



WORK GROUP #2 PARTICIPANTS

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WORKGROUP PURPOSE

Purpose: To determine in field triage and destination protocols for prehospital transfer (i.e. by EMS) and to determine transfer transport protocols between hospitals (i.e. ER to birth hospital, Level 1 hospital to higher level of care) including transport of maternal/fetal unit.

Perinatal Guideline Recommendation that applies

18. Work in collaboration with EMS/trauma system to thus assure that each perinatal patient “get to the right place in the right time.”

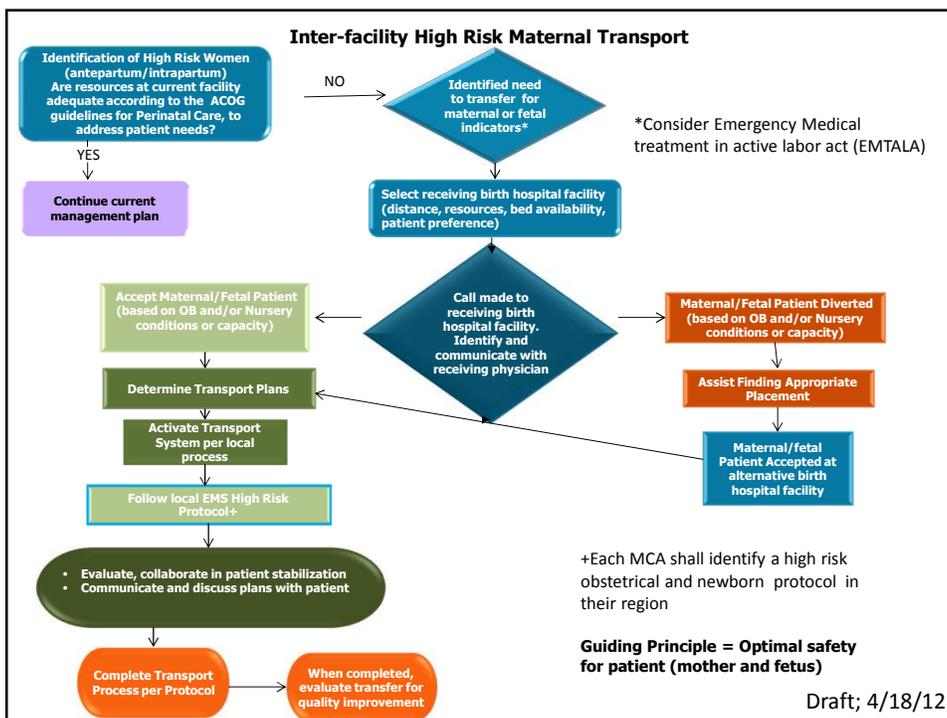
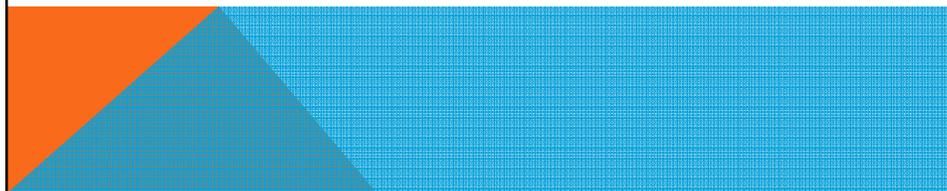
PERINATAL REGIONALIZATION & TIME DEPENDENT EMERGENCIES IN MICHIGAN

