

EMS Trauma Subcommittee
Meeting Summary
May 8th, 2012 - 3:00 PM

The EMS Trauma Subcommittee met on May 8th at 1500. There were 12 people in attendance, with 5 people on the conference call.

A recent patient transfer issue has been discussed extensively in the media. There was a delay in ground transportation, as one truck was out of the service area, and the service did not wish to leave their service area uncovered to arrange the transfer. The details of this specific issue were being discussed in more detail by the North Central TRAC PI committee. However, we used this opportunity to review and discuss backfill agreements, as well as discuss system ideas to reduce the likelihood of similar incidents occurring in the future. After much discussion, we came up with four ideas.

1. Implement the existing backfill agreements, and utilize them as intended. Apparently, the deliverable calls for two written backfills to be submitted by March 31st of this year. Joe presented a list of the existing backfill agreements, and less than 50% of services have actually submitted written agreements so far. We will ensure that all services get backfill agreements, and make it clear that they will not be eligible for additional funding until these are on file. We did review the backfill agreements, and we do feel these are still a workable solution.
2. Improve education of the hospitals, particularly the level 3's and 4's. There continues to be unnecessary transfers which are placing a burden on local EMS agencies. We discussed numerous examples of patients being sent long distances by ambulance, only to be discharged from the ED after their minor problem was addressed. Also, Jon pointed out that hospitals need to work with their local EMS agencies as partners, and not treat them like a tool. If a local hospital has a patient that they know will need transport, it would be ideal for them to at least give the local service a "heads up." Many hospitals seem to sit on patients until all transfer arrangements have been made and the chart is copied. They then call and expect the unit to be there promptly. Earlier notification would allow services to mobilize additional resources or utilize a backfill agreement, reducing delays.
3. Investigate the cost and feasibility of adding an AVL system to all units statewide. There are proprietary companies such as Fleeteyes that offer this, and many services already have existing GPS systems. This would offer many benefits to the trauma system, but specifically related to this issue, there would be a possibility that an empty truck from some service might be passing through an area on their way back from an out of town transfer. If ATCC was aware of a delay, they could facilitate discussion between the two agencies, and the available truck could potentially take the transfer.
4. As more of a long term goal, investigate adding a definition and rules for urgent transfers to the EMS rules and regs. Currently, interfacility transfers are not covered at all by the EMS rules and regs. Greg mentioned that there has been much discussion about this on the national level. Several states have added similar rules. There are fairly strict definitions as to what would qualify, as there are few transfers that are truly time sensitive enough to be treated like an emergency

The question was posed as to whether there is a standard for what the minimum coverage should be in an area. Jon pointed out that this is multifactorial, and there is no standard amount of units per population or other method to determine what staffing should be in an area. This depends on agreements with municipalities and counties, as well as cost, although there is certainly the expectation that services should do what it takes to cover their service area.

The group felt strongly that local hospitals should not call another service to arrange a transfer without going through the local provider first. Many services have franchise agreements to provide the non-emergent transports from their service area. These runs are typically an important source of income for the service. Should a service not be able to respond to a transfer in a timely manner, it should be up to them to provide an alternative, and not the local hospital.

We did discuss adding a deliverable to address the urgent transfer issue. If we did this, the sending hospital would declare the transfer time sensitive and urgent. We would then ask the local service to treat this like any other emergency. There is concern that this would be abused by hospitals, so we would need a mechanism such as having the ATCC medical director agree that the transfer is urgent. However, there is no regulation to address non-compliance to this request. We could add it as a deliverable, but would a service forfeit all of their funding if they were unusually busy and took a few minutes too long to get a truck to the hospital, and who defines how long is too long? Ultimately, it was felt best not to pursue this option, except for with the regulation changes as mentioned above.

The finance subcommittee is expected to announce a deadline of June 1st to submit proposals for FY13 performance based incentive proposals. We discussed a proposal which we will bring to the committee. We would like to reward services for having their providers certified in PHTLS or ITLS. We will suggest a future date, such as March 31st of 2013. All services that have at least 85% of their personnel certified would be eligible for funding. To avoid potential loss of funding for a service that happened to hire several new employees near the deadline, the 85% would be comprised of personnel who have been employed at least six months. The total amount of funding is unknown, but the thought is the amount that goes to each service would be proportionate to the number of providers they have certified. This includes both paramedics and EMT's, but the EMT's could substitute the basic PHTLS or ITLS.

An additional performance based incentive will possibly be offered to services that participate in the cost analysis survey. This survey was initially sent out to a select few services as a survey monkey. The feedback was that the survey was too difficult and needs some redesign. If funding will be an option for completing the survey, it will need to be sent to all services, and it will be important to know how much funding is involved.

Our next meeting will be June 12th at 1500.