Alternative Motives: Destinations other than Traditional Hospital-Based EDs

Eagles XXI
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Sometimes
“difference maker”
decisions for patients
aren’t that big of deal
to make.

Part of the “Rights” of EMS

- Right patient
- Right assessment
- Right diagnosis
- Right treatment
  - Includes right transport modality
  - Includes right destination
- Right transition of care

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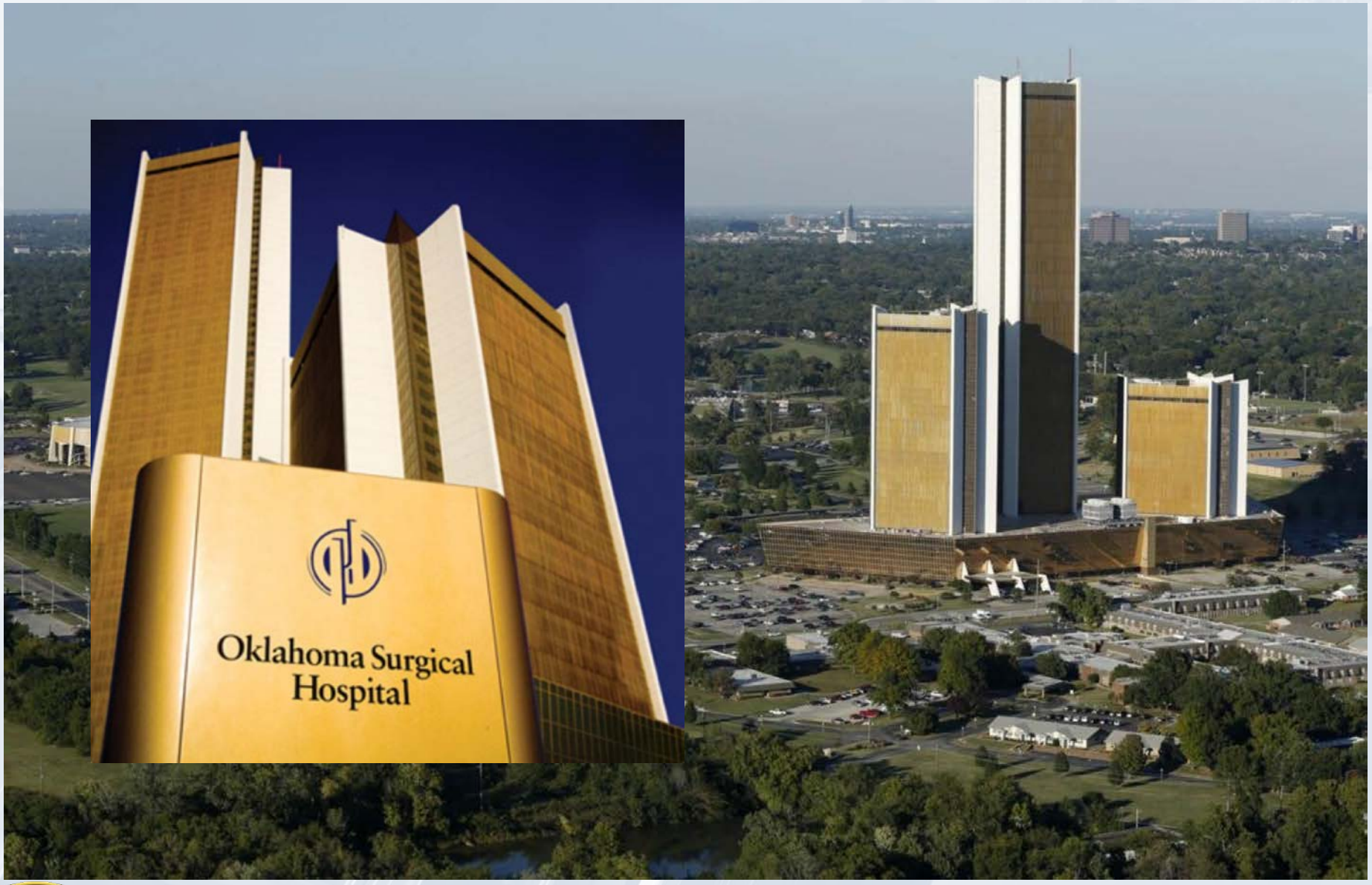

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Part of the "Rights" of EMS

- Right patient
- Right assessment
- Right diagnosis
- Right treatment
  - Includes right transport modality
  - Includes right destination
    - ***Continuity of care***
- Right transition of care
  - ***Continuity…without the bed delay of a busy ED!***

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Right Destination Strategy
Surgical Specialty Hospitals

- Surgery related
- Related to planned surgery within next 7 days
- Related to surgery at facility within 30 days
- Surgeon (or on-call) must be contacted prior to EMS leaving scene
  - 10 mins max to call back via comm center
  - Must have agreed to accept patient
- Pt responsible for providing contact info to us

