have negative consequences on the next several patients requesting the same facility, and potentially result in a diversion event. I also appreciate the EMS providers participating in our two CADDie program surveys and we will continue to make improvements in the CADDie program based on that input and data analysis from patient encounters.

Starting **July 6, 2021**, the CADDie program hours will decrease to 8 hours per day — those hours with the greatest number of eligible patients — **10 am to 6 pm, 7 days a week**. Additionally, we have constructed an updated CADDie flowchart (attached) in which CADDie will inform the provider if their first choice of facility is severely impacted, and if they should transport to an alternative destination (mandatory direction). In the event of direction away from the first choice of facility, the provider will provide CADDie with 2 to 3 alternative choices of destination. These choices can be decided by the EMS crew with patient input (recommendation). We will also be initiating the collection of hospital-specific data on patient flow in emergency departments to determine the downstream effects of the program and will share this data analysis on the CADDie page on the EMS Agency website.

Thank you for your flexibility and your work with patients, treating their hospital destination as an important component of their overall care. If you have questions or are interested in doing a "sit-along" with CADDie to learn more about the program, please contact [askEMSA@sfdph.org](mailto:askEMSA@sfdph.org).

# CADDiE Guide Sheet for EMS Providers

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 is appreciated.

## Addressing Concerns of Patient Autonomy

- ▶ In a complex and busy EMS system like San Francisco, we have to consider many factors to ensure the system can provide the best care to the greatest number of patients.
- ▶ Communicate to patients that their hospital of choice is taken into consideration by CADDiE. It's one of the top priorities in their decision algorithm.

## Addressing Concerns of Medical Home

- ▶ Many SF hospitals are able to share patient information via cloud-based EMR infrastructure.
- ▶ If medical home is important for a specific treatment (e.g. oncology, OBGYN) please relay this information to CADDiE for consideration.
- ▶ Ultimately, better care is more important than better records.

## Addressing Concerns of Insurance Coverage

- ▶ EMS has never had the ability to fully address issues of insurance coverage.
- ▶ San Francisco hospitals are aware of, and endorse the program.

## If the Patient Adamantly Refuses CADDiE Hospital

- ▶ CADDiE 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 de-escalate and keep patients informed on the decision-making process.
- ▶ Follow current policies for disengaging and utilize law enforcement when needed.

## Base Contact vs. CADDiE Contact

- ▶ For situations where destination consult is needed due to clinical factors, utilize Base Contact prior to contacting CADDiE.

## Patients with EMS6 Care Plans

- ▶ These patients are subject to CADDiE, but please inform CADDiE of the care plan. This is an important factor in destination determination.

