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.

CADDIE uses comprehensive EMS and hospital information to distribute patients with a goal of preserving 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. The EMS Agency will continue to re-evaluate the effectiveness of the program and modify it as needed. EMS providers are a critical 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 one of the top priorities for CADDIE when deciding a hospital.

Addressing Concerns About Medical Home

• CADDIE will continue to consider and prioritize patient’s medical home.
• Hospitals will take steps to access medical records from other facilities when needed.
• If medical home is important for specific treatment (e.g. oncology, OB/GYN) please relay this information to CADDIE.

Addressing Concerns about Insurance Coverage

• CADDIE is part of the EMS Destination/Surge policy, driven by determining the best possible destination for each patient, in that moment.
• Inform patients that San Francisco hospitals are aware of and endorse the CADDIE program.

If the Patient Adamanly Refuses CADDIE Hospital

• CADDIE will do its 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

• Unless otherwise specified in the flowchart these patients are subject to CADDIE.
• Inform CADDIE of the care plan and desired hospital.