



# ATC Conditions: Re-Directing 9-1-1 Transports in the Bayou City

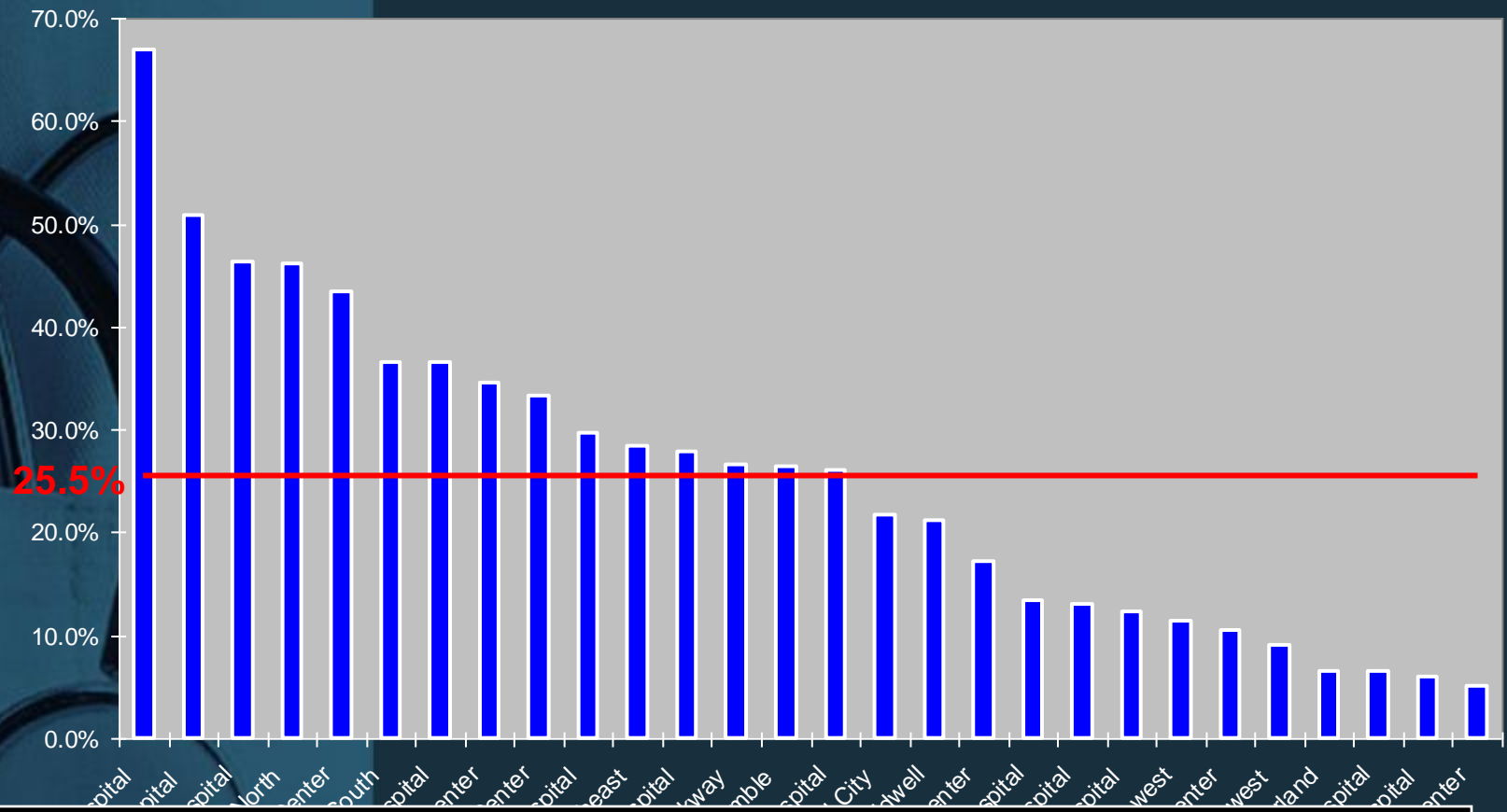
David Persse, MD  
Houston Fire Department  
EMS

