

A grayscale photograph of a woman, likely a nurse, wearing a headset and working at a computer workstation. She is looking at a monitor displaying data. The image is partially obscured by a white text box.

## AMR 911 Nurse Navigation Low Priority Call Management Program Overview

# A Healthcare Challenge



- Call **volumes are increasing**, driven by low priority calls <sup>1</sup>



- Response times have **little to no impact** on patient outcomes for the majority of EMS calls <sup>2</sup>



- **93% of EMS calls do not require** potentially life-saving interventions <sup>3</sup>



- **88% of EMS calls did not require** time-critical Emergency Department interventions <sup>4</sup>



- Provider **turnover and attrition is at near record high levels** <sup>5</sup>

1: Internal company data

2: Swor R, Cone D. Emergency medical services advanced life support response times: Lots of heat, little light. Acad Emerg Med. 2002;9(4):320–321. <https://pubmed.ncbi.nlm.nih.gov/11927458/>

3: Jarvis J, Taigman M. Using Red Lights and Sirens for Emergency Ambulance Response: How Often Are Potentially Life-Saving Interventions Performed? Prehospital Emergency Care, 25(4), 549–555. <https://pubmed.ncbi.nlm.nih.gov/32678993/>

4: Levy et al. Dispatch Categories as Indicators of Out-of-Hospital Time Critical Interventions and Associated Emergency Department Outcomes. Prehosp Emerg Care. 2025;29(1):79-84. doi: 10.1080/10903127.2024.2342015. Epub 2024 Apr 29. PMID: 38626286.

5: Kurth et al. Evaluating changes in the emergency medical services workforce: A preliminary multistate study. J Am Coll Emerg Physicians Open. 2023 May 25;4(3):e12975. doi: 10.1002/emp2.12975. PMID: 37251350; PMCID: PMC10211462.

Introduction

Challenges &  
Solution

Reducing  
Demand

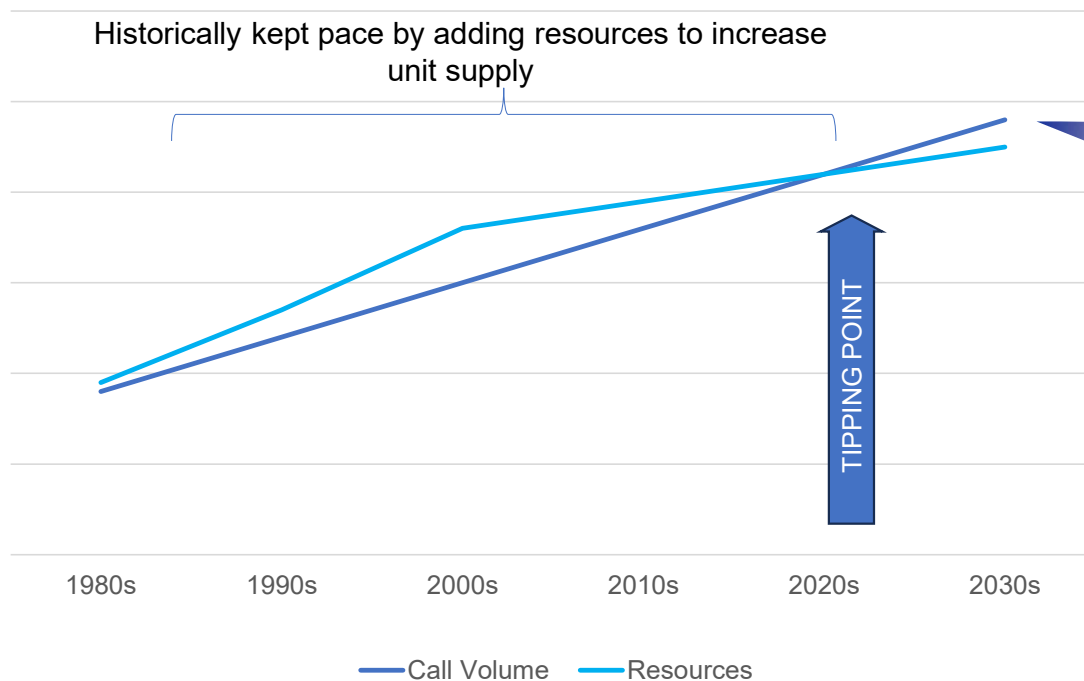
Increasing  
Supply

Operational  
Details

Experience

# Rethinking EMS delivery

## EMS Supply vs. Demand



### Reduce Demand

- Divert select low priority calls to **911 Nurse Navigation** prior to dispatching units.
- Nurses identify callers that can be cared for with non-911 / ED options.
- Nurses connect callers to community resources and provide rideshare transport if needed.

