



FREQUENTLY ASKED QUESTIONS

All calls to 911 are answered as quickly as possible, but not all calls are the same. Our goal is to connect 911 callers with medical needs to the most appropriate health care. This may or may not include transport to a hospital emergency department.

The goals of the *Right Care, Right Now* program are to improve patients' health outcomes and to preserve the DC Fire and EMS Department's (FEMS) resources for those patients with life threatening injuries and illnesses. This should also free up beds in crowded hospital emergency departments, which will benefit all critically ill emergency patients. The District has one of the highest per capita EMS call volume in the nation. Our high non-emergency call volume strains the Department's resources for emergencies.

Under the *Right Care, Right Now* program, callers to 911 with non-emergency injuries or illnesses are transferred to a nurse, either by the 911 center or by a FEMS first responder. The nurse asks the caller questions and assesses his or her symptoms so that the nurse can refer the caller to the most appropriate non-emergency medical care available, most likely a community clinic or urgent care clinic in the caller's neighborhood. Medicaid and DC Healthcare Alliance enrollees are provided with free transportation to and from the clinic.

When should I call 911?

You should only call 911 for a serious medical emergency (yourself or someone else) that you believe is life threatening or that may be or become life threatening, for example, trouble breathing, chest pain, heart attack, cardiac arrest, fainting, a severe allergic reaction, injuries from a fall or accident, seizures, severe pain or other urgent matter. You should not call 911 for minor illnesses or injuries, for example, a cold or virus, a minor cut, or for a routine or chronic medical matter that can be addressed through an appointment with a primary care physician.

Will FEMS still respond and transport me to a hospital if I call 911?

It depends. If your condition is an urgent, life threatening or potentially life threatening emergency, the 911 center (Office of Unified Communications) will dispatch FEMS first responders who will assess your symptoms, transport you to the hospital directly, or determine whether American Medical Response (AMR), the Department's third party provider, should transport you to the hospital.

If your condition is not a medical emergency, you may be (1) transferred to the *Right Care, Right Now* line and the nurse will assess your symptoms and determine the most appropriate medical care for your condition, OR (2) a FEMS first responder will assess your symptoms and, if you are eligible based on FEMS protocols and guidelines, connect you by phone to the nurse, who will assess your symptoms and determine the most appropriate medical care for your condition.

How will it be determined whether I will be transferred to the *Right Care, Right Now* line?

The 911 operator or FEMS first responder will ask you questions about your medical symptoms and will make the determination on the best course of care for you based on those symptoms.

If the nurse at the *Right Care, Right Now* line determines that my condition can best be treated at one of the identified medical clinics, will transportation to the clinic be provided? How long will it take to get the transportation?

All Medicaid beneficiaries, through their Medicaid fee-for-service or any of the three DC Medicaid Managed Care Organizations, as well as DC Healthcare Alliance enrollees, will receive transportation, if needed, including a return trip home from the clinic. Non-Medicaid/DC Healthcare Alliance enrollees will not receive transportation.

Our goal will be for Medicaid beneficiaries to have transportation within 30 minutes of talking to the nurse. Sometimes this may take longer than 30 minutes, but you should have transportation to the clinic on the same day that you call the nurse.

FOR MORE INFORMATION ON RIGHT CARE, RIGHT NOW – TEXT: DC RIGHTCARE TO: 468311 AND VISIT FEMS.DC.GOV



GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR



FREQUENTLY ASKED QUESTIONS

How will a determination be made about which medical clinic I will be referred to?

The nurse will connect you to the most appropriate level of care available, taking into account your existing primary care provider (if any), the location where you last received care, your location, the time of day, and the availability of health care providers.

Will the nurse schedule a clinic appointment for me at the medical clinic at a predetermined time? Will the staff know when I will arrive and why?

Each clinic has walk-in appointments that will be available for *Right Care, Right Now* line patients. The nurse will notify the clinic that you are on the way, provide your estimated time of arrival and the reason(s) you are seeking medical care. Upon your arrival at the healthcare site, you will be seen as soon as possible.

Will the medical providers be able to prescribe medication during my visit?

Yes, the selected medical providers will be able to prescribe medications.

