



EMSCC Patient Movement Ad Hoc

Minutes

April 24, 2023

10:00 a.m. – 12:00 p.m.

[Click here to join the meeting](#)

248-509-0316 Conference ID: 532 534 31#

1001 Terminal Road, Lansing, MI 48906

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

Absent: Lauren LaPine, Doug Pratt, Ron Slagell

Guests: Thomas Johnson, Sparrow; Lynn Weber, Clinton Area Ambulance; Bill Priese, Tri County MCA; Bruce Trevithick, Genesee County MCA; Dustin Hawley, Superior; Dr. Edwards, EMSCC; Kevin Henderson, Washtenaw Livingston MCA; Lance Corey, Kent County EMS; Mark Meijer, Life EMS; Matthew Price, Region 1; Maureen Gibbons, Region 1; Renee Gray, Kinross EMS; Dr. Parekh, Michigan Medicine.

Staff: Babb, Bergquist, Kuhl, Piette, Burke, Kapnick, Nelson, Schaible, Worden, Dr. Fales.

1. **Call to Order: The meeting was called to order at 10:01 a.m. by Debbie Condino.**
 - Debbie introduced herself, welcomed everyone, and spoke about the committee.
 - Introduction of members
 - Introductions were done around the room.
 - Debbie went over the expectations for participation. When voting occurs, members must be present in person for their vote to count.
2. **Roll Call-We have a quorum today.**
3. **Approval of Agenda**
4. **New Business**
 - Committee Charge
 - This came about through our work with the MCA Subcommittee. The committee was requested and approved through EMSCC. We wanted to pull a group together to establish definitions and address other issues with this topic. There is a wide variety of members from both regions and organization types.
 - Questions: Dr. Krohmer asked if 911 will be discussed and Emily addressed. That may come up during discussions. Emily Bergquist said we know there are tertiary to us that are not in our control, such as EMTALA. It is expected that people will have to join us to provide guidance on things not in the EMS office's control.

- Participation expectations
 - You have been selected to participate because of your role as a Subject Matter Expert rather than a member of your organization or employer.
- Definitions and Nomenclature
 - Interfacility
 - Alyson advised it should be divided into A and B for higher level of care vs lower level of care. Krisy asked including hospital to hospital. Alyson discussed ED to hospital with a bed available. Breaking this down into all levels was discussed. Dr. Bigsby brought up emergent transfers vs routine transfers. Dr. Fales brought up licensed facility definitions. Inpatient vs Outpatient and variables involved was brought up by Thomas Johnson. Emily spoke about a patient's house not being a licensed facility. Alyson spoke about hospital capacity issues and bed availability. Mark Meijer spoke about patient movement not being only for emergent patients, such as dialysis. Doug Burke shared some NASEMSO definitions about Interfacility and Medical Transport and discussed. Emily said what we work on would be related to an ambulance because that is what we have control of. Mark Meijer said there are people being moved by ambulances that shouldn't be or don't meet the criteria. Our goal is to get to standard terms and could the NASEMSO definitions a good starting point for us today was discussed. Dr. Bigsby advised to keep in mind the whole system is affected. Renee Gray discussed medical transport. Thomas Johnson brought up interfacility transport vs transfer, as these are interchanged often. Ralph Ortiz brought up transfers that call 911 when a transfer is going to take too long. Emily said the department put out a protocol about this. This is also a known problem...there are many known problems. Krisy said to keep in mind there is a cascading effect and some triggers and other factors that come into play once we start to categorize. Connie O'Malley spoke about behavioral health transfers being emergent in some cases.
 - Emily pasted the definitions from NASEMSO NEMSIS 3.5 definitions into her tracking document and the group reviewed it and added to it.
 - Does NEMSIS have definitions for facility types?
 - The group added to the NEMSIS definitions and placed things in the appropriate category.
 - Transfer vs transport was discussed by Emily. Transfer has a clinical person on both sides of care. This was determined to be very helpful. Dr. Krohmer emailed NEMSIS to obtain reasoning behind their definitions.
 - Reimbursement ramifications were mentioned as that will come up later.

- Staffing and non-emergency needs were discussed.
- Non-interfacility
 - Partially in the definitions worked through above.
- Problem statements
 - Top five problems under each category – Not discussed today.
- Regulatory Educational Components
 - Emily advised that as we move forward, we will need concepts for best practices document. Quick primers from SME in other areas will be needed. The ask here is that if you or your stakeholder organizations have experts in a legal issue, please email suggestions for SMEs or topics to Nicole at babbn@michigan.gov.
- 5. **Additional Items from Attendees**
 - Thomas Johnson asked if value would be added by a count of counties where 911 is used for interfacility transfers. Emily advised what we can look at as far as data. There are ways to see where the call came from, but it is not perfect. Ralph Ortiz said Doug Burke has pulled some of these numbers. Emily said there would be people that would be helpful in this topic further down the road.
- 6. **Adjourn: The meeting was adjourned at 11:58 a.m.**
- 7. **Next Meeting: TBD**
 - **A scheduling poll will be sent out for the next meeting. A recurring meeting can be scheduled, and a poll for a recurring meeting will be sent. Frequency is to be monthly.**

EMSCC Patient Movement

Definitions and Nomenclature Discussion

NEMSIS 3.5

HOSPITAL-TO-HOSPITAL TRANSFER: Any transfer, after initial assessment and stabilization, from and to a healthcare facility, to include specialty hospitals, for the purpose of continuation of acute care, this would also include emergent transfer requests (e.g., hospital to hospital, provider based freestanding ED to hospital, freestanding outpatient surgical centers with an ED 24/7, hospital owned clinic to hospital). Acute rehab to a hospital?

HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER: Any transfer from a hospital to a non-hospital facility. An example of this is a transfer from a hospital to a care center. (e.g. hospital to a long-term care facility, hospital to a behavioral health center, hospital to hospice)

NON-HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER: Any transfer from one facility to another facility neither of which qualify as a hospital. An example of this is a transfer from a dialysis center to an out-patient clinic. (e.g. home to dialysis and return, skilled nursing to appointments or clinics)

NON-HOSPITAL FACILITY TO HOSPITAL TRANSFER: Any transfer from a non-hospital facility to a hospital. (e.g. dialysis center to a hospital, non-hospital clinic to a hospital, non-hospital urgent care to a hospital, non-hospital surgical center to a hospital, non-hospital physician's office to a hospital, skilled nursing to a hospital)

OTHER ROUTINE MEDICAL TRANSPORT: Transports that are not between hospitals or that do not require an immediate response; these are generally for the purpose of transportation to or from an appointment, performance of a procedure, or long-term care (e.g., hospital to home, home to appointments).

Start with PROBLEM STATEMENTS Vs. Category

Parking Lot Issues

EMERGENCY RESPONSE (PRIMARY RESPONSE AREA): Emergent or immediate response to an incident location, regardless of method of notification (e.g., 9-1-1, direct dial, walk-in, flagging down, air ambulance scene flight).

EMERGENCY RESPONSE (INTERCEPT): When one EMS clinician meets a transporting EMS unit vehicle with the intent of receiving a patient or providing a higher level of care.

EMERGENCY RESPONSE (MUTUAL AID): Response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local resources have been expended.