



STATE OF MAINE
 DEPARTMENT OF PUBLIC SAFETY
 MAINE EMERGENCY MEDICAL SERVICES
 152 STATE HOUSE STATION
 AUGUSTA, MAINE 04333



JANET T. MILLS
 GOVERNOR

MIKE SAUSCHUCK
 COMMISSIONER

J. SAM HURLEY
 DIRECTOR

**IFT Committee – December 12, 2022
 Minutes**

Meeting begins at 0932 (Virtually via Zoom)

Attendees

Committee Members:

Rick Petrie, Dr. Pete Tilney, Chip Getchell, Steve Leach, Tim Beals, Chris Pare, Mike Choate
(Committee Members Absent: Dr. Matt Sholl, Dr. Corey Cole)

Stakeholders:

John Lennon, Bill Cyr, Dwight Corning, David Ireland

Maine EMS Staff:

Marc Minkler, Ashley Moody, Jason Oko, Chris Azevedo, Melissa Adams, Jason Cooney. Darren Davis

A quorum is present.

Maine EMS Board Chair Libby has not yet confirmed the nomination of Rick Petrie as chair from June 13, 2022, meeting. Petrie will remain as acting chair.

Introductions

Petrie calls meeting to order.

Attendees provide introductions.

The Maine EMS Mission Statement is read by Petrie.

“The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this board should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this Board, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent.”

Additions to Meeting Agenda

Tilney requests to add discussion on IFT decision tree work, Petrie adds to agenda

Minutes

Motion to approve minutes from October 17, 2022 by Leach, second by Getchell. No objections.

Minutes approved.

Old Business

Petrie sent a reminder request to Maine EMS Board on 2 questions and has not received a response from Chair Libby. The questions are:

- **Excellence**
- **Support**
- **Collaboration**
- **Integrity**
-

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1. *"As specified in the Emergency Medical Services Act of 1982, does the definition of an Emergency Medical Treatment include EMS medications, procedures, and medical devices in the transport of patients from hospital to hospital?"*
2. *"If not, who has the authority to define the scope of practice and direct care of these IFT patients?"*

New Business

1. Tilney presents on draft IFT decision tree work and updates that he has done that may be useful as IFT and MDPB work moves forward. He will send a copy to Minkler to distribute to the group as a draft working document. Group discussions document and opportunities with it.
 - a. Oko will run a query on medications administered during behavioral health interfacility transports based on questions within the discussion.
 - b. Choate will look at selection of sample states protocols of transport of blood during IFTs.
2. Minkler presents on NEMESIS definitions. PDF copy attached. Discussion and clarifications provided during discussion.
 - a. Oko asks if EMS should find way to track why a patient is being moved (e.g. bed availability, lack of surgeon) as transporting may be only monitoring vitals and thus the reason for transport is not the primary impression but is the need for transport because that service the patient needs is not available at the sending facility
 - b. Davis states there are other fields capable of capturing what we do on transfers
 - c. Pare states the "why" of moving patients is important to understand why EMS has to transport a patient and can help make informed decisions about why EMS is moving a particular patient. He states that collecting only this and not collecting a primary impression is not appropriate. Both aspects are important for EMS understanding and insight
 - d. Petrie asks if EMS clinicians need to understand ALS 1 or ALS 2 definitions (as it was part of the presentation). Minkler states the Maine EMS PCR asks for that information and clinicians are filling it out on a legal patient care report, so they should understand what it is they are writing/saying or not be asked that question. It is unclear how much clinicians know about this or is being done "best guess"
 - e. Davis states the data committee is working on a data dictionary focused on NEMESIS 3.5 July 2023 rollout. He anticipates this will have greater depth to explain each field. He states it is important for the IFT Committee to define what data they actually need and if that field might exist and is not currently active. Pare asks what fields these might be, Davis states "transfer reason category and/or interfacility working diagnosis". Choate asks if this is a custom element, Oko states yes, but that NEMESIS 3.5 has adopted it.
3. IFT Future Action Steps. What goals can we start working on while waiting for MEMS Board responses?
 - a. Choate feels that all IFTs should be tracked. If we only track hospital to hospital, we may miss other PIFT/SCTs that occur (e.g. hospital to free standing MRIs). He also feels it is important to track "why" we are transporting the patient (although a patient may have had urosepsis and it is resolved, why are they in an ambulance, such as immobility and that is the primary impression and transport reason – not the lack of beds). Minkler asks if his intent both the resource need for transport (e.g. lack of OB capability at a hospital) AND what is the clinician doing for care during the transport (e.g. premature labor vs post-partum care). Pare & Petrie both feel this is critically important.
 - b. Minkler states if Oko and Davis have better insights in fields that can be used to find the info needed by the IFT Committee, to highlight that, or do we need a new field or education on

