



Creating Smooth Emergency Transfers With Your Local EMS Teams

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Disclosure Information

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- There are no off-label, unapproved drugs or devices referenced in this presentation.
- No relevant financial relationships exist.



Challenges

- Federal, State, Local
- Reimbursement rules – CMS, Medicaid, Commercial payers
- Ambulance benefit payable under Part A or Part B?
- Who to call?



Emergency – patient has suffered an accident, injury or acute illness's that renders patient unable to go to the hospital safely by other means. Signs and symptoms are such that the absence of immediate medical attention could reasonably result in:

1. Placing patient's health in serious jeopardy;
2. Cause serious impairment to bodily functions;
3. Cause serious dysfunction of any bodily organ or part.



Non-Emergency

Medically Necessary & Reasonable

- Patient's condition is such that all other means of transportation are contraindicated. *Can some other method convey the patient without endangering their health?*
- Destination is covered and appropriate for medically necessary services.
- Patient is bed confined
 - Unable to get up from bed unassisted
 - Unable to ambulate
 - Unable to sit in chair or wheelchair safely



Non-Emergency (continued)

Transport is covered to the closest, appropriate facility

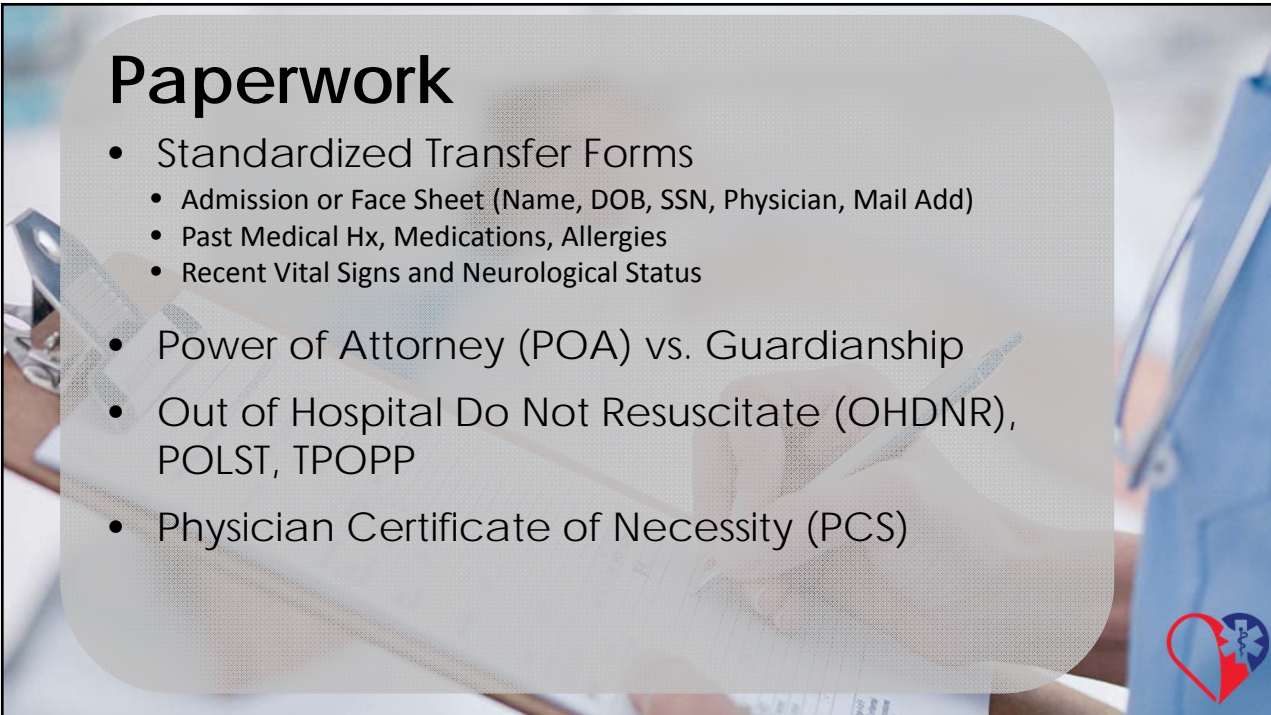
- Closest determined by locality and bed availability
- Appropriate determined by level of care and services needed.






Communication

- Dispatch Key Questions
 - Usually Protocol Driven (MPDS)
 - Don't assume all information is passed along to EMS
- Developing a Shared Vision
 - Establish a patient-centric **Shared Plan of Care**
 - Expect and provide a warm patient handoff
 - Communicate specific concerns about patient condition