Introduction

Challenges & Solution

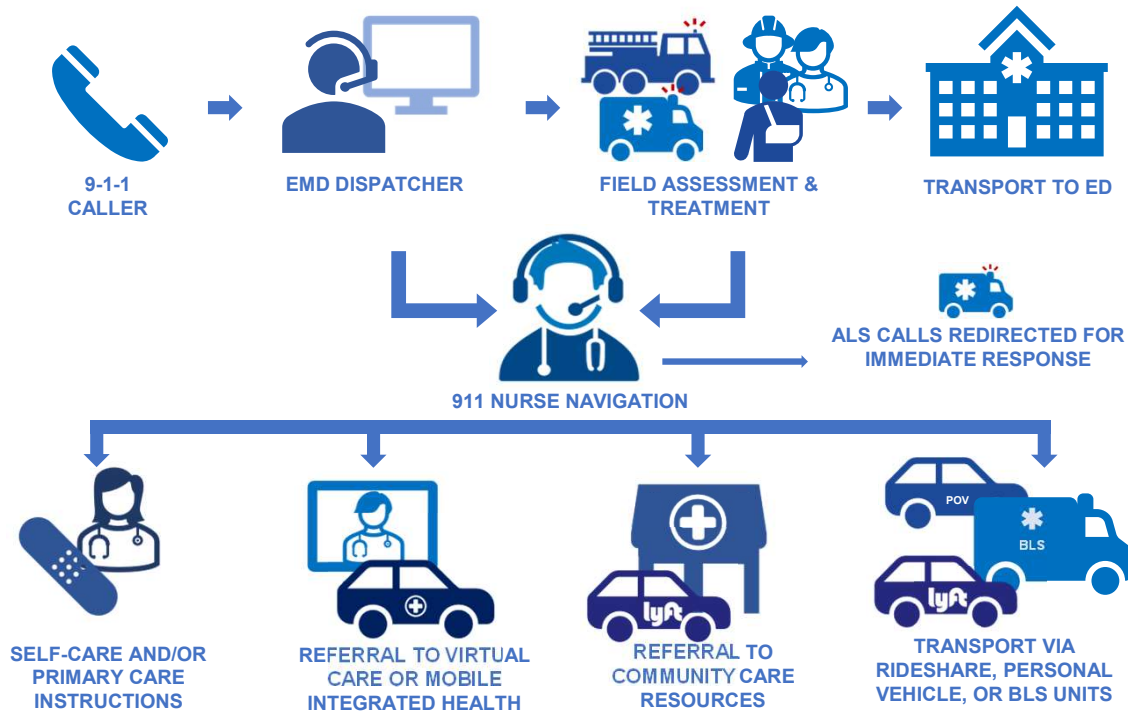
Reducing Demand

Increasing Supply

Operational Details

Experience

# Nurse Navigation Model



## NMTARA algorithm:

### Needs Matched

*What is the right clinical delivery model?*

- Emergency Dept.
- Virtual Care
- Mobile Urgent Care
- MIH
- Urgent Care
- Behavioral Health
- FQHC Clinic
- Self Care

### Time Appropriate

*How soon should this patient receive care?*

- Immediately
- Within an hour
- Within two to four hours
- Within twelve hours
- Within twenty-four hours
- Within forty-eight hours