# Ambulance Diversion

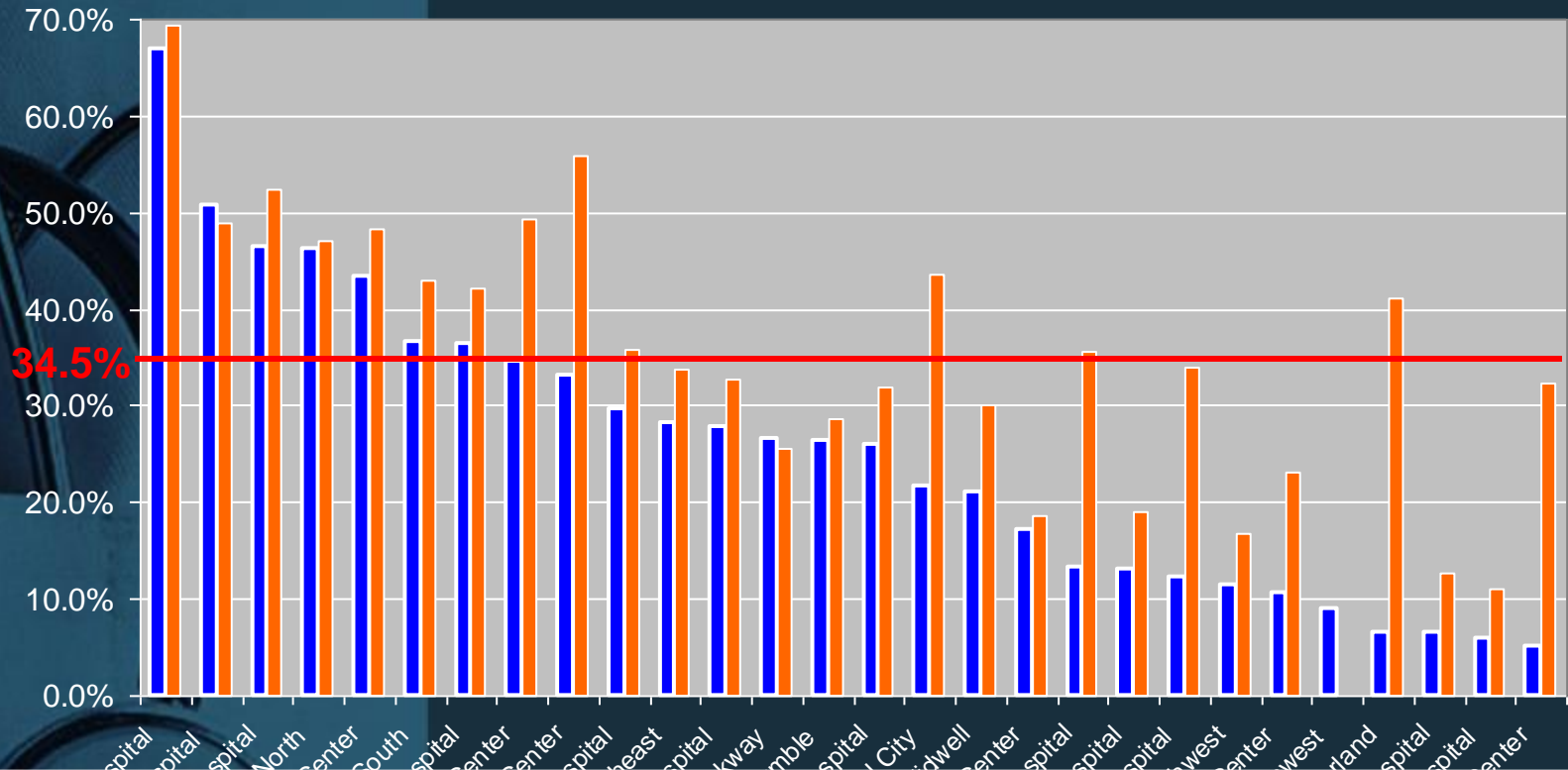
## *(The Way it Was Supposed to Work)*

- Purpose
  - Is to provide for the best patient care *during unexpected periods of temporary overcrowding or other emergent situations.*
- At the rerouting institution
- Throughout the emergency care system





