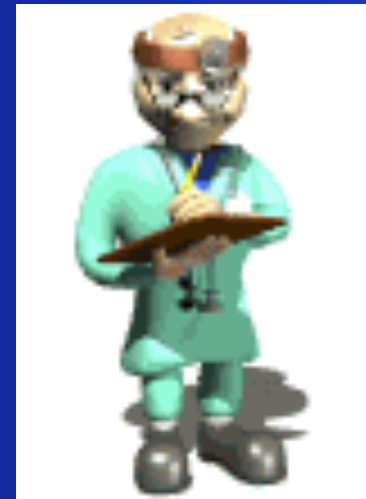


# Don't Get Taken For a Ride: Risk Management in Non-Transport Decisions

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EAGLES XII  
The Fairmont Hotel  
February 28, 2010



A photograph of the Golden Gate Bridge tower, showing its iconic Art Deco design with a red-orange color. The tower is the central focus, with suspension cables extending from its top. The background is a clear, light blue sky.

# Objectives

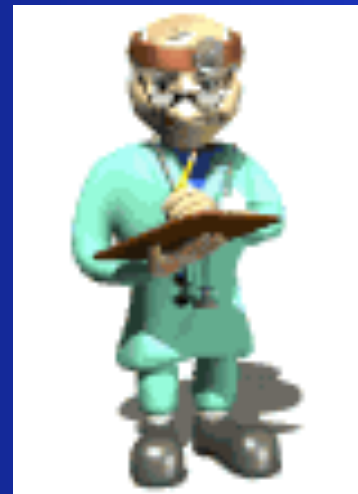
- ✓ To understand that little data exists regarding non-transport decision-making.
- ✓ To define the risks that exist to providers, EMS services, administrators and medical directors.
- ✓ To offer a thoughtful approach for transport decision-making and transport policy development including alternate transport and destinations

# Dallas Fire-Rescue



# EMS Agencies Are Overburdened With Low Acuity Calls

- Many believe that EMS is providing less emergency medical evaluation and care and more “Mobile Social Services” .
- Providers are overwhelmed with the evaluation, treatment and transport patients who have “minor” medical conditions but who feel they have nowhere else to turn OR who believe they are entitled to call 911 for transport.
- Given the current economic conditions and stalemate regarding healthcare reform, this is likely to get worse before it gets better.



# **This is NOT What EMS Was Designed for... WHAT HAPPENED???**

- **Rising EMS call volume with out concomitant increase in resources**
- **Changing healthcare landscape**
- **Aging of the population**
- **Complexity of patient presentations**
- **Drug and alcohol abuse**
- **Homelessness**
- **Access to primary care**
- **Pandemic flu**
- **Levels of Insured**
- **The economy**
- **The media**
- **Community/public expectations**



# **“Our Medical Director Wants Us to Take EVERYONE to the Hospital!!!”**

NOT TRUE!!!

Medical Directors want the  
right patients taken to the  
right hospitals in the right  
amount of time.

Nothing more, nothing  
less...



# What is Currently Known About Non-transport Decision-Making?

NOT MUCH!!!

Prehospital Emergency Care

2002 Oct-Dec 6(4) 383-6

Can Paramedics Safely Decide Which Patients Need  
Ambulance Transport?

The University of New Mexico

236 patients

Paramedics would have recommend alternative  
transport or alternative destinations for 25% of  
sick patients.



## Other Studies:

Narcan for Opiate OD

Glucose for  
Hypoglycemia and  
AMS

Beta Agonist for asthma/  
COPD





# Does Your System Have a WRITTEN Standardized Definition of a Patient?

If NOT, you probably do not have a truly accurate picture of what is going on in your system....

Do you know your EMS CLINICAL “claim” (lawsuit) rate?



# Big City EMS

- 30 “EAGLES” surveyed last year!!!
- 22/30 had a written standardized definition of a patient.
- Only one large US City allowed paramedics to refuse to transport patients without on-line medical consultation.



# We All Believe We Know What a “Patient” Is.....



# This is a Patient

“Any Person that calls 911  
requesting emergency  
medical evaluation or  
care,

OR

Any person for whom 911  
is activated with the  
reasonable expectation  
that he/she is in need of  
emergency medical  
assistance.”



# Is THIS a “Patient”

Shouldn't the  
police  
transport him  
because he is  
potentially  
dangerous?



# Is THIS a Patient???

How good are we at determining medical decision-making capacity in the uncontrolled out-of-hospital setting?

Obviously sick patients...

Obviously not sick patients...

In between????

Remember, WE ARE THE SAFETY NET!



## The Challenge: Maintain EMS Operational Capabilities, Provide QUALITY SERVICE, Manage Risk AND ENSURE LONGEVITY AND JOB SATISFACTION FOR YOUR PROVIDERS

To do this:

- ① Develop policy based upon available data.
- ② Train your providers on how to utilize the policy.
- ③ Give your providers simple tools to document their interactions that will protect them in the event of an adverse outcome.
- ④ Evaluate the program and “tweak” where necessary.