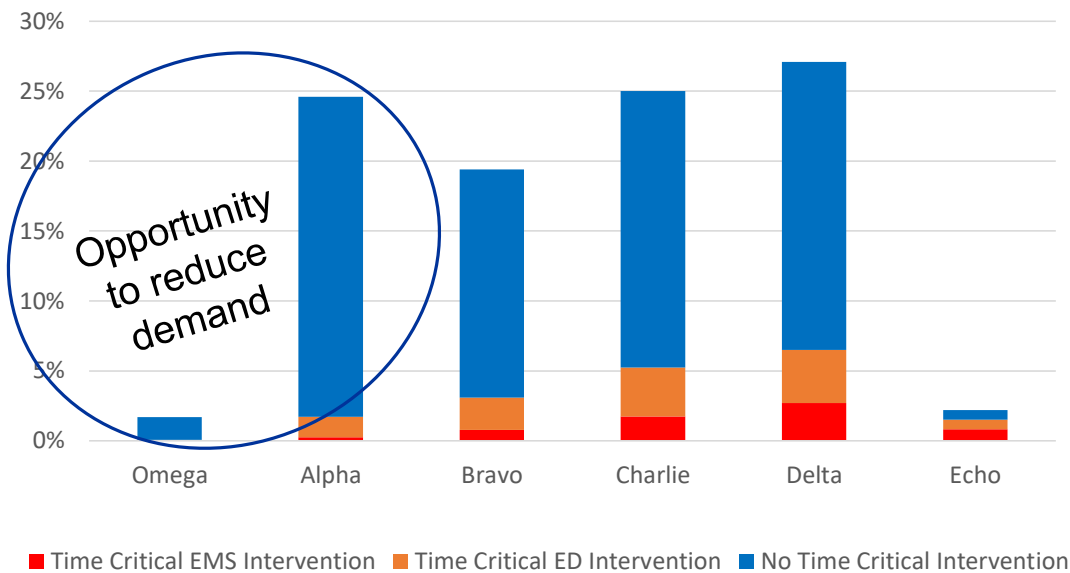
### Resource Allocation

*What resources are required, considering payer / cost?*

- First responders and ALS
- BLS with 911 resources
- BLS with non-911 resources
- Rideshare
- POV / friend/family
- Telehealth link