the data needed to achieve the IFT goals.

Next Meeting

1. Oko will run a query on medications administered during behavioral health interfacility transports based on questions within the discussion.
2. Choate will look at selection of sample states protocols of transport of blood during IFTs.
3. Petrie asks Minkler to share the presentation with committee members. Minkler emails a pdf (attached to this minutes).

Adjourn

Motion by Leach to adjourn, 2nd by Choate, no objections

Meeting adjourned at 1108

Next meeting is January 9, 2023 from 0930 to 1100

Minutes approved Jan 9, 2023



NEMESIS Definitions and Maine EMS Data

Presentation to the Maine IFT Committee

Marc Minkler

December 12, 2022



EXTENDED DATA DEFINITIONS

Data

- Data obtained from MEFIRS from over 1 million PCRs from Jan 1, 2019 through Nov 30, 2022
- All data is as reported by EMS clinicians
- NEMSIS definitions are from NEMSIS Extended Data Definitions documents
 - Version 3.4.0 (May 2016)
 - Current MEFIRS version
 - Version 3.5.0 (April 2020)
 - Anticipated for July 2023
- *CMS definitions not included*

These definitions are NEMSIS and not CMS based

Understanding IFTs through Data Elements

What is learned from:

1. Type of Service Requested
2. Level of Care
3. Primary Impression
 - a. *Transfer Reason*
 - b. *Working Diagnosis*
 - c. *Primary Symptom*
 - d. *Chief Complaint Anatomical Location*
 - e. *Chief Complaint Organ System*



NEMESIS Choices are CHANGING

*The overall change principle is
better and more robust data*

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This is not a lesson on NEMESIS nor the changes that may be coming forward – the data team will provide future education on this topic



What are the definitions and what does the data show?

Based on data from all PCRs in Maine

- From Jan 1, 2019, through Nov 30, 2022
- Was a patient transport
- Scene location was a named hospital
- Destination was a named hospital
- Irrespective of type of service requested or level of care

Type of Service Requested (eResponse.05)

“The type of service or category of service requested of the EMS Agency responding for this specific EMS event.”



Current MEFIRS Choices

- 911 Response (Scene)
- Intercept
- Mutual Aid
- Interfacility Transport
- PIFT
- Specialty Care Transport
- Medical Transport
- Standby
- Public Assistance/Other Not Listed

Type of Service Requested (3.4 vs 3.5)

NEMESIS 3.4

- 911 Response (Scene)
- Intercept
- Mutual Aid
- Interfacility Transport
 - Maine also adds PIFT & SCT
- Medical Transport
- Public Assistance
- Standby

NEMESIS 3.5

- Emergency Response (Primary Response Area)
- Emergency Response (Intercept)
- Emergency Response (Mutual Aid)
- Hospital to Hospital Transfer
- Hospital to Non-Hospital Facility Transfer
- Non-Hospital to Non-Hospital Facility Transfer
- Non-Hospital to Hospital Facility Transfer
- Public Assistance
- Standby
- Support Services
- Non-Patient Care/Extrication
- Crew Transport Only
- Transport of Organs or Body Parts
- Mortuary Services
- Mobile Integrated Healthcare Encounter
- Evaluation for Special Referral/Intake Programs
- Administrative Operations

Type of Response Documented

Current (3.4)	<i>July 2023 (3.5)*</i>
<i>(Name)</i>	<i>(Name)</i>
<i>(Description)</i>	

Maine PCRs – Hospital to Hospital with Patient Contact and Transport

Type	2019	2020	2021	2022 <i>(through Nov)</i>	Total	% of all H to H
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> # of PCRs that were hospital to hospital (H to H) and were not cancelled or standby that were documented as this type by year </div>						

The data that follows is based on this format

July 2023 is a proposed date and should not be considered definitive

The PCR numbers reflect MEFIRS data by year if they

1. Had a scene facility of a 24/7 hospital, AND
2. The destination was a hospital AND
3. Were not documented as being cancelled , a standby, or had no patient contact

911 Response (Scene)

Current (3.4)	July 2023 (3.5)*
911 RESPONSE (SCENE)	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).	

