

EMSCC Patient Movement Ad Hoc

AGENDA

July 24, 2023

9:00 a.m. – 11:00 a.m.

[Click here to join the meeting](#)

248-509-0316 Conference ID: 311 036 897#

1001 Terminal Road, Lansing, MI 48906

Members: Debbie Condino, chair, Dr. Bigsby, Ken Cummings, Dr. Krohmer, Lauren LaPine, Jason MacDonald, Angela Madden, Connie O'Malley, Ralph Ortiz, Doug Pratt, Ron Slagell, Alyson Sundberg, Ed Unger, Rob Warnemuende.

- 1. Call to Order**
- 2. Roll Call**
- 3. Approval of Agenda and Minutes**
- 4. Old Business**
- 5. New Business**
 - Problem statements
 - Top five problems under each category
 - Regulatory Educational Components
- 6. Additional Items from Attendees**
- 7. Adjourn**
- 8. Next Meeting: August 28, 2023.**
 - Recurring series is the fourth Monday of the month at 9 a.m.

Problem Statements

Universal

- Workforce shortages are across the continuum and affect EMS agencies, hospitals, licensed facilities, and other sending and receiving institutions.

Hospital to Hospital Transfers

- There are not clear and universally accepted priorities and timelines for different types of patients and conditions.
- Facility capability, patient need, geography, and climate present difficulties in destination determination and availability of resources.
- EMS scope of practice is not widely known, creating resource misassignment, with the highest level of specialty care not available in many areas of the state.
- Understanding of necessity, capability, and other payment conventions create issues with reimbursement and sustainability of services.

Hospital to Non-Hospital Facility Transfers

- Availability of beds and facility willingness to accept patients creates confines and pressures on the system's resources.
- Coordination of care through facilities and types of care is lacking, creating delays and issues in moving patients.
- Inability to move patients to other types of care prevents hospital beds from being available for other patients, which then creates strain on emergency departments and EMS through increased wait times and patient diversions.
- Medical necessity for different types of transfers is not well understood or documented, creating reimbursement and sustainability issues.

Non-hospital to Hospital Transfer

- The appropriate way to access the system is not transparent in many facilities (the use of 911 vs contracted direct dial) which can create issues with resource assignment, and ultimately patient safety issues.
- The continued lack of universal EMD creates problems with resource allocation regarding what assets to deploy when a facility requests service through 911.
- Capability and medical necessity in reference to ambulance transport is not well understood, putting crews, agencies, and facilities in difficult situations regarding resource management.
- Destination facility decisions by the sending facility do not always coincide with EMS protocol, creating interpersonal issues and confusion between clinicians and to the patient.