# 911 Prioritization Study

**ESO Study -  
EMS Dispatches By Determinant with Interventions:  
(1,715,612 responses)**

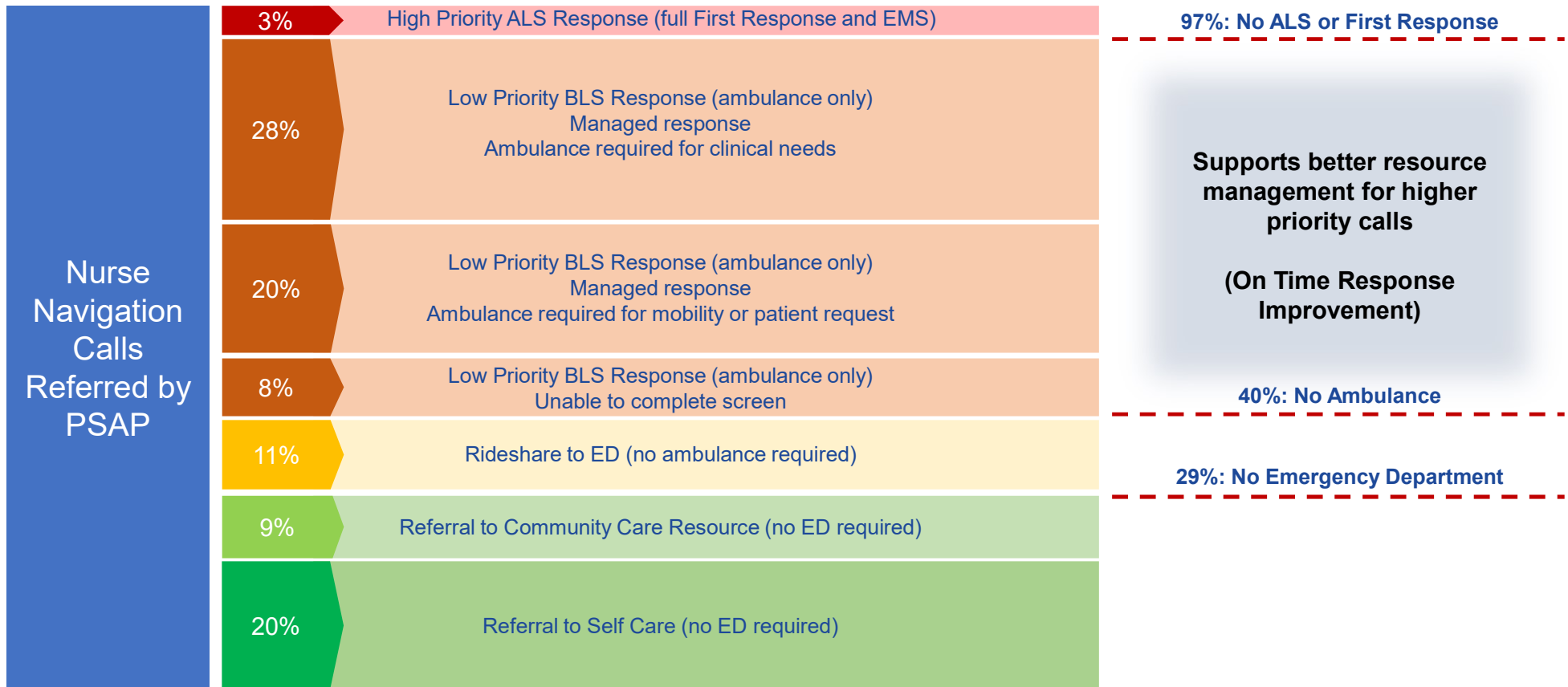


## Key Takeaways:

- **SAFE TO HOLD:**
  - 78% of ALPHA determinant codes had less than 10% of responses requiring time-sensitive interventions (EMS or ED).
- **SAFE TO TIER:**
  - Use of effectively managed BLS transports should be considered for many determinants.
- **SAFE TO REFER:**
  - Systems can set thresholds to identify determinants appropriate for additional screening and potential referral to alternate dispositions

Source: "When Do Minutes Matter? Prioritizing 911 Calls when demand exceeds availability" ESO, 2024. <https://www.eso.com/resources/>