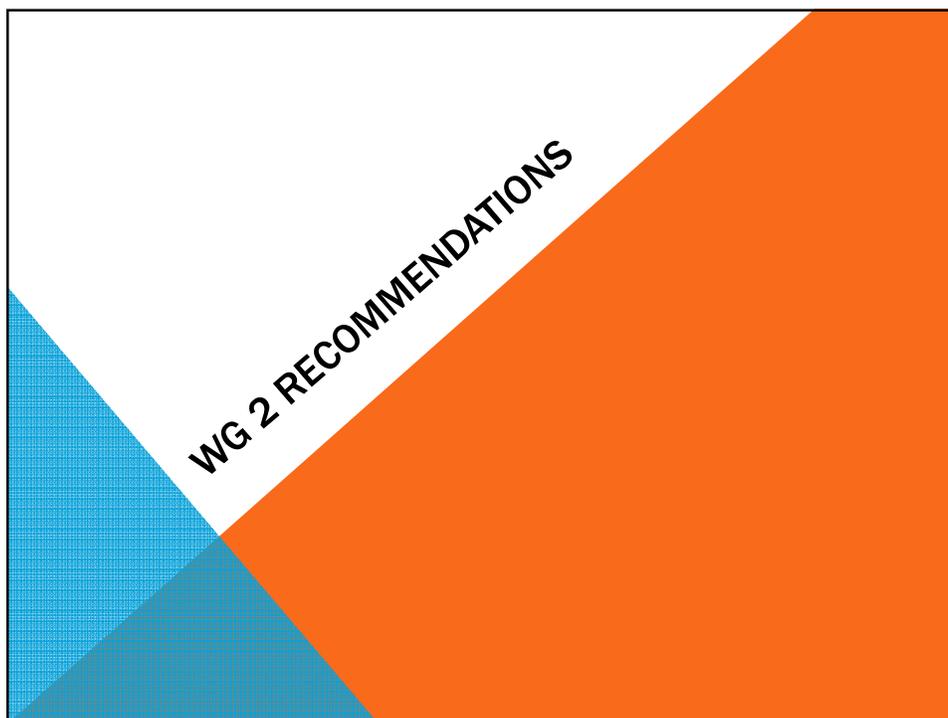
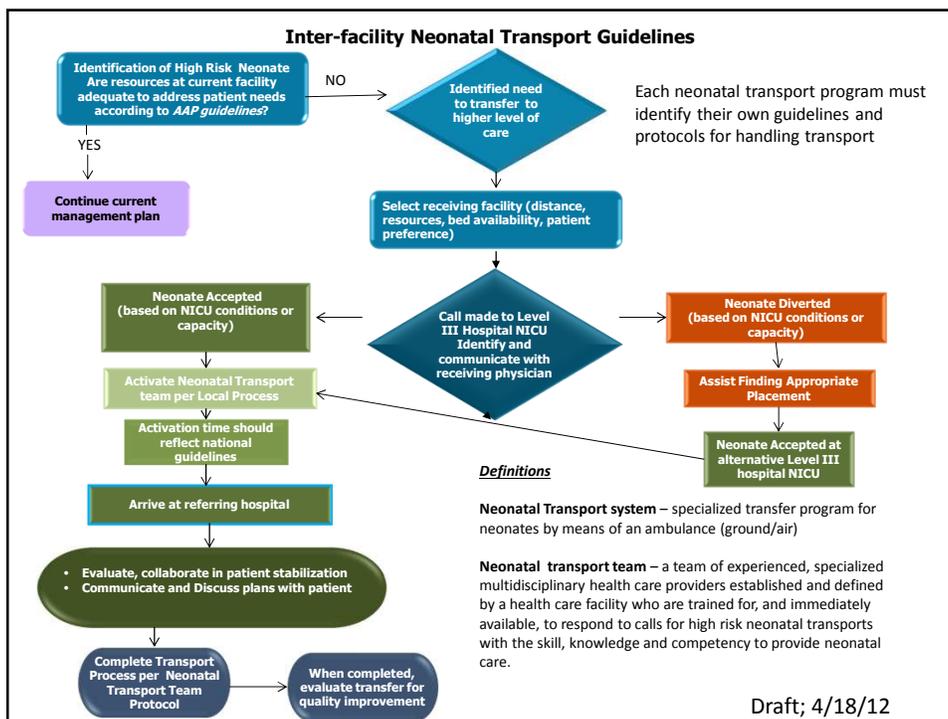
- The EMS has a system in place for pre-hospital transports and interfacility transports
- EMS operates under the Medical Control Authority
- Medical Control Authority has protocols (examples that pertain to perinatal period)
 - Obstetrical Emergencies
 - Pediatric Newborn Assessment, Treatment and Resuscitation
 - Inter-facility Transports of critical care patients
- Public Health Code authorization – see next slide

PUBLIC HEALTH CODE (ACT 368 OF 1978) SECTION 209 – EMERGENCY SERVICES

Section 20921.(5). Subsection (4) does not apply to the transportation of a patient by an ambulance if the patient is accompanied in the patient compartment of the ambulance by an **appropriate licensed health professional** designated by a physician and after a physician-patient relationship has been established as prescribed in this part or the rules promulgated by the department under this part.

