

# LEVELS OF CARE & EXPERIENCE LEVELS

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## DIFFERENTIATED LEVELS OF CARE

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- Not a new concept
- Well documented
- Widely accepted
  - CMS ambulance fee schedule

## DIFFERENT LEVELS OF SERVICE

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- BLS
  - Care provided at the level of the EMT-B
- BLS – Emergency (1.6)
  - Care provided emergently at the level of the EMT-B
- ALS I (1.2) or ALS I Emergency (1.9)
  - Assessment and / or I intervention provided at the Advanced Life Support level
  - Assessment & care provided at the EMT-I or Paramedic level

Centers for Medicare and Medicaid Services. (2010, July 29). CMS Manual System: Publication 100-02 Medicare Benefit Policy. Retrieved May 24, 2016, from Definition of Ambulance Services:  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R130BP.pdf>

## DIFFERENT LEVELS OF SERVICE

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- ALS II (2.75)
  - Assessment and multiple interventions provided at the Advanced Life Support level
  - Assessment & care provided at the EMT-I or Paramedic level
- Specialty Care Transport (3.2)
  - Assessment and care provided beyond the scope of the Paramedic
  - Critical Care certification can trump this for a Paramedic

Centers for Medicare and Medicaid Services. (2010, July 29). CMS Manual System: Publication 100-02 Medicare Benefit Policy. Retrieved May 24, 2016, from Definition of Ambulance Services:  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R130BP.pdf>

## WHAT ARE THOSE MODIFIERS

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- The numbers after each level of service dictate how much beyond the base rate the service can be reimbursed
  - CMS publishes annually
  - Must provide documentation to justify the level of service

## AIR AMBULANCE SERVICE LEVELS

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- Rotor Wing
  - Services provided in a helicopter
- Fixed Wing
  - Services provided in an airplane
- Rural
  - If the pickup location of the patient is in a rural zip code, than rural adjustment factors can be reimbursed

## AIR AMBULANCE SERVICE LEVELS - CONCERNS

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- Rural definitions go up to population densities of 999 people per square mile
- Montana sits at just under 7 per square mile
  - This population density is just over Frontier
- No defined level of service

Sackett, K. (2012, November 3). *Urban, rural, frontier and technology: Defining terms and setting the stage for future columns*. Retrieved May 10, 2016, from Online Journal of Nursing Informatics: <http://ojni.org/issues/?p=2006>

United States Census Bureau. (2010, April 1). *Quick Facts Montana*. Retrieved May 10, 2016, from United States Census Bureau: <http://www.census.gov/quickfacts/table/POP060210/30>

## AIR AMBULANCE SERVICE LEVELS - CONCERNS

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- Only consideration made is for the type of aircraft
- No consideration of the medical care on board

## PERFECT LEVELS ACCORDING TO SCOTT

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- Keep the methodology as far as RW and FW differentiation
- Keep the rural designators
  - These are good ideas
- Add modifiers to level of care
- Have 3 levels of care
  - BLS (1.0) – current levels
  - ALS (2.0)
  - SCT / Intensive Care (2.5)

## EXPLANATION OF NEW LEVELS

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- BLS (1.0) – current levels
  - Provided by one medical attendant below the Paramedic level
- ALS (2.0)
  - Provided by at least 2 medical attendants – both at least at the paramedic level
- SCT / Intensive Care (2.5)
  - Provided by at least 2 medical attendants – one at least at the registered nurse level – all above the critical care paramedic level

## TRANSITION TO EXPERIENCE

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- Why does CAMTS require ongoing clinical experience
  - It's important
  - It's meaningful
  - It can make the difference between a poor outcome and survival
- What does “ongoing” mean
  - Varies per program

## WHAT “ONGOING” MEANS AT BENEFIS MERCY FLIGHT

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- Types of services offered
  - Commensurate with experience – This is well beyond just certification in the area
    - NICU – Niric Oxide – high level ventilation
      - Providers all work in the NICU on a daily basis – 100% certified in their specialty area
    - High Risk OB – 100% certified in their specialty area
      - Providers work with laboring moms daily – they are L&D nurses first and then become flight nurses. But they stay as L&D nurses

## WHAT “ONGOING” MEANS AT BENEFIS MERCY FLIGHT

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- Critical Care – 85+% of nurses either hold emergency nurses certification or critical care nurses certification & 85+% of Paramedics are FP-c’s
  - Again – they work daily with patients -
  - Assist with mentoring and training of new ED staff
  - Assist in the ICU
  - Part of pediatric code team
- Respiratory Therapy – 80+ %of staff hold specialty certification
  - Work daily with ICU patients.
  - Just this year our 6 RT’s have worked over 4500 hours directly with patients – this does not account for any flight time. Just their FTE’s that they work in direct patient care

## WHY IS THE EXPERIENCE IMPORTANT

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- Because we are at best a rural state at worst – frontier and sparse
- Average transport times in Montana are approximately 3 times the national average
  - Approximately 45 minutes
- Daily experience with patient care allows good critical thinking to be applied to each patient
- Clinical decision making is always easier when you use it routinely, not just in an aircraft

## TIME IS INCREDIBLY IMPORTANT

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- Both time to definitive care  
&
- Time spent with the patient in transit receiving appropriate care
  
- Both are important