If I am provided a ride home following my appointment at one of the medical clinics, will I be able to pick up these medications on my way home?

If you are a Medicaid beneficiary or DC Healthcare Alliance enrollee, once you complete your visit at one of the healthcare sites, transportation will be provided to take you back home.

Should I call 911 to schedule any follow-up or future appointments at the medical clinic in which I was seen?

No. You should schedule all non-life threatening medical appointments directly with the medical clinic in which you were seen – and where you are now a registered patient, or with any other non-emergency health care facilities that the clinic may refer you to.

What happens if the nurse at the *Right Care, Right Now* line determines that my condition warrants transport to a hospital emergency department?

Nurses on the *Right Care, Right Now* line should only receive calls that would typically be best handled in a non-emergency health care environment as opposed to a hospital emergency room setting. However, if the nurse on the *Right Care, Right Now* line determines that your condition is of an urgent or emergency nature that can best be treated at a hospital or that you should be assessed by FEMS first responders, we will dispatch a FEMS unit to you. If FEMS first responders are already on the scene with you and the nurse determines that you should be treated at a hospital, the first responders will ensure that you are transported to the hospital by an FEMS or AMR ambulance.

What are the nurses' qualifications?

The nurses will be licensed in the District and have experience in emergency nursing. They also will be familiar with the practice of triage.

If I talk to the nurse and still want to be transported to the hospital by ambulance, what happens then?

The nurse will make the decision on the most appropriate level of care for you based on your symptoms. If your symptoms are not an emergency, the nurse will refer you to the most appropriate level of care.

If I disagree with this process and the medical choices that are being made related to my care and condition, how can I file a complaint?

You may file a complaint by calling FEMS at 202-673-3320.

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PHASE II PILOT

The goals of the *Right Care, Right Now* program are to improve patients' health outcomes and to preserve the DC Fire and EMS Department's (FEMS) resources for those patients with life threatening injuries and illnesses. This should also free up beds in crowded hospital emergency departments, which will benefit all critically ill emergency patients.. The District has one of the highest per capita EMS call volume in the nation. Our high non-emergency call volume strains the Department's resources for emergencies.

Under the *Right Care, Right Now* program, callers to 911 with non-emergency injuries or illnesses are transferred to a nurse, either by the 911 center or by a FEMS first responder. The nurse asks the caller questions and assesses his or her symptoms so that the nurse can refer the caller to the most appropriate non-emergency medical care available, most likely a community clinic or urgent care clinic in the caller's neighborhood. Medicaid and DC Healthcare Alliance enrollees are provided with free transportation to and from the clinic.

Quick Facts on Phase I of *Right Care, Right Now*, launched on April 19, 2018

*Patients referred to clinics: **377**

*Patients referred to self-care: **323**

⌚ Avg. time it takes nurse to answer calls transferred from 911: **9 seconds**

⌚ Avg. time patient spends on phone with nurse: **5 minutes, 57 seconds**

For those patients receiving non-emergency transportation to clinics:

⌚ Avg. time from dispatch to arrival to the patient: **13 minutes**

⌚ Avg. time from dispatch to arrival at the clinic: **37 minutes**

Phase II Pilot Beginning in March 2019

➡ FEMS first responders will connect eligible 911 callers from the field to the Right Care, Right Now nurse triage line.

➡ First responders will assess patients based on medical protocols.

➡ Decisions to call the nurse will be based on FEMS guidelines.

➡ The nurse will interview the first responder and the patient.

➡ The nurse will make the decision on the most appropriate care for the patient and will follow program guidelines on care and transportation (See *Right Care, Right Now* Frequently Asked Questions, available at <https://fems.dc.gov/page/frequently-asked-questions-right-care-right-now>)

**All data is from April 19, 2018 to January 19, 2019*



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PHASE II PILOT

Nurses call **100 percent of patients referred to clinics or self-care within 24 hours** of their call to 911. So far, for those patients that the nurse has spoken to, 93% have provided positive feedback.

"THIS IS SUCH A GREAT SERVICE. I WAS IN AND BACK HOME IN AN HOUR!"

"THANK YOU FOR CALLING TO CHECK ON ME, I FEEL BETTER. IT SHOWS YOU CARE."