Section 333.20932.(2). An aircraft transport operation shall not operate an aircraft transport vehicle unless it is staffed, with emergency medical services personnel or **other licensed health care professionals** as appropriate according to the written orders of the patient's physician.





RECOMMENDATIONS

Hospitals should have a written policy for transport .

- Need to develop a process to assure this occurs consistently in the state
- May be a part of the designation/verification process and documents provided by the hospital as part of the process

RECOMMENDATIONS – CERTIFICATE OF NEED NICU STANDARDS

NO recommended changes to the NICU CON standards related to transport were made

- CON NICU Standards that apply:
 - Section 2 (u) Definition: “Neonatal Transport System” means a specialized transfer program for neonates by means of an ambulance pursuant to Part 209 of the Code, being Section 3333.20901 et seq.”
 - Section 11, (v) “If an applicant operates a NICU that admits infants that are born at a hospital other than the applicant hospital, an applicant shall develop and maintain a neonatal transport system”
 - Section 11, (xi) “An applicant shall develop and maintain plans for the provision of transferring infants discharged from its NICU to another hospital, as necessary for the care of an infant no longer requiring NICU services but unable to be discharged home.”

CON NICU Standard

http://www.michigan.gov/documents/mdch/NICU_Standards_330179_7.pdf

RECOMMENDATIONS CERTIFICATE OF NEED AIR AMBULANCE

NO recommended changes to the Air Ambulance CON standards related to maternal or neonatal transport were made

- [Note EMS Ambulance Rules in part 209 of Public Health Code and EMS/Life Support Agencies and Medical Control Administrative Rules related to Ambulance Operation also apply]
- The group noted that there is no stipulation on the size of the aircraft. There is some federal legislation that may address aircraft size that is currently in committee.
- The number of NICU and maternal transfers by mode of transfer (air or ground) should be a recommendation from workgroup #3. The group cautions that inbound transports should be what is tracked so that there is not a double count of the same patient.

CON Review Standards for Air Ambulance

http://www.michigan.gov/documents/mdch/AA_Standards_330175_7.pdf

RECOMMENDATION – FOUR COMPONENTS OF TRANSPORT

- 1) Standards/guidelines;
- 2) Effective communication
- 3) Feedback
- 4) Quality review and evaluation

COMPONENTS OF TRANSPORT STANDARDS/GUIDELINES

Published guidelines

American Academy of Pediatrics (2007) *Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients* (3rd Ed.).

National Association of Neonatal Nurses (2010) *Neonatal Nursing Transport Standards* (3rd Ed.).

AZ document "High-Risk Perinatal Program/Newborn Intensive Care Program: Maternal and Newborn Transport Services Policy and Procedure Manual."

There is not a similar document for maternal transports.

EMS Protocols

- Obstetrical Emergencies
- Pediatric Newborn Assessment, Treatment and Resuscitation
- Inter-facility Transports of critical care patients

RECOMMEND: Each MCA should identify high risk obstetrical and newborn protocols in their region (Example – Washtenaw/Livingston MCA – next page)

EXAMPLE MCA HIGH RISK PROTOCOL

Washtenaw/Livingston Medical Control Authority
System Protocols
HIGH-RISK DELIVERY TRANSPORT GUIDELINES

Date: April 2011

Page 1 of 1

High-Risk Delivery Transport Guidelines

The purpose of this policy is to establish guidelines for transport of women with pregnancy of more than 20 weeks and less than 34 weeks gestation in active labor, as these infants may require newborn intensive care.

1. In all cases where delivery is imminent, transport will be to the closest emergency receiving facility.
2. If labor is brought on by medical illness or injury of the mother, appropriate medical treatment of the mother is the first priority. This is also the most appropriate treatment of the infant.
3. If time allows, any woman in active labor with a gestational period of more than 20 weeks and less than 34 weeks, should be taken to St. Joseph Mercy Hospital or the C.S. Mott Children's & Von Voightlander Women's Hospital in anticipation of delivery of a high risk infant.