# Navigation Outcomes & Benefits: PSAP Referrals

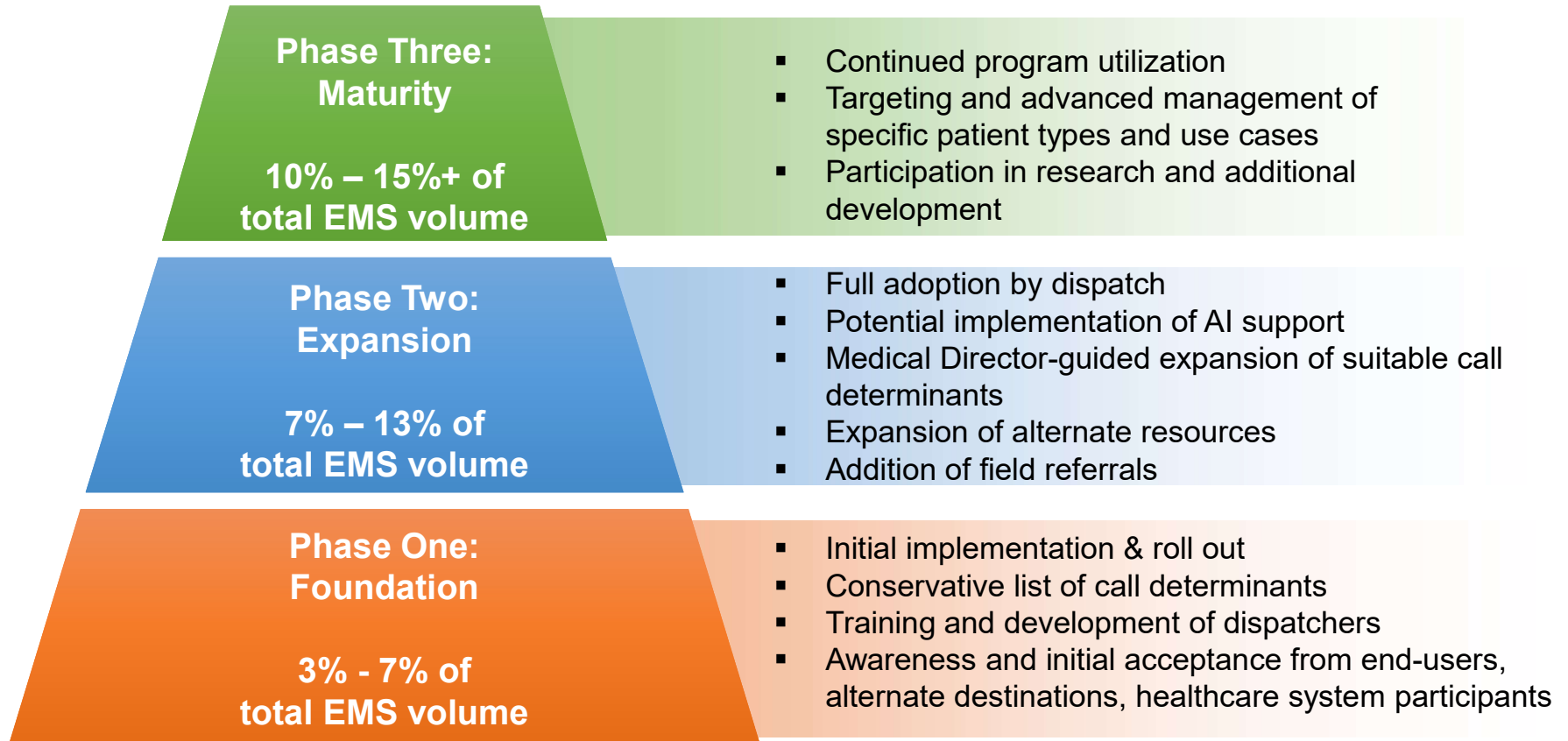


# Supporting Infrastructure

- **Proprietary NMTARA protocols**
  - Designed for 911 calls
  - Physician approved
- **24/7 Nurse Communications Centers**
  - 70+ Nurse Navigators on staff
  - 300+ calls / day
- **Technology Stack:**
  - LOGIS CAD system for event tracking
  - Transport.Net platform for RS / BLS scheduling
  - Genesys phone system for telephony
  - PowerBI for data reporting

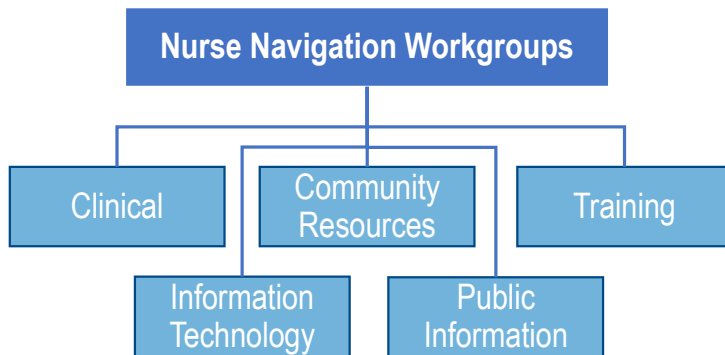


# Program Maturity Process



# Implementation Process

Typical:  
90 - 120 days



- AMR Project Manager oversees implementations
- 911 PSAP dispatch center coordination and training
- Medical Director alignment on clinical determinants
- CAD / data integrity management plan
- Community Care Resources engagement and web-based portal trainings
- Configuration of protocols and platform
- Engagement with appropriate public safety, public health, and elected officials
- IT hardware acquisition and software licensing
- Public information / public relations / program marketing

