



PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER

<b>General Order Number:</b> 05-20	<b>Effective Date:</b> January 2012
<b>Division:</b> Emergency Medical	
<b>Chapter:</b> EMS Performance Measurement - Disposition Codes	
<b>By Order of the Fire Chief:</b> Marc S. Bashoor	<b>Revision Date:</b> N/A

## **POLICY**

This General Order establishes a system of disposition codes that are used for performance measurement and quality improvement for the EMS Operational Program managed by the Prince George's County Fire/EMS Department.

All EMS transport units that are assigned to an EMS-related incident shall advise PSC of the appropriate disposition code upon returning to service.

## **DEFINITIONS**

**Disposition Code** – A code that documents the final operational disposition of the incident.

## **PROCEDURES / RESPONSIBILITIES**

### **1. General Provisions**

EMS Providers must provide the information necessary to complete the disposition code each time the unit returns to service from an incident.

This documents final disposition of the incident when returning to service.

### **2. Data Collection/Documentation**

Public Safety Communications will prompt each transport unit for a disposition code if one is not provided when they return to service.

The disposition code is stored in the CAD record for each EMS unit and incident. The accuracy and completeness of the data is critical to effective EMS system management and performance measurement.

If a transport unit fails to give a disposition code when they return to service, PSC will document those as "NC" for No Code.

The disposition code for each incident is also documented within the incident entry in the unit/station logbook.

### **Special Case - Multiple Units**

In cases where multiple units are used to transport a single patient, the disposition code is the same for all units. The disposition code is documented as the highest level of care provided.



### **Special Case - Multiple Patients**

In cases where multiple patients are transported in a single unit, the disposition code is the same for all patients. The disposition code is documented only once per unit per incident. The disposition code applies to the level of care provided on the unit.

### **Disposition Code Corrections**

EMS personnel must verify the proper disposition code found on the final CAD printout for the incident. Any discrepancies should be corrected through PSC immediately. If an incident was not closed out with the appropriate disposition code, PSC may be able to change the disposition code for a period of approximately 24 hours after the incident was initially dispatched.

### **3. Data Interpretation**

This data is shared between the Fire/EMS Department and Public Safety Communications for the following purposes:

Emergency Medical Dispatch system as applied by Prince George's County Public Safety Communications

- EMD Determinant Code Validity
- Quality Assurance
- Quality Improvement
- As Determined by the Director of PSC

Prince George's County Fire/EMS Department EMS Operational Program

- EMS System Management
- Resource Management
- Transportation Fee Billing
- Quality Assurance
- Quality Improvement
- As Determined by the Fire Chief

It is the responsibility of the EMS Operational Program, with the Fire Chief's approval, to determine the appropriate response patterns for dispatch. This data allows the EMS Operational Program to evaluate the effectiveness of those system management decisions.

This information is also used to evaluate system performance and quality assurance trends. Certain disposition codes will result in specific inquiries into system performance.

These inquiries include, but are not limited to:

- Clinical Resource Mismatch
  - Under-triage
  - Over-triage



## PRINCE GEORGE'S COUNTY, MARYLAND FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER

- ALS/BLS Interface
  - Patient Downgrade
  - Patient Upgrade
- Patient Refusals
- Priority 4 Patients
- Incidents with No Patients
- Other circumstances that require review

### 4. Compliance

Providers that do not provide the information to complete the disposition code will be in violation of this general order and will be subject to disciplinary action.

The career supervisor or volunteer chief will be held accountable when a consistent pattern of non-compliance exists.

### **REFERENCES**

Principles of Emergency Medical Dispatch, 3rd Edition

### **FORMS / ATTACHMENTS**

ATTACHMENT 1 - Disposition Code Reference Chart

## ATTACHMENT 1 - Disposition Code Reference Chart

Disposition Code Reference	
<b>“ALS” Transport</b> The patient was transported at an ALS level of care (ALS provider and ALS Equipment), regardless of the unit utilized.	<b>ALS</b>
<b>“BLS” Transport</b> The patient was transported at a BLS level of care (BLS Provider and/or BLS Equipment), regardless of the unit utilized.	<b>BLS</b>
<b>Patient “Refusal”</b> Patient refusal was obtained as described in the Maryland Emergency Medical Protocols for Pre-Hospital Providers. A refusal form was completed to be forwarded to the EMS Office.	<b>REF</b>
<b>“Priority 4”</b> Either the PRESUMED DEAD ON ARRIVAL or PHYSICIAN-DIRECTED TERMINATION OF UNSUCCESSFUL, NON-TRAUMATIC FIELD RESUSCITATION protocol was executed as described in the Maryland Emergency Medical Protocols for Pre-Hospital Providers.	<b>PR4</b>
<b>“No Patient”</b> A Provider/Patient relationship was not established.	<b>NPT</b>
<b>“Other” Transport</b> Patient was transported by another mode of transport	<b>OTH</b>