

Practice Update

Audience: All PCCP Staff, All Managers & All Paramedic Specialists

Date: 29 July 2021

Subject: **Activation of “Green” CRM Response**

What’s new? As part of the BCEHS low acuity approach to care, the Clinical Response Model (CRM) Response Category Green will be activated on **30 July 2021**. The Clinical Response Model (CRM) is intended to accurately match resources to the needs of the patient. The focus of the CRM is to get paramedics to the most critically ill and injured patients as quickly as possible, and to improve the health experience of all patients.

During periods of high call volume and extreme events, data indicates that many of these callers are low-acuity in nature. In order to provide appropriate care to the low-acuity patients, and to ensure resources are available to respond to the urgent and emergent patients, the green CRM disposition will now be an available option. Low-acuity units (X-Ray) will respond and transport Green CRM patients to the emergency department as available.

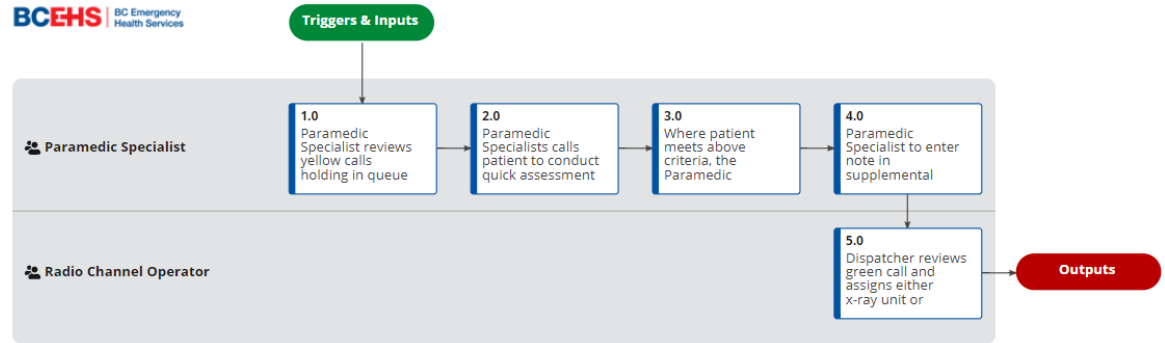
The Paramedic Specialists will apply a clinical process to Yellow calls in the queue to determine the appropriateness of the Green disposition and will determine an acceptable response timeframe based on the clinical presentation. Dispatchers will then dispatch the low-acuity units to these patients. If a low-acuity unit does not become available to attend the patient within the timeframe determined by the PS, the response will revert to a Yellow response and re-enter regular workflow.

This process has been deliberately designed to ensure that patients will not automatically fall under a Green CRM response following call handling by an Emergency Medical Call Taker (EMCT). Instead, all low acuity calls will initially be coded as a Yellow CRM and placed in the pending queue. The Yellow CRM event will then require a review and assessment by a Paramedic Specialists prior to moving to a Green CRM. **At this point in time, Green CRM patients will be ambulatory, presenting with a low-acuity condition and be located in areas with activated low-acuity units (Lower Mainland and Fraser Regions).**

The review and conversion process can be found in the attached Promapp and is designed to ensure a balance between patient needs and staff safety.

There will be no change to the 9-1-1 intake and evaluation process. The overall objective of this change is to ensure patients with minor injuries or illnesses who require little to no assessment and a simple conveyance to hospital are prioritized effectively by our system which will then deploy a resource that is able to meet the patients needs whilst reducing system pressure on emergency ambulance resources.

What does the process map look like?



Where can I find more information

To access the Promapp [click here](#). If you do not have access to Promapp please see appendix 1 for full access.

Who do I contact if I have questions?

If you have questions, or require clarification, please reach out to your Paramedic Practice Leader.

Appendix 1 – Promapp: Conversion to Green CRM Event

Procedure

1.0 Paramedic Specialist reviews yellow calls holding in queue and identifies patients eligible for green CRM conversion. Patient must satisfy below criteria to be eligible for conversion to CRM green.

Responsibility of Paramedic Specialist

- A. Patient illness or injury described as minor in nature AND
- B. Patient requires minimal or no assessment AND
- C. Patient can ambulate independently or with assistance AND
- D. No blood or bodily fluids involved AND
- E. Patient does not display symptoms of a communicable disease AND
- F. Patient requires transport to health care provider

2.0 Paramedic Specialists calls patient to conduct an assessment and confirm above criteria have been met

Responsibility of Paramedic Specialist

Q: What type of assessment do I conduct?

A: You are required to conduct an assessment to determine if the above criteria have been satisfied. A secondary triage assessment using MTS is not required unless you feel that patient would benefit from assessment and subsequent referral to an alternate care provider.

3.0 Where patient meets above criteria, the Paramedic Specialist will convert the call to Green CRM using command prompt "PSG"

Responsibility of Paramedic Specialist

4.0 Paramedic Specialist to enter note in supplemental information advising on appropriate time frame for arrival of low acuity resource

Responsibility of Paramedic Specialist

5.0 Dispatcher reviews green call and assigns low acuity resource i.e. x-ray unit

Responsibility of Radio Channel Operator

Q: What if an x-ray crew is not available?

A: In instances where a low acuity unit is not available, the dispatcher will assign an emergency ambulance resource.

Q: Can I send an x-ray unit to more than one call?

A: Yes, you can dispatch an x-ray unit to more than one call prior to transport to hospital. This will ensure the resource is utilized more effectively.

Appendix A – Green CRM Inclusion Criteria

Green CRM Inclusion Criteria

Pending Yellow calls should be re-assessed by the Paramedic Specialist via teleconsultation. This may or may not require the application of a complete Secondary Triage using the Manchester Triage System (not mandatory). Following this consultation, the PS may adjust the response category as clinically appropriate, which now includes the option of triaging lower acuity responses to a CRM Green Response for subsequent low-acuity unit conveyance.

Suggested Patient Population

The purpose of the introduction of the CRM Green Response is to identify low-acuity patients who require little assessment or management aside from conveyance from scene. This aims to ensure emergency resources remain available for urgent and emergency responses. Low-acuity units can provide transport to emergency departments for ambulatory, non-life-threatening concerns that require same-day follow-up.

Consider during the initial assessment of the patient whether they **may** benefit from a complete secondary triage with the Manchester Triage System for self-care advice or self-conveyance to an appropriate destination. This is not mandatory to convert a response to Green category, although MTS may support decision-making during assessment & care planning.

Some conditions (not exhaustive) which may be appropriate for low-acuity response units and inclusion in the Green CRM Response are:

- Minor musculoskeletal trauma (sprains, strains, minor wounds, skin tears)
- Exacerbation of chronic pain
- Exacerbation of chronic disease processes
- Dehydration
- Diarrhea or constipation
- Persistent nausea and vomiting
- Heat illnesses
- Abdominal pain
- Back pain

Low-acuity response unit capabilities:

The range of available low-acuity response units will vary by community but may include any combination of multi-patient “X-Ray” units, community paramedic units or dual-crewed EMR resources. Inherently, the capabilities of each unit will differ and so when determining whether a low-acuity response unit would be capable of managing the patient it is important to be mindful of overall operational capacities.

General capabilities of low-acuity response units include:

- Patients >17 and <70
- Able to ambulate safely and independently OR patients with mobility aids (wheelchairs) without significant care requirements (stretcher-bearing unit availability may vary – confirm with charge dispatcher)
- Vital signs within normal limits (per limited telephone assessment)
- Patients unlikely to require significant pre-hospital medical care.