Maine PCR's – Hospital to Hospital with Patient Contact and Transport

Type	2019	2020	2021	2022 <i>(through Nov)</i>	Total	% of all H to H
911 Response (Scene)	1,059	491	656	476	2,682	2.9%

The PCR numbers reflect MEFIRS data by year if they

1. Had a scene facility of a 24/7 hospital, AND
2. The destination was a hospital AND
3. Were not documented as being cancelled , a standby, or had no patient contact

Intercept

Current (3.4)	<i>July 2023 (3.5)*</i>
INTERCEPT	EMERGENCY RESPONSE (INTERCEPT)
When one EMS provider meets a transporting EMS unit vehicle with the intent of receiving a patient or providing a higher level of care.	When one EMS clinician meets a transporting EMS unit vehicle with the intent of receiving a patient or providing a higher level of care.

Maine PCRs – Hospital to Hospital with Patient Contact and Transport

Type	2019	2020	2021	2022 <i>(through Nov)</i>	Total	% of all H to H
Intercept	28	14	10	8	60	0.1%

The PCR numbers reflect MEFIRS data by year if they

1. Had a scene facility of a 24/7 hospital, AND
2. The destination was a hospital AND
3. Were not documented as being cancelled , a standby, or had no patient contact

Mutual Aid

Current (3.4)	<i>July 2023 (3.5)*</i>
MUTUAL AID	EMERGENCY RESPONSE (MUTUAL AID)
Unit responded to a request to assist another EMS service (e.g., previously established agreement (MOU), or a response outside the unit's jurisdiction/coverage area, or disaster/strike team response).	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.

Maine PCR's – Hospital to Hospital with Patient Contact and Transport

Type	2019	2020	2021	2022 <i>(through Nov)</i>	Total	% of all H to H
Mutual Aid	19	30	20	35	69	0.1%

The PCR numbers reflect MEFIRS data by year if they

1. Had a scene facility of a 24/7 hospital, AND
2. The destination was a hospital AND
3. Were not documented as being cancelled , a standby, or had no patient contact

Interfacility Transport

Current (3.4)

INTERFACILITY TRANSPORT

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, clinic to hospital).

NOTE: Maine adds PIFT and SCT – these are not defined in NEMSIS 3.4 or 3.5

Maine PCR's – Hospital to Hospital with Patient Contact and Transport

Type	2019	2020	2021	2022 <i>(through Nov)</i>	Total	% of all H to H
IFT*	16,447	16,049	18,223	15,985	66,704	71.8%
PIFT**	3,098	2,893	2,887	2,925	11,803	12.7%
SCT**	879	857	935	856	3,521	3.8%
TOTAL	20,424	19,799	22,045	19,766	82,028	86.9%

**Many IFTs are actually PIFTs or SCTs*

***Maine EMS defined choice*

The PCR numbers reflect MEFIRS data by year if they

1. Had a scene facility of a 24/7 hospital, AND
2. The destination was a hospital AND
3. Were not documented as being cancelled , a standby, or had no patient contact

Medical Transport

Current (3.4)

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/hospice/rehabilitation/long-term care facility).