"I WENT TO MY PRIMARY CARE PHYSICIAN AND HE SAID THE SAME THING AS WHAT THE NURSE SAID."

"THE NURSES ARE DOING GREAT!"

"MY FRIENDS AND I ARE SO HAPPY TO HAVE THIS PROGRAM. TO BE ABLE TO TALK TO NURSES HAS BEEN WONDERFUL."

"FEELING MUCH BETTER, WENT TO [THE CLINIC], GOT MEDICATION AND I AM FOLLOWING UP WITH MY PRIMARY CARE PHYSICIAN TODAY."

**All data is from April 19, 2018 to January 19, 2019*



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RIGHT CARE, RIGHT NOW

Right Care, Right Now is the District's program specifically focused on connecting you with the most appropriate health care. Managed by DC Fire and Emergency Medical Services (DC FEMS), our goal is to improve your health outcomes and preserve resources for patients with serious or life threatening injuries and illnesses.

Callers to 911 with non-emergency injuries or illnesses will still receive treatment, but that may not involve an ambulance. Not sure when to call 911?



WHEN TO CALL 911:

- Trouble breathing or unable to breathe
- Symptoms of a heart attack
- Fainting or dizziness
- Bleeding that will not stop
- Severe or persistent vomiting
- Sudden, severe pain anywhere in the body
- Medical emergencies that you believe are serious, life threatening or may become life threatening



WHEN NOT TO CALL 911:

- You need transportation to a doctor's appointment
- Getting a scraped knee bandaged
- Needing a prescription to be filled
- For a sprained or twisted ankle
- For transportation to another area of the city
- Whenever the injury is not life threatening



For more information, visit www.fems.dc.gov or
text: **DC RIGHTCARE** to 468311



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PARTICIPATING CLINICS

Current as of January 1, 2019

Bread for the City

1525 7th St NW
Washington, DC 20001
202-386-7020

Community of Hope

Conway Health and
Resource Center
4 Atlantic St SW
Washington, DC 20032
202-540-9857

Community of Hope

Marie Reed Health Center
2155 Champlain St NW
Washington, DC 20009
202-540-9857

Community of Hope

Family Health and Birth
Center
801 17th St NE
Washington, DC 20002
202-540-9857

Family and Medical Counseling Services

2041 Martin Luther King
Jr. Ave SE Suite 303
Washington, DC 20020
202-889-7901

La Clinica del Pueblo

2831 15th St NW
Washington, DC 20009
202-462-4788

Mary's Center

3912 Georgia Ave NW
Washington, DC 20011
1-844-796-2797

Unity Health Care

1500 Galen St SE
Washington, DC 20020
202-469-4699

Unity Health Care

555 L St SE
Washington, DC 20003
202-469-4699

Unity Health Care

1251-B Saratoga Ave NE
Washington, DC 20018
202-469-4699

Unity Health Care

1660 Columbia Rd NW
Washington, DC 20009
202-469-4699

Unity Health Care

123 45th St NE
Washington, DC 20019
202-469-4699

Unity Health Care

3924 Minnesota Ave NE
Washington, DC 20019
202-469-4699

Unity Health Care

765 Kenilworth Ter NE
Washington, DC 20019
202-469-4699

Unity Health Care

3020 14th St NW
Washington, DC 20009
202-469-4699

Whitman-Walker Health

1525 14th St NW
Washington, DC 20005
202-745-7000

Whitman-Walker Health

Max Robinson Center
2301 Martin Luther King Jr.
Ave SE
Washington, DC 20020
202-745-7000

GWU MFA Associates

McPherson Square IPC
1101 15th St NW
Washington, DC 20005
202-798-0100

GWU MFA Associates

Rhode Island Avenue IPC
2350 Washington Pl NE
Suite 110N
Washington, DC 20018
202-544-7580

GWU MFA Associates

Silver Spring IPC
8484 Georgia Ave
Suite 100
Silver Spring, MD 20910
301-755-6655

