

AMERIMED SOP

2.14.1 Non-Emergency Calls, Accepting

Rev 8/2025

OVERVIEW

AEMS will handle non-emergency transports based on several factors. Many medical and medically-related facilities are handled in different manners. When the call is placed from somewhere other than the facilities specified below, the Operator should refer to the NON-EMERGENCY TRANSPORTATION GUIDE located in the Communications Center.

SECTION A

When answering any emergency phone line, the Operator should answer:

1) "THANK YOU FOR CALLING AMERIMED, THIS IS (operator first name), MAY I HELP YOU?"

After following EMD protocol or AEMS Emergency Request guidelines, and the operator has determined the request is of a non-emergency nature the following procedure should be used.

2) Ascertain all of the following,.

- Phone number from where the caller is calling
- Caller's Name
- Location of the patient - complete street address and city
- Room Number / Department (if applicable)
- Reason for Transport
- Destination for Transport – including department
- Patient Name
- Appointment Time (if applicable)
- Pick up Time
- Special Equipment Required
- Payer, Responsible Party, Insurance Information (As described in NETG)
- Authorization / PO Number (selected contract facilities, as necessary)

3) Refer to NON-EMERGENCY TRANSPORTATION GUIDE located in the Communications Center to triage call.

4) Enter call information into the CAD system immediately.

SECTION B

DIALYSIS, DOCTORS APPOINTMENTS, and RADIATION PATIENTS being transported for those treatments should not be accepted without prior management approval.

If the call originated from a contracted facility (see list of Contracted Facilities located in the communications center), accept the call regardless of payment plans unless the trip is in excess of 60 miles from originating facility. However, if the facility requesting the transport is responsible for payment, ensure that the caller is aware that the facility will be billed for the transport. When

accepting a call from a facility, ensure that the caller is an employee from that facility, and not a family member of the patient. If more than 60 miles, direct the call to a supervisor or billing manager.

If the call did not originate from a contracted facility, ascertain payment plan information by contacting the billing department or the on-duty or on-call manager. If unable to make contact with a manager by three attempts, document the time and method of each attempt and accept the call unless it is obviously outside of AEMS service area.

SECTION C (change in Language)

For calls originating from Methodist Integrated Operations Center (IOC), there are requirements for pickup times. 30 minutes for ALS calls and 60 minutes for BLS calls. If we cannot meet those times, then we should decline the call using the flow chart below.

All timestamps **MUST** be done on the CTZ dispatch position. When the unit arrives, you must call IOC to give them the arrival time. When you notify IOC, put notes in the call as to who you spoke with and the time you gave them.

If you decline a call or we do not have unit available, a call should be generated with as much info as possible. The call will then be input as a lost call (because we do not have the resource available to handle the request).

SECTION C

For calls originating from Methodist Integrated Operations Center (IOC), there are expectations for pickup times: 30 minutes for ALS calls and 60 minutes for BLS calls. However, rather than automatically declining calls outside these windows, **we will now provide an estimated time of arrival (ETA)** to IOC and allow them to determine whether they wish to proceed with the request.

All timestamps must still be recorded in the CTZ dispatch position. When a unit is assigned and departs, IOC should be contacted with the ETA. Upon arrival, notify IOC again with the actual arrival time. Dispatchers must note in the CAD record **who they spoke with and the time the ETA was communicated**.

Methodist Flow Chart