Maine PCRs – Hospital to Hospital with Patient Contact and Transport

Type	2019	2020	2021	2022 <i>(through Nov)</i>	Total	% of all H to H
Medical Transport	2,802	2,372	1,777	1,000	7,951	8.6%

The PCR numbers reflect MEFIRS data by year if they

1. Had a scene facility of a 24/7 hospital, AND
2. The destination was a hospital AND
3. Were not documented as being cancelled , a standby, or had no patient contact

Public Assistance/Other Not Listed

Current (3.4)	July 2023 (3.5)*
PUBLIC ASSISTANCE/OTHER NOT LISTED	PUBLIC ASSISTANCE
<p>The unit responded to provide non-traditional, or EMS services not otherwise specified here (e.g., elderly or disabled patient assistance, public education, injury prevention, community paramedicine/mobile integrated healthcare, immunization programs).</p>	

Maine PCRs – Hospital to Hospital with Patient Contact and Transport

Type	2019	2020	2021	2022 <small>(through Nov)</small>	Total	% of all H to H
Public Assistance	8	14	18	18	58	0.1%

The PCR numbers reflect MEFIRS data by year if they

1. Had a scene facility of a 24/7 hospital, AND
2. The destination was a hospital AND
3. Were not documented as being cancelled , a standby, or had no patient contact

Standby

Current (3.4)	<i>July 2023 (3.5)*</i>
STANDBY	STANDBY
Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).	

Maine PCRs – Hospital to Hospital with Patient Contact and Transport

Type	2019	2020	2021	2022 <i>(through Nov)</i>	Total	% of all H to H
Standby	4	6	6	2	18	0.1%

The PCR numbers reflect MEFIRS data by year if they

1. Had a scene facility of a 24/7 hospital, AND
2. The destination was a hospital AND
3. Were not documented as being cancelled , a standby, or had no patient contact

New in NEMESIS 3.5

*July 2023 (3.5)**

HOSPITAL TO HOSPITAL TRANSFER

HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER

NON-HOSPITAL TO NON-HOSPITAL FACILITY TRANSFER

NON-HOSPITAL FACILITY TO HOSPITAL TRANSFER

SUPPORT SERVICES

NON-PATIENT CARE RESCUE/EXTRICATION

CREW TRANSPORT ONLY

TRANSPORT OF ORGANS OR BODY PARTS

MORTUARY SERVICES

MOBILE INTEGRATED HEALTH CARE ENCOUNTER

EVALUATION FOR SPECIAL REFERRAL/INTAKE PROGRAMS

ADMINISTRATIVE OPERATIONS

These additions with NEMESIS 3.5 will likely add both insights as well as confusion without solid education for clinicians

All Hospital-to-Hospital Transports with Patient Contact

Type	2019	2020	2021	2022	Total	%
911 Response (Scene)	1,059	491	656	476	2,682	2.9%
Intercept	28	14	10	8	60	0.1%
Mutual Aid	19	30	20	35	104	0.1%
IFT	16,447	16,049	18,223	15,985	66,704	71.8%
PIFT	3,098	2,893	2,887	2,925	11,803	12.7%
SCT	879	857	935	856	3,527	3.8%
Medical Transport	2,802	2,372	1,777	1,000	7,951	8.6%
Public Assistance	8	14	18	18	58	0.1%
Standby	4	6	6	2	18	0.1%
TOTAL	24,344	22,726	24,532	21,305	92,907	

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This is a summary of they previous PCR's numbers and following the same criteria listed below

The PCR numbers reflect MEFIRS data by year if they

1. Had a scene facility of a hospital , AND
2. The destination was a hospital , AND
3. Were not documented as being cancelled , a standby, or had no patient contact

Level of Care (Pre-July 2021)

“The level of care (BLS or ALS) the unit is able to provide based on the units' treatment capabilities for this EMS response.”



Pre July 2021 MEFIRS Choices

- BLS
- ALS
- PIFT
- SCT

Documentation of level of care in MEFIRS changed in July 2021 to a different data element

Level of Care vs Type of Service Requested (2019-2021)
Hospital to Hospital with patient contact and transport

Documented Level of Care as PIFT

Call type documented as a "PIFT Call" = 9,036
Call type documented as something else = 5,882

Documented Level of Care as SCT

Call type documented as a "SCT Call" = 2,820
Call type documented as something else = 2,429

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If the *type of care* was PIFT or SCT, how many had the *same type of response* documented
Documentation of level of care changed in July 2021 to a different data element
This data is ALL PCRs with hospital as scene and destination AND were not
cancelled/standbys/no patient found FROM Jan 1 2019 through Dec 31 2021

Level of Care Documented (eResponse.15/itResponse.009) (2019-2021*)
Hospital to Hospital with patient contact and transport