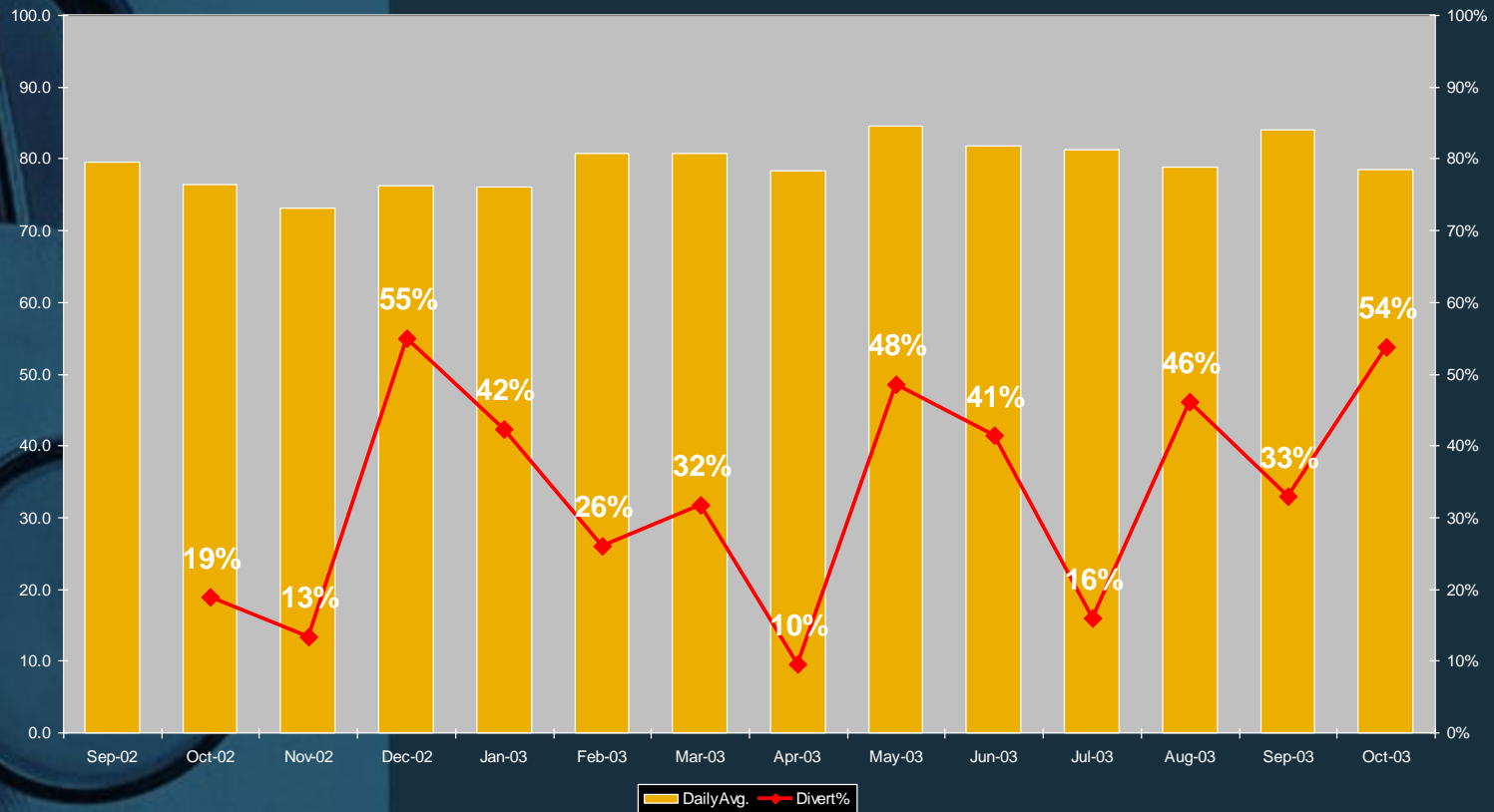
Calendar Year 2001,  
HFD Diversion Site Data



