

**EMSCC Patient Movement Subcommittee Problem Statements****Universal/National Challenges**

- Workforce shortages are across the continuum and affect EMS agencies, hospitals, licensed facilities, and other sending and receiving institutions.
- Understanding of necessity, capability, and other payment rules and regulations create issues with reimbursement and sustainability of services.

**Hospital to Acute Care Hospital Transfers**

- There are not clear and universally accepted priorities and timelines for different types of patients and conditions.
- Facility capability, access to specialty services, capacity, patient need, geography, and inclement weather 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.
- Coordination of care and patient information sharing through facilities and with EMS is lacking, creating delays and issues in moving patients, as well as potential patient safety risks.
- Ambulance operations are not universally privileged, with limited ability to cross Medical Control Authorities (MCA) to move patients longer distances. New protocols allow for more movement, but there is little trust that this will be done in a thoughtful way.

**Hospital to Non-Hospital Facility Transfers (Including Behavioral Health)**

- 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.
- Behavioral health patients present different needs for safety and observation. These needs may be able to be met with a vehicle other than an ambulance, but the payment methodology and infrastructure for this do not exist broadly.

**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 or physician do not always coincide with EMS protocol, creating interpersonal issues and confusion between clinicians and to the patient.