# Patient Experience



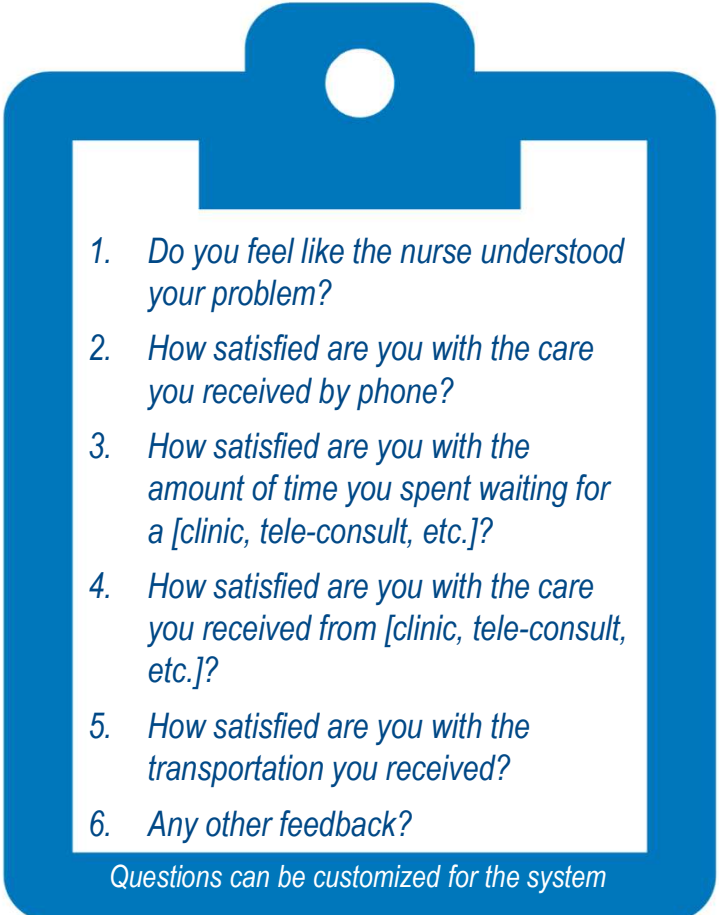
## Timely Service Delivery Model:

- :25 seconds to connect from 911 to NN
- 8 - 9 minutes for NN call and instructions
- 18 minutes for telehealth consult
- 42 minutes for transport (via Lyft) to clinic

## Exceptional Survey Scores:

- Nurses call the patient back 24 hours after the initial call
- Ensure needs were met (patients can be re-navigated if necessary)
- Assess patient satisfaction with nurse, clinic (if applicable), transport (if applicable)
- National average score: 4.8 out of 5



- 
1. *Do you feel like the nurse understood your problem?*
  2. *How satisfied are you with the care you received by phone?*
  3. *How satisfied are you with the amount of time you spent waiting for a [clinic, tele-consult, etc.]?*
  4. *How satisfied are you with the care you received from [clinic, tele-consult, etc.]?*
  5. *How satisfied are you with the transportation you received?*
  6. *Any other feedback?*

*Questions can be customized for the system*

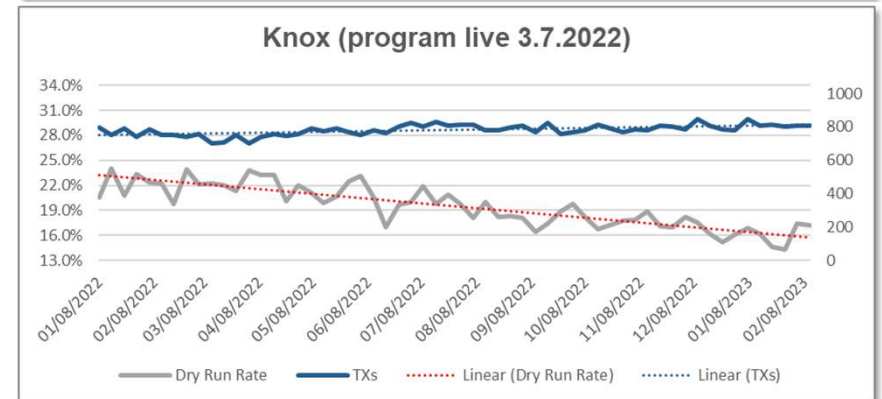
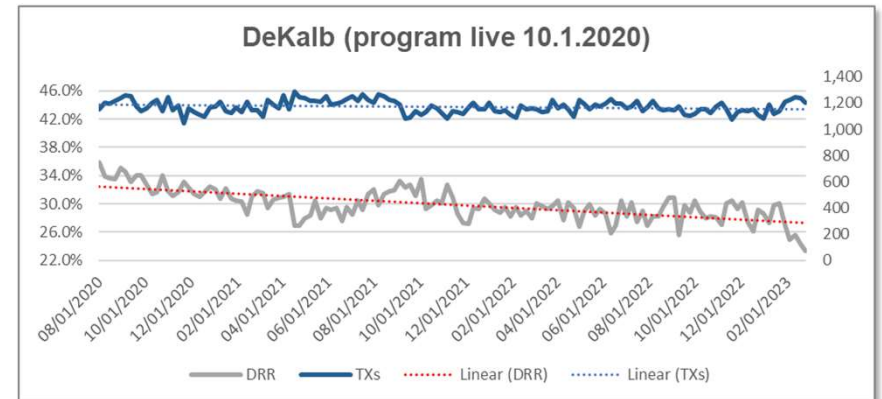
# Operational Benefits: Experience and Availability

## Provider Retention:

- **4.5% increase** in field providers reporting job is important.
- **6.0% increase** in field providers feeling training and skills are well utilized.
- **11.6% increase** in field providers who report high job satisfaction.