Calendar Year 2002,  
HFD Diversion Site Data

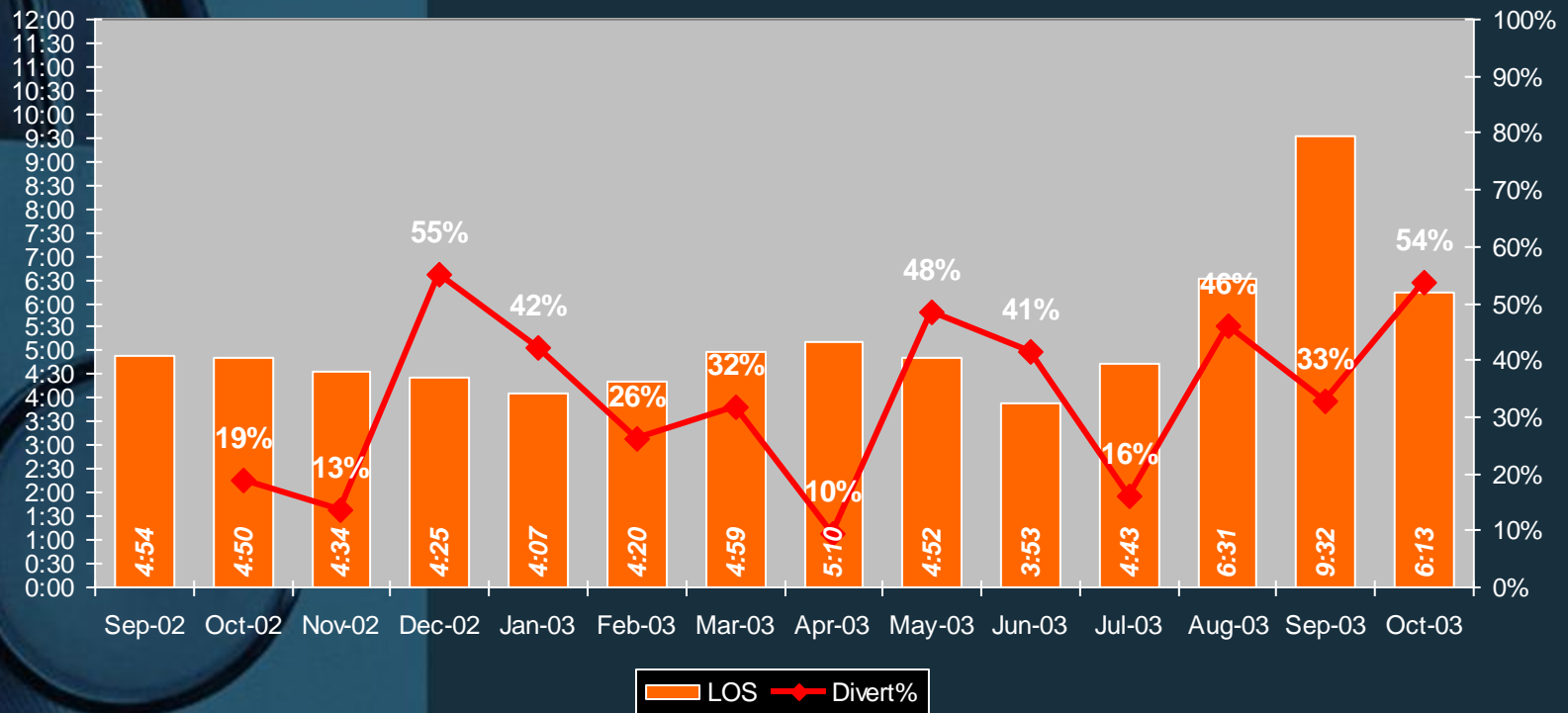
# Impact of Diversion on ED Volume

ED Diversion Study  
*Diversion vs. Daily Average Volume*



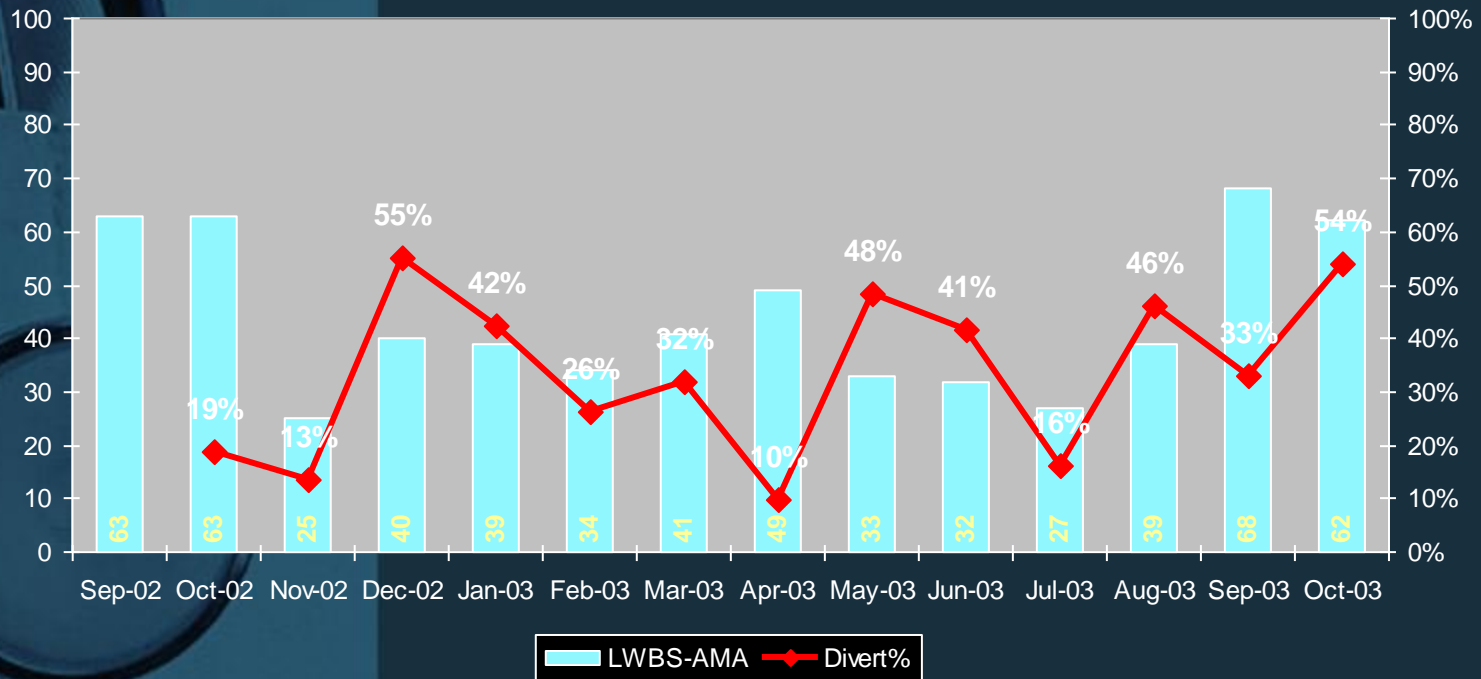
# Impact of Diversion on Length of Stay

ED Diversion Study Diversion vs. Length of Stay



# Impact of Diversion on LWBS

**Main ED Diversion Study**  
*Diversion vs. Total LWBS-AMA of month*



# From the EMS Perspective, Hospital Overcrowding:

- IS A HOSPITAL OVERCROWDING PROBLEM
- IS NOT AN EMS PROBLEM (ems can't fix it!)
- EMS has to survive this problem