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Right Destination Strategy
"Micro Hospitals"

- Goal to prevent secondary transport
- Same criteria for freestanding EDs

PLUS ++++++

- VERY limited inpatient predicted conditions
  - uncomplicated COPD/asthma/pneumonia
  - cellulitis
  - gastroenteritis with clinical dehydration

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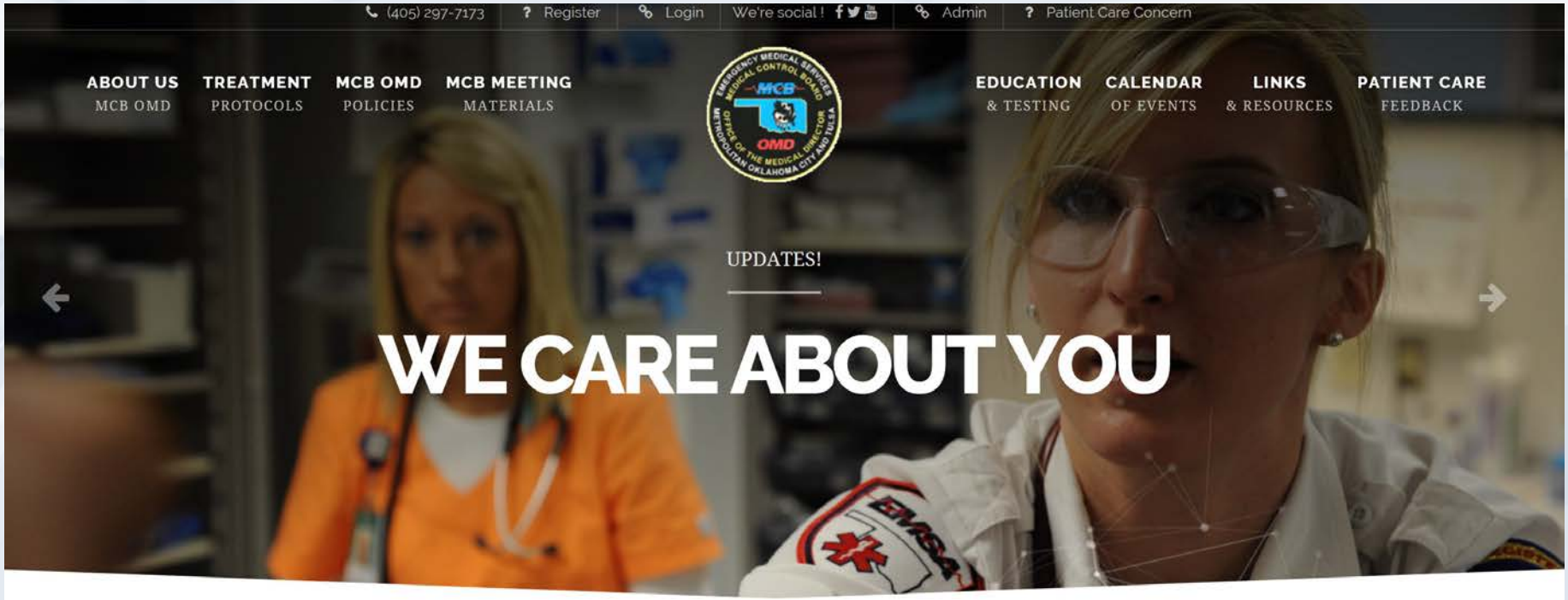

A LITTLE ABOUT OMD

The Medical Control Board and its Office of the Medical Director for the Emergency Medical Services System for Metropolitan Oklahoma City and Tulsa is committed to:

* researching, crafting, and promulgating evidence-based EMS medical treatment protocols that achieve optimal patient outcomes
* educating, training, credentialling, and supporting EMS professionals so they may deliver excellent out-of-hospital emergency medical care in an empowered, progressive environment
* making an impactful, positive difference for citizens and visitors experiencing medical emergencies in the cities we serve
* working productively and collaboratively with medical professionals in the cities we serve
* operating with truthfulness, transparency, unquestionable ethics, and with a tangible sense of responsibility and humbleness in service to others

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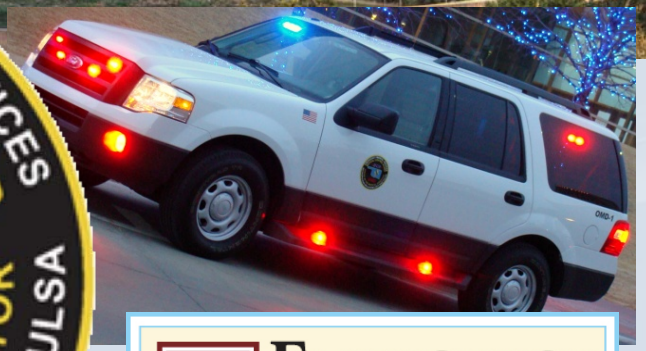

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TULSA FIRE DEPARTMENT
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EST. 1900

FIRE RESCUE EMS
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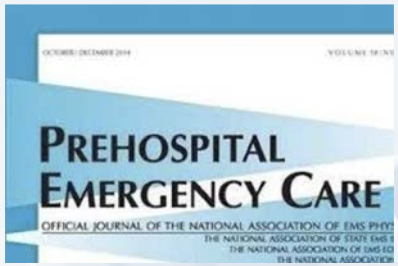

Evaluating the Impact, Accuracy and Safety of a Protocol Permitting EMS Transport to a Free-Standing Emergency Department

Del Campo J, Pepe PE, Antevy PM, Gonzalez J, Moran D, Downey J, Lieberfarb J, Scheppke KA, Fowler RL.