Type	BLS	ALS	PIFT	SCT	Blank/None
911 Response (Scene)	412	1,061	239	94	400
Intercept	10	24	3	3	12
Mutual Aid	18	7	1	6	37
IFT	15,213	19,116	4,031	1,727	10,632
PIFT	47	652	6,642	70	1,467
SCT	40	58	15	2,021	537
Medical Transport	3,184	2,172	693	242	660
Public Assistance	8	3	0	3	26
Standby	2	0	0	1	12

**2022 was excluded as care level was documented differently*

Documentation of level of care changed in July 2021 to a different data element
 This data is ALL PCRs with hospital as scene and destination AND were not cancelled/standbys/no patient found FROM Jan 1 2019 through Dec 31 2021

Level of Care Provided

(July 2021 changed to CMS Level of Service Provided - ePayment.50)

“The CMS service level for this EMS encounter.”



Current MEFIRS Choices

- ALS, Level 1 Interfacility
- ALS, Level 1 Emergency
- ALS, Level 2
- BLS, Interfacility
- BLS, Emergency
- Paramedic Intercept
- Critical Care Transport
- PIFT
- Fixed Wing (Airplane)
- Rotary Wing (Helicopter)

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MEFIRS changed from Level of Care (eResponse.15/itResponse.009) to CMS Level of Service (ePayment.50) around July 2021
NEMSIS definition and extended definition

Level of Service Provided (ePayment.50) (2022)
Hospital to Hospital with patient contact and transport

Type	BLS Emergency	BLS Interfacility	ALS Level 1 Emergency	ALS Level 1 Inter Facility	PIFT	CCT (Ground)	Flight (Airplane or Helo)	Blank/NA/NR
911	1	0	0	0	1	0	0	5
IFT	1	6,643	4	5,530	843	241	1	312
Medical Transport	1	555	0	305	50	21	3	16
Mutual Aid	3	0	0	0	0	5	1	4
PIFT	0	20	3	311	2,394	16	0	51
Public Assistance	0	1	0	0	0	0	0	3
SCT	1	2	0	8	5	799	0	23
Standby	3	0	0	0	0	0	0	0
Blank	0	0	0	4	1	0	0	8

Highlights show example of calls that were done with PIFT or CCT level of care but documented as some other type of call despite patient contact and transport
 This data is ALL PCR's with type of response as PIFT/SCT AND hospital as scene and destination AND were not cancelled/standbys/no patient found FROM Jan 1 through Nov 30 2022

Level of Service Provided (ePayment.50) (Jan 1 to Nov 30, 2022)
Hospital to Hospital with patient contact and transport

Documented Level of Care as PIFT

Call type documented as a "PIFT Call" = 2,394

Call type documented as something else = 900

Documented Level of Care as SCT

Call type documented as a "SCT Call" = 799

Call type documented as something else = 283

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If the type of care was PIFT or SCT, how many had the same type of response documented
This data is ALL PCRs with type of response as PIFT/SCT AND hospital as scene and destination AND were not cancelled/standbys/no patient found FROM Jan 1 through Nov 30 2022

Primary Impression (eSituation.11)

“The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures). “



The primary impression is based on the clinical judgment of the provider and could be considered a field impression or working/differential diagnosis. The value chosen should reflect the EMS professional's determination of the patient's primary condition needing treatment based on assessment. This treatment approach uses the providers training, experience and patient assessment knowledge/skills. This is the field provider's diagnosis and may not necessarily reflect the hospital diagnosis.

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NEMESIS definition and extended definition

Top 10 Primary Impressions (eSituation.11)

Primary Impression for ALL responses documented as IFT, PIFT, SCT & Medical Transports **ONLY**

