

Creating a Smooth Transfer with EMS

We are all in this together
Tom Yates Director of EMS
Macon County Ambulance/Samaritan Hospital
Macon MO

Successes

Challenges

- ▶ EMS staff respond to requests for emergency assistance even when we have very little information about the medical emergency
 - Emergency assistance is *always* requested in a hurry and *sometimes* in a panic
 - Often, very little information is shared because the one in charge directed somebody to “Call 911” !!! (but didn’t say what to tell them)

- ▶ Available staff to direct EMS on arrival
 - (Where is the patient/resident?)
 - Room number?
 - Hall name or direction (first hall on the right, left, or straight back from the front door)

Challenges (cont’d)

- ▶ Nurse to EMS report
 - What’s the problem?
 - Code status
 - Pertinent history?
 - What happened today or in the hours before you needed EMS?
 - Meds?
 - Even if you are sending the MAR, what important medications has the patient received—that may be relevant?
 - Known Allergies?
 - Anything else the nurse believes EMS should know about

Paperwork

Important items that all EMS need

- ▶ Face Sheet
 - Complete with all necessary contact information
 - Family contacts, current physician, pharmacy, etc.
- ▶ Medication List
 - Including all known allergies
- ▶ DNR
 - Current code status
- ▶ POLST
 - Physician Order For Life Sustaining Treatment

Paperwork (cont'd)

Important items that all EMS need

- ▶ Medical Necessity Form
- ▶ Standard Transfer Forms
- ▶ Insurance information
 - Copy of current insurance card and or information complete on face sheet

Communication

- ▶ What to say when you call dispatch
 - A. Tell the chief complaint (cardiac, respiratory, bleeding, etc.)
 - B. Tell dispatch if the request is Emergency or Routine
 - C. Tell the location of the patient/resident within the facility
- ▶ More EMS have adopted policies of 'no lights, no sirens' when responding to Long Term care facilities, even in with emergency transport
 - The change reduces a major liability and risk of injury to EMS staff
 - Most LTC facilities are within 5-7 minutes of the EMS base
 - Without lights-sirens, EMS staff arrive just as quick and reduce the risk for drivers and pedestrians

Communication (cont'd)

- ▶ Notify the resident/patient's responsible party
 - that an ambulance has been requested
 - that the resident/patient may be transported
 - where the resident/patient will be transported (hospital name and location)
- ▶ Once EMS evaluates the patient/resident
 - they may need transport to a more appropriate tertiary facility i.e.: Heart Center, Stroke Center, Trauma Center

Things to remember

- ▶ Transfer initiated by the DR.?
- ▶ Medical necessity form!!
- ▶ Patient Requested transfer rather than emergency?
 - If so, have you informed them that insurance may not pay the bill if it's scheduled transfer ?
 - Always try to schedule 48 hours in advance
- ▶ Financial Responsibility?
 - Who going to pay the bill?

◦ Questions, Concerns, Compliments?