Abstract:

Background: Although free-standing emergency department (FSED) services have become commonplace in many communities, they can be inconsistent operationally

Free-standing Emergency Departments (FSEDs) Commonplace, But Inconsistent Operationally

Davie Fire Rescue Has to Leave Jurisdiction to Transport to the Usual Hospital ED Facilities

Could a Data-Driven Protocol (and monitoring system) Improve EMS "Ready-for-Duty" Time ?

… And Also Delineate Patients Who Could Be Safely Managed in a Convenient FSED

… Without Frequent Secondary Transfers to the More Traditional ED Facilities ?

As a Taxpayer / Prospective EMS User …

What Would You Want to Know?

METHODS

- A "FSED-Transport" Protocol Was Designed by EMS and FSED Team-Members
  Prior to opening a neighborhood FSED
- Protocol initiated (and closely monitored) Following a 1-year FSED Start-Up Period

Data, includ. Demographics, Presenting Sx, Diagnoses, Dispositions and Follow-up Collected over the Ensuing 12 months
07/01/2017 -06/30/2018

So .. What Were the RESULTS ?

- **625 consecutive FSED-transported Pts.**
  mean age 39 yrs.; 55% woman; 7% of EMS transports

- **Common Conditions included:**

29% "Minor injury" e.g. lacerations/vehicular collision

22% "Musculoskeletal" complaints

9% "Neurological" Sx e.g. dizziness and headache

9% "Altered Mental Status (AMS)"

Okay .. But Were They Transferred ?

What Would You Guess?

- **Of the 625, Only 16% (n=100) Were Later Transferred for Hospital-Based Admission**
- **25 were AMS Patients = 4% of 625 total, 42% of AMS**
- **14 Were Neurol. Cases = 2% of the 625, 24% of Neurol**

Versus Only …

9% of minor injury

6% musculoskeletal

5% gastrointestinal

Okay .. But Were They Still Okay ?

In follow-up reports….

- No Patients Found to Have Worsened Outcomes or Morbidity from Delayed Care
- However, 3.2% (19) Left FSED Early (A.M.A.)
- 2.9% (19) Referred to Police & Psych Facilities

And … Did It Impact EMS at All ?

- "In-Facility Turn-Around" Intervals Were Slightly Reduced (mean 16 vs. 18 minutes)
- But Total "Unavailable for Service" Period Improved Significantly Due to Closer Proximity
- 6.49 min. mean transport time vs. traditional 10.35 min *(which included emergent transport cases)*
- In turn, Both Transport & Return-to-Territory Time↓↓

Summary

- Some Lower-Volume Conditions Incurred More Frequent Transfers to Traditional EMS
- Still the Overall FSED-Transport Protocol Was Both Feasible and Apparently Safe
- *And it Significantly Improved EMS turnaround time*
- Protocol Adjustments for AMS & Neurol. Pts. Were Instituted & New Protocols Sought
- Revised Protocols Continue to be Monitored, Refined, Re-evaluated and Reported


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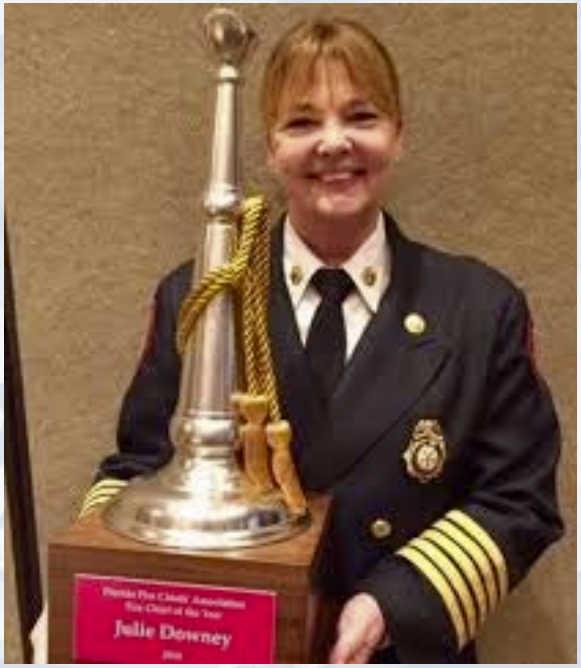
Julie Downey


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