GWU MFA Associates

Cleveland Park IPC
2902 Porter St NW
Washington, DC 20008
202-525-5287



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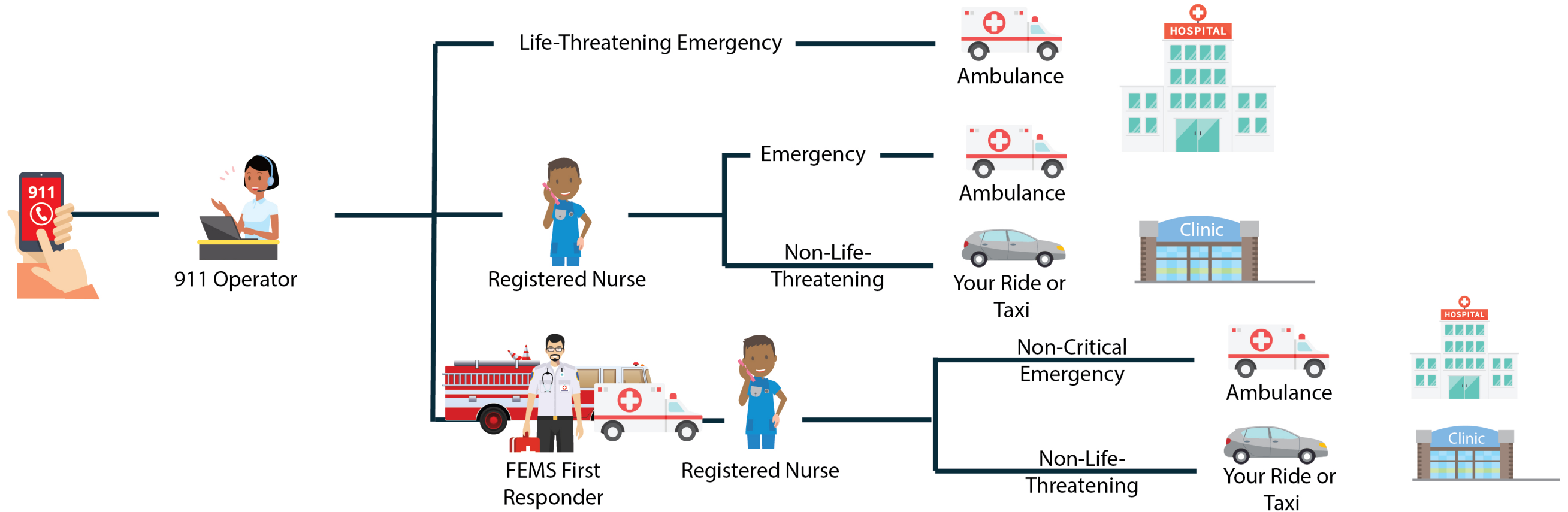


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What Happens When You Call 911 For a Medical Need

We provide every 911 caller with the most appropriate and responsible path to improved health outcomes. Based on a caller's description of their symptoms, a caller may be transferred to a nurse in order to determine the most appropriate path for treatment.

Text DC RIGHTCARE to 468311 for more information.



D.C. Fire and Emergency
Medical Services Department

fems.dc.gov
(202) 673-3320



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Right Care, Right Now

What is Changing?

We provide every 911 caller with the most appropriate and responsible path to improved health outcomes. Beginning March 1, we will still respond to your 911 calls for help. But, in some cases, we will assess your symptoms before connecting you with a registered nurse in an effort to provide you with the Right Care Right Now.

Quick Facts

The goals of the Right Care, Right Now program are to improve patients' health outcomes and to preserve the DC Fire and EMS Department's (FEMS) resources for those patients with life threatening injuries and illnesses. This should also free up beds in crowded hospital emergency departments, which will benefit all critically ill emergency patients. The District has one of the highest per capita EMS call volume in the nation. Our high non-emergency call volume strains the Department's resources for emergencies.

How it Works

Under the Right Care, Right Now program, callers to 911 with non-emergency injuries or illnesses are transferred to a nurse, either by the 911 center or by a FEMS first responder. The nurse asks the caller questions and assesses his or her symptoms so that the nurse can refer the caller to the most appropriate non-emergency medical care available, most likely a community clinic or urgent care clinic in the caller's neighborhood. Medicaid and DC Healthcare Alliance enrollees are provided with free transportation to and from the clinic.

ALMOST
70%

of 911 medical calls
responded to involve
patients with conditions
that are not life-
threatening emergencies.



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