

Patient Parking

John V. Gallagher, MD, FACEP, FAAEM
EMS Medical Director
Phoenix Fire Dept.

DISCLAIMER

Some or all of what I say may or may not be true.

DATA DRIVES CHANGE IN EMS

Evidence based pre-hospital medicine

The background is a solid blue color. A thin, light blue curved line starts from the left edge and curves downwards towards the center. A larger, semi-transparent blue triangular shape is positioned in the lower right quadrant, pointing towards the center.

“When you have the data,
all discussion ceases.”

John Webster Kirklin M.D.

35 hospitals in the greater Phoenix metropolitan area “Valley of the Sun”

- One sector of hospitals seemed to have the most problems with prolonged transfer of care times. (Southeast sector)
- Transfer of care times for PFD ambulances at one hospital were on occasion 1-3 hours.
- A depressed suicidal patient waited 4.25 hrs.

Phoenix Fire announced at
our regional EMS meeting that
we were going to record
transfer of care times. Oct.06

The “transfer of care” time would be
when the patient had been transferred
from the gurney to the hospital bed
and the EMS report had been given.

MCT MASK

3 Fields

Patient name

Date of birth

Time of patient transfer

The ambulance can not go back in service until the data is filled in.



Gather the data.

Nov.1, 2006 thru Feb.12, 2007

Chandler RMC 2335 pts

0-15(61%)15-30(24%)30+(15%)

Six other hospitals had 30+ transfer times under 1%.

Met with the hospital administrative staff, including the CEO, and let them know that the current situation was unacceptable and explained in detail the reasons why.

It's below the standard of care.

Be a patient advocate.

(Tell the CEO that his hospital is losing
patients = \$\$\$\$\$)



The CEO told his staff

“Fix this problem”

Our EMS staff (Deputy Chief,
EMS Captain, EMS Nurse,
and myself) met with their ED
administrators every month
and reviewed (argued) the data.

Mark Twain-There are lies, damn lies, and statistics.

Jan.1 thru Jan.15, 2008

0-15(80%)15-30(17%)30+(3%)

Facilitating EMS Turnaround Intervals at Hospitals in the face of Receiving Facility Overcrowding

M. Eckstein, S.M. Isaacs, C. Slovis, B.
Kaufman, R. O'Connor, P. Pepe et al.

Prehospital Emergency Care 2005; 9: 267-275

Conclusion: It is possible to make improvements in EMS but--you need the DATA.

Questions ?