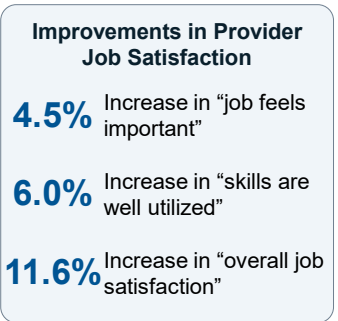
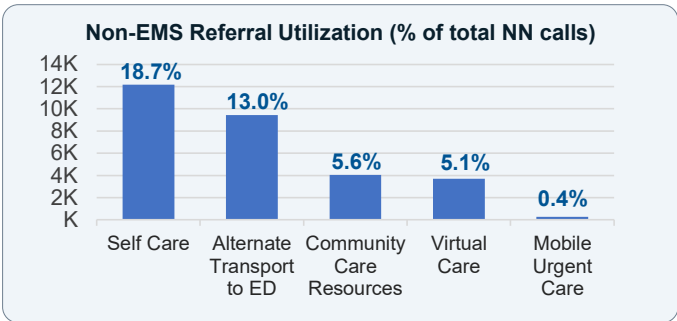
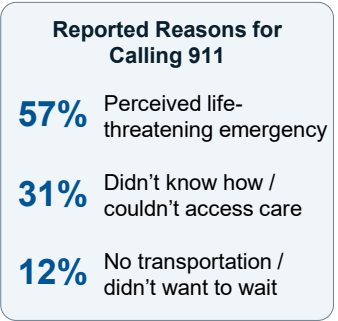
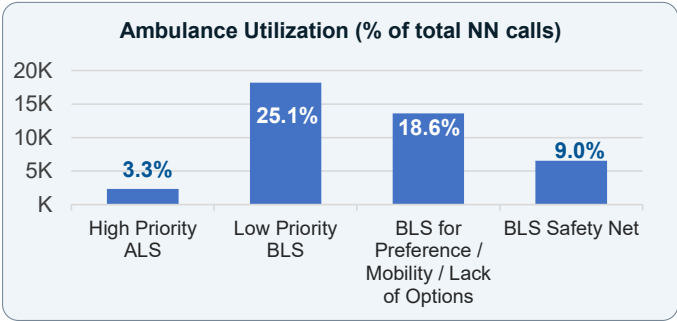
## Operational Efficiencies:

- Improved unit availability
- Reduced “dry runs”
- Improved response times
- Effectively remove 10 – 20% of lowest priority calls



# Current Experience – CY2025

<b>Calls Navigated</b> <b>76,077</b> <b>Calendar Year 2025</b> <i>(280,000+ all time)</i>	<b>Avoided ALS</b> <b>96.8%</b>	<b>Avoided Ambulance</b> <b>42.1%</b>	<b>Avoided ED Visits</b> <b>29.1%</b>	<b>Rideshare Transports</b> <b>15,472</b>	<b>Caller Satisfaction</b>  <b>4.8 / 5</b>
<b>Licensed Nurses on Staff</b> <b>104</b>	<b>Average Speed to Answer</b> <b>15 seconds</b>	<b>Unique Referral Sites</b> <b>460</b>	<b>Estimated Net Savings</b> <b>\$23M+</b>		



Data based on company utilization metrics as gathered and reported to program sites. Estimated savings assumes \$50 cost per first response, \$500 billed fee per ambulance transport, \$2500 billed fee per ED visit, an incurred cost of \$250 per community care resource visit, and navigations resulting in self care would have resulted in an EMS refusal if a resource had responded. Provider Job Satisfaction data from internal company data 2024.

### **Summary:**

**Nurse Navigation will create a positive impacts for our patients, our emergency responders, our hospitals, and our community.**

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