Procedure:

- A. All OB transports to St. Joseph Mercy Hospital should be taken directly to Family Birth Center Triage. If delivery is imminent determine the destination in consultation with emergency department medical control.
- B. All OB transports to C.S. Mott Children's & Von Voightlander Women's Hospital should be taken to the Birth Center via Labor and Delivery Triage entrance. If delivery is imminent determine the destination in consultation with emergency department medical control.

COMPONENTS OF TRANSPORT COMMUNICATION AND REFERRAL

The group explored some options such as EMResource

The group felt the referral/transport process is more complex than knowing bed status

Recommendation: When a maternal/fetal patient or a neonate is diverted, based on OB and/or nursery conditions or capacity, the hospital diverting the patient will assist the referring hospital in finding an appropriate placement.

(Noted in flow charts)

COMPONENT OF TRANSPORT QUALITY ASSURANCE & EVALUATION

EMS-Life Support Agencies-Medical Control have a quality assurance and evaluation process in place through Administrative Rules R325.22207.

Rule 207

(1)Each MCA shall establish written protocols as defined in section 20919 of the code which shall include...

(h) Protocols that ensure a quality improvement program is in place. The quality improvement program shall include a requirement that each life support agency collects and submits data to the MCA. Data shall be reviewed by the MCA professional standards review organization.

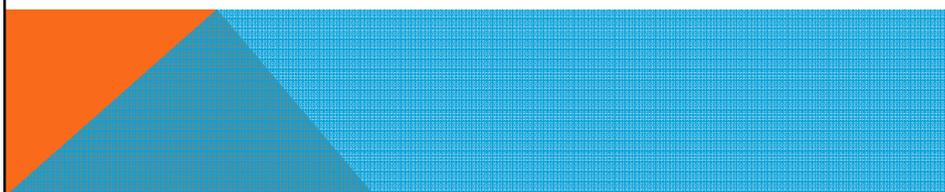
Quality measures for transport are outlined in the *Perinatal Guidelines: Implications for Michigan (2009)*

Recommend: Look at quality transport measures at the regional level. This could be accomplished by a regional perinatal coordinator

COMPONENT OF TRANSPORT FEEDBACK

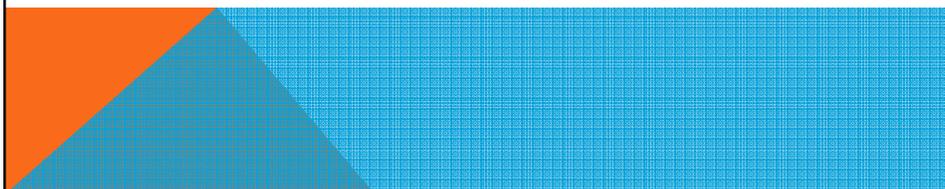
Per the Perinatal Guidelines, a feedback mechanism is recommended.

These would be enforced through the designation-verification process



ADDITIONAL RECOMMENDATIONS

1. The state shall support a perinatal outreach coordinator assigned for each region as defined by the Trauma Regions/Emergency Preparedness regions in the state
2. The transport process needs oversight from some type of Peer Review team (to be determined)
 - This may interface through the professional Review Standards, the perinatal outreach coordinator or may tie in with recommendations from other workgroups



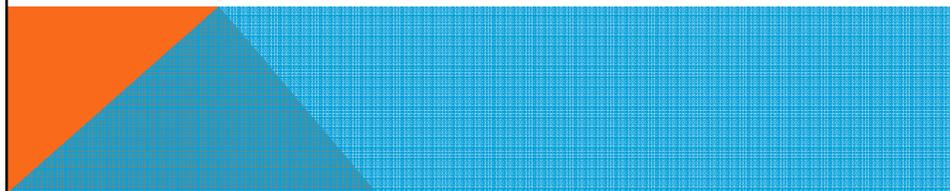
UNRESOLVED ISSUES – TRANSPORT OVER STATE LINES

Local policy may be overridden by state

Michigan Medicaid goal is to keep care in Michigan, yet there are waivers to allow care outside of the state.

We did not have the time/resources to assess this situation.

Maternal and newborn care does happen outside of state boundaries for some Michigan residents – especially in our border states of Ohio, Indiana, Wisconsin and also in Minnesota.



Questions?

Comments?