Paperwork


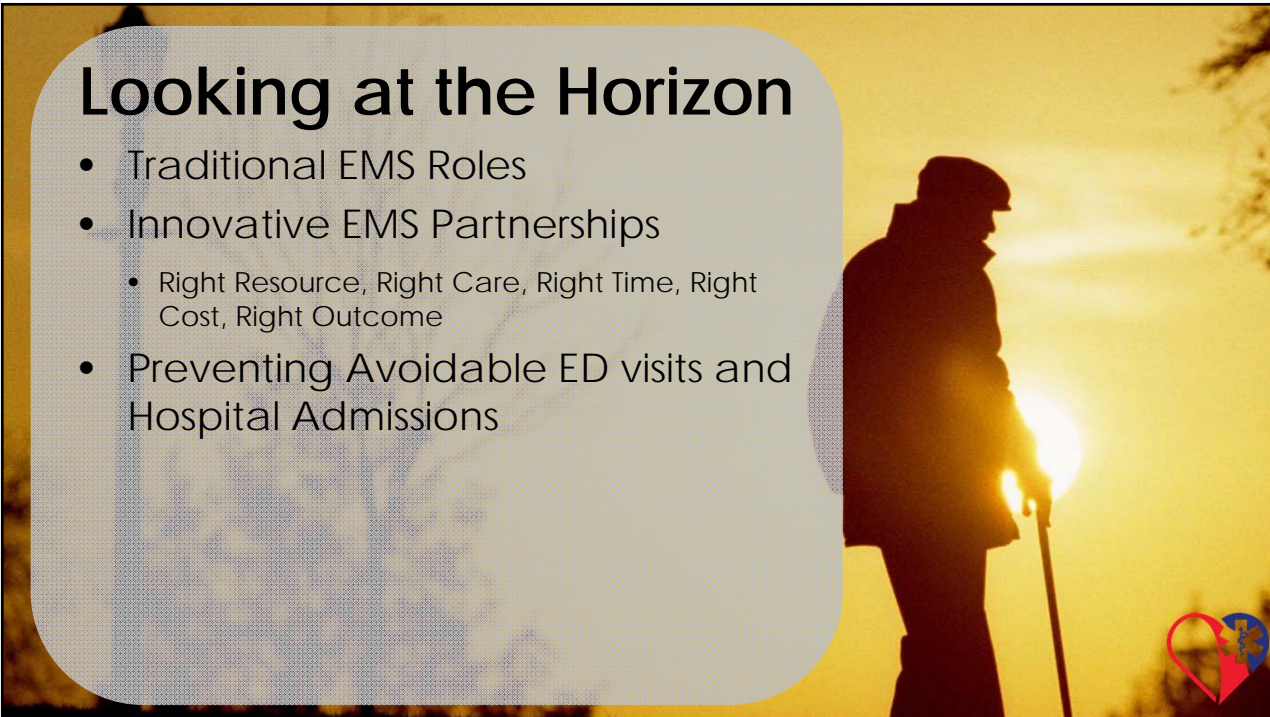
- Standardized Transfer Forms
 - Admission or Face Sheet (Name, DOB, SSN, Physician, Mail Add)
 - Past Medical Hx, Medications, Allergies
 - Recent Vital Signs and Neurological Status
- Power of Attorney (POA) vs. Guardianship
- Out of Hospital Do Not Resuscitate (OHDNR), POLST, TPOPP
- Physician Certificate of Necessity (PCS)






Successes

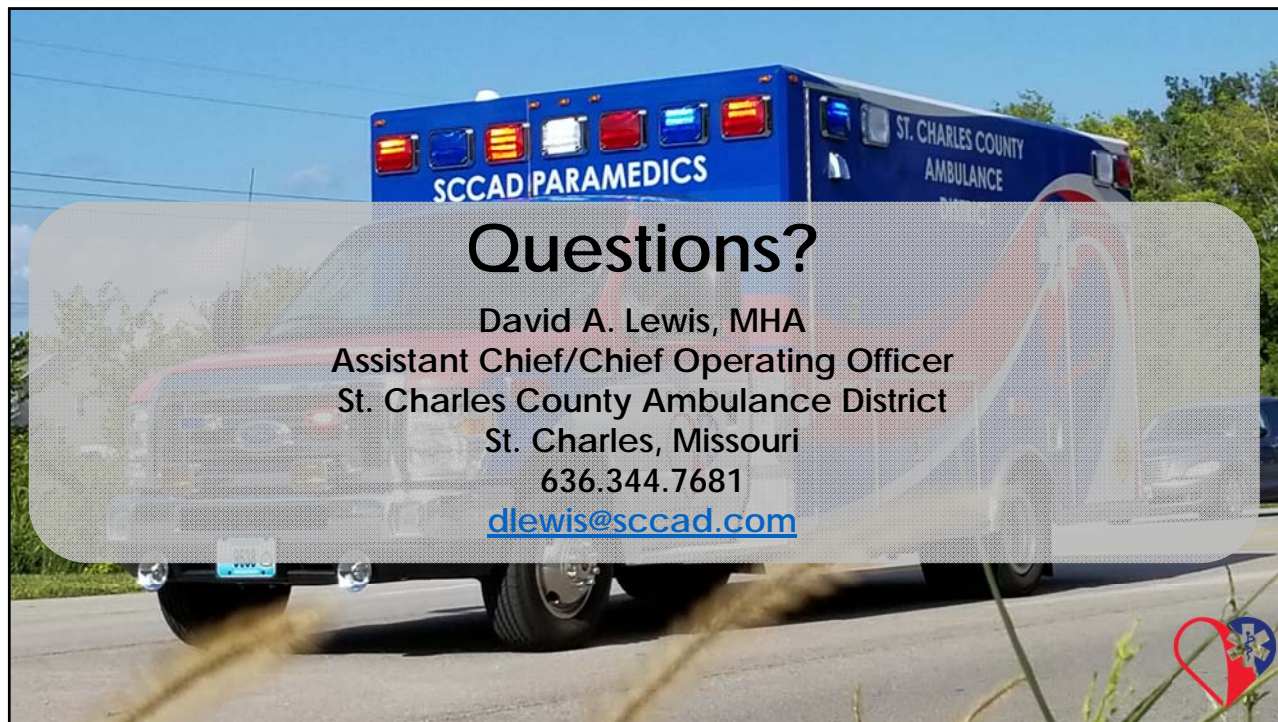
- Designate Primary Point Of Contact
 - Designated agency representative can be a friendly, familiar voice
- Be THE Resource
 - CPR
 - Continuing Education
- Collaborate Often
 - Disaster Pre-Plans
 - Social Event Participation
- Optimize System Design

Looking at the Horizon

- Traditional EMS Roles
- Innovative EMS Partnerships
 - Right Resource, Right Care, Right Time, Right Cost, Right Outcome
- Preventing Avoidable ED visits and Hospital Admissions





Questions?

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