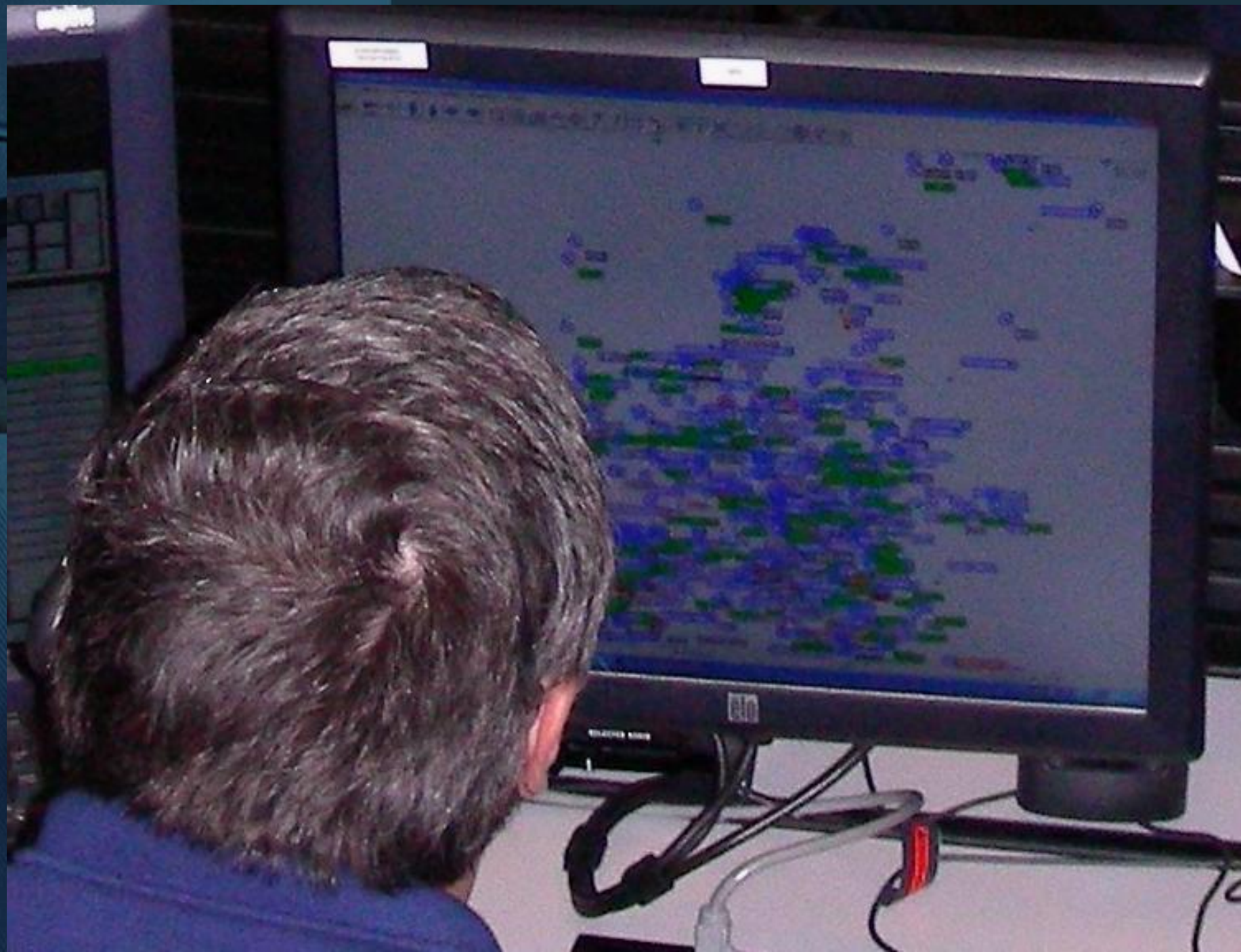





# Air Traffic Control

- Is the runway open?
- Is there another plane in the way?





A pair of glasses and a stethoscope are visible on the left side of the slide, set against a dark blue background with a vertical light blue stripe.

# New Base Station Operational Capacity

- Air Traffic Control Model
  - How this is Expected to Work
  - HFD Personnel Responsibility
  - Base Station Personnel Responsibility
  - Complete Reports – MANDATORY
  - ALL Calls Recorded

# How This is Expected to Work:

- 1. Firefighter will contact Base Station and provide complete and concise patient care report as well as patient hospital request/ intended destination hospital. *This will be phased-in over several months. Eventually ALL ambulance transports will be required to do this.*
  - this conversation shall be expected of ALL patient encounters. Only exception would be situations where EMS was summoned, but no patient was present.
- 2. Base station will evaluate system status to include hospital diversion requests, recent number of HFD ambulance transports to hospitals in question for this case, capability of hospital in relation to the perceived needs of the patient based on firefighters report, HFD resource management status, etc.

# How This is Expected to Work:

- 3. *DISCUSSION* will occur between Base Station personnel and Firefighter to determine best option.
- 4. Firefighter will discuss options with patient.
- 5. Firefighter will inform Base Station of final hospital destination decision
- 6. Base Station will notify receiving hospital of impending arrival of patient.
- 7. Base Station will record transportation to monitor how many ambulance transports each hospital gets in order to best advise the next HFD firefighter considering transportation to that hospital.



# Potential Conflicts

- Patient wants to go to Hospital A; conditions exist that prompt the firefighter and base station to believe the patient/ system is better off if patient goes to Hospital B or C.

# Conflict Management Steps

- Try to convince patient to agree to go to Hospital B or C.
- If patient is unwilling to agree, firefighter must weigh options:
  - Take patient to Hospital A, or
  - Offer patient transportation to Hospital B or C only, allowing patient to potentially refuse transportation. **\*THIS MUST BE MANAGED CAREFULLY!** City Ordinance still does NOT allow for EMS initiated refusals. Non-transportations that end with poor patient outcomes will be scrutinized heavily!



# Medical Ethics Review

- What makes an action *RIGHT*? Action can be justified by adhering to the *appropriate* ethical principle:
  - Beneficence
  - Respect for Persons or Autonomy
  - Nonmaleficence
  - Justice



# CONTROVERSY IS GOOD



# EMS Agenda For The Future

## Vision Statement

- Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net.

# Eat A Live Frog EVERY DAY

