What's the Hold Up?

Efficiency and Effectiveness in Patient Movement

Patient Movement Subcommittee

- History and Founding
  - Issues throughout the system
  - Variable depending on areas of the state
    - Inability to obtain ambulance transport
    - Lack of access to timely ambulance transport
    - Inappropriate type of ambulance
    - 911 utilization issues
- Group charged by EMSCC
  - Diverse membership
  - Geography
  - Representation

Assessment

MDHHS
Michigan Department of Health & Human Services

- Listening
- Summarizing
  - Problem statements
  - Sorted by type and impact

Problem Statements (examples)

MDHHS
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- Universal/National
  - Workforce shortages are across the continuum and affect EMS agencies, hospitals, licensed facilities, and other sending and receiving institutions.
- Hospital to Acute Care Hospital
  - Facility capability, access to specialty services, capacity, patient need, geography, and inclement weather present difficulties in destination determination and availability of resources.
- Hospital to Non-Hospital Facility
  - Medical necessity for different types of transfers is not well understood or documented, creating reimbursement and sustainability issues.
- Non-hospital to Hospital
  - Destination facility decisions by the sending facility or physician do not always coincide with EMS protocol, creating interpersonal issues and confusion between clinicians and to the patient.

Fact Finding and Learning

MDHHS
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- Types of care
- Difference between systems
- Finance and billing
- Regulatory structure (or lack thereof)

Aim Statement

MDHHS
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To improve patient movement through coordination of care, improving clinical and operational efficiency, and improving patient outcomes while supporting the integrity of local healthcare and EMS systems.

Primary Drivers

- Equipment/Infrastructure
- Education
- Healthcare workforce shortages
- Sustainability of services
- EMS agency considerations
- Non-EMS Agency considerations

Panel Members

- Debbie Condino
- Connie O’Malley
- Ron Slagell
- Eric Snidersich

One of the issues that seemed to come up in relation to having resources available was not having the right/appropriate asset sent to a request.

How did the committee find EMD and communication centers played into this?

One agency might take someone across the state to available bed and then return to their service area in an empty ambulance - even when a patient is waiting to go in the same geographic direction.

Why does this happen?

Is there any hope for change in this arena?

Appropriate resources has been discussed – are there things facilities can do to assure they are doing their part?

Shouldn’t an ambulance just take a patient when they are called?

Why does it really matter?

Are there best practices for systems or EMS agencies?

How do you make this work?

It seems like specialty resources and beds are getting further apart – what can be done to mitigate this situation?

MCA – Agency - Hospital

Questions and Discussion

MDHHS
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Ongoing Work

- Opportunities for information sharing
- Subcommittee
  - Regional efforts
  - Monthly(ish) meetings
- Any and all networks
- Healthcare Coalitions

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