Alternative Motives: Destinations other than Traditional Hospital-Based EDs

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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
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!
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
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
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 with respect to relative capabilities. It was hypothesized that
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


• Revised Protocols Continue to be Monitored, Refined, Re-evaluated and Reported