# Short of overhauling the healthcare system, can we remove low acuity patients from the EMS System?

- **Multi-Transport Vans (“sweep vehicles”)**
- **Public transit tokens**
- **Taxi Vouchers**
- **Referral or removal of patients from the system at the level of the 911 call center?**





# Recommendations

- **FIRST: TAKE A LARGE SUBSET OF YOUR PATIENTS TO THE CLOSEST OPEN E.D.**
- **Public Health /Hospital Clinics**
- **Bypass ER to specialty centers**
- **Urgent Care Centers**
- **Homeless Shelters**
- **Promote Jail medical self sufficiency**
- **Send them to Canada**
- **Reimbursement issues???**



# Destination Decision-making

The ‘trade-off’ for having our medics respond to EVERY patient, is that “minor” patients shall be offered transport to the CLOSEST OPEN hospital emergency department OR WHATEVER hospital that best maintains the EMS agencies operational capability.



# Do Transport Rates Mean Anything?

- Transport data is worthless unless we standardize definitions as we did for CPR statistics.
- We need to ensure we are comparing “apples to apples”.
- Standardizing definitions will also help individual systems by determining certain disposition types can be responded to or dealt with in different ways in the future.



# Limit Your EMS “Dispositions”

- Cancelled en route (by whom)
- UTL/GOA
- “NASIP”: Not a Sick or Injured Person
- Transported to the hospital
- Patient Declines Transport (PDT)
- Against Medical Advice (AMA)
- Resus attempted, not transported (RANT)
- FDSD (found dead, stayed dead)



# What is the “Right” Non-Transport Rate???



YOU DON'T  
REALLY THINK  
I'M GOING To  
Try to answer this,  
DO YOU???

# Whatever Your Transport Policy, Ensure Buy-In From City Hall/ Government Entities

No one is going to solve these challenges for us.

WE must advocate for new policies that support BOTH our patients and our providers and return EMS to its primary mission of responding to and providing expert care to critically ill and injured patients

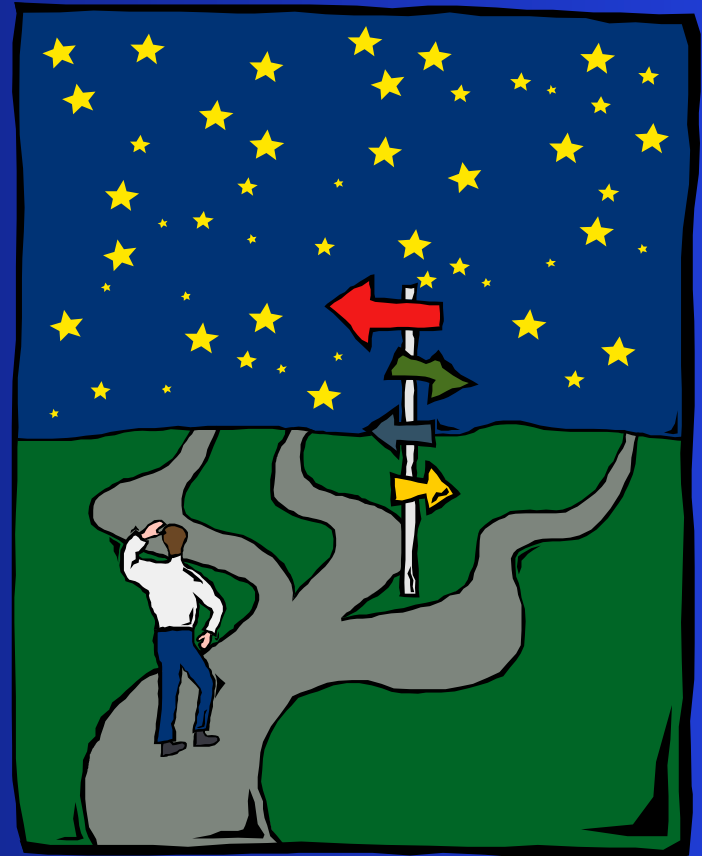


# Where Do We Go From Here?

Stay tuned: In Progress

## EAGLES Position Paper:

- **EMS Transport Decision-Making, Alternative Transport Modalities and Alternatives to Hospital Emergency Department Transport: State-of-the-Science and Recommendations for EMS Systems**
- S. Marshal Isaacs, MD, Marc Eckstein, MD, Neal Richmond, MD, Karen Wanger, MD, Don Locasto, MD, John Grisswell, MD, Christopher B. Colwell, MD, Fionna Moore, MD, C Crawford Meecham, Juliette Saussy MD, John Freese, MD, Jack Ayres, JD, Paul E. Pepe, MD, MPH (Writing Group), on behalf of the U.S. Metropolitan Municipalities' EMS Medical Directors Consortium\*



# My New Position!



Any change in evaluation and transport policy must be made as:

- ① An improvement in service.
- ② A necessity in maintaining the operational capabilities of the EMS system.
- ③ Protecting your providers certifications and licenses and improving their morale and working conditions.





**“Not everyone can be a hero but everyone can be great, because greatness is determined by service.”**

**-Martin Luther King, Jr.**

**Thank You for Your  
Attention !!!**



**FDNY**