Primary Impression	2019	2020	2021	2022 (through Nov)
.	0	0	15,574	47,562
Not Applicable	Not in top ten	Not in top ten	12,109	
Medical - Weakness	12,787	10,796	6,560	
Adult - No findings or Complaints	6,504	6,505	3,228	
Behavioral - Psychiatric Episode	3,924	3,272	1,593	
Medical - Altered mental status	2,366	1,896	1,142	No other field exceeds 368
Pain - Abdominal	2,257	1,920	1,113	
Cardiac - Chest pain	2,119	1,902	1,040	177 choices for 3,442 PCRs Avg = 19
(blank)	1,254	1,042	650	
Behavioral - Anxiety	1,257	1,160	640	
Medical – Cancer	1,529	Not in top ten	Not in top ten	
Pain – Back	Not in top ten	Not in top ten	Not in top ten	
Resp – Pneumonia	1,231	Not in top ten	Not in top ten	

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This looks at nearly 4 years of data specific to IFT, PIFT, SCT and Medical Transports and the change in top 10 primary impressions

This INCLUDES all PCRs coded as IFT, PIFT, SCT or Medical Transport, and includes no transports/refusals/cancelled/standbys

We dive deeper in a few slides

Type of Responses in 2022 with Primary Impression documented as "." for ALL PCR's

Type of Response	PCR's with "."	All PCR's	% with "."
911 Response (Scene)	18,455	187,526	9.8%
Community Paramedicine	1,853	2,604	71.2%
Intercept	283	2,315	12.2%
IFT	31,598	34,230	92.3%
Medical Transport	8,190	8,480	96.6%
Mutual Aid	506	1,755	28.8%
PIFT	2,681	2,786	96.2%
Public Assistance / Other	1,024	3,121	32.8%
SCT	1,013	1,036	97.8%
Standby	1,594	1,721	92.6%
(blank)	909	955	95.2%
Grand Total	68,106	246,529	27.6%

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This data is ALL PCR's in 2022 from Jan 1 through Nov 30, 2022 with primary impression of "." and shows how "." is pervasive through all types of responses for primary impression. This includes non transports and refusals/standbys/cancelled
 We dive deeper in next slide

Type of Responses in 2022 with Primary Impression for hospital to hospital with patient contact (Jan 1 through Nov 30, 2022)

Type of Response	Documented Primary Impression		% with "."
	."	Not "."	
911 Response (Scene)	3	473	0.6%
Intercept	0	8	0.0%
Interfacility Transport	13,509	2,250	85.7%
Medical Transport	943	51	94.9%
Mutual Aid	12	24	33.3%
PIFT (Paramedic Interfacility Transfer)	2,762	105	96.3%
Public Assistance/Other Not Listed	4	12	25.0%
Specialty Care Transport	827	18	97.9%
Standby	2	0	100.0%
(blank)	1	0	100.0%
Grand Total	18,063	2,941	86.0%

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This data is ALL PCRs with type of response as PIFT/SCT AND hospital as scene and destination AND were not cancelled/standbys/no patient found FROM Jan 1 through Nov 30 2022

There are other elements in PCRs that may help give insight to the transport reason when primary impression is “.” Looking at hospital to hospital transport with patient contact from Jan 1 through Nov 30, 2022, we find:

<i>Field</i>	<i>Concern</i>
Transfer Reason	1.2% are blank
Working Diagnosis	8,980 variations of 18,063 entries
Primary Symptom	21.4% are blank, NA, or NR*
Chief Complaint Anatomical Location	14.8% are blank, NA, or NR*
Chief Complaint Organ System	14.6% are blank, NA, or NR*

**NA = Not Applicable, NR= Not Recorded*

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This data is ALL PCRs with hospital as scene and destination AND were not cancelled/standbys/no patient found FROM Jan 1 through Nov 30 2022

Transfer Reason (eSituation.20)

Documented Transfer Reason for PCRs with "." as primary Impression, hospital to hospital transport, and patient contact (Jan 1 through Nov 30, 2022)

Transfer Reason	PCRs	% of all calls with "."
Cardiac Specialty	3,481	19.3%
Convenience Transfer (Patient Request)	120	0.7%
Diagnostic Testing	996	5.5%
Dialysis	174	1.0%
Drug and/or Alcohol Rehabilitation Care	30	0.2%
Extended Care	2,159	12.0%
Maternal/Neonatal	195	1.1%
Medical Specialty Care (Other, Not Listed)	4,527	25.1%
Neurological Specialty Care	810	4.5%
Obstetrics & Gynecology	61	0.3%
Palliative/Hospice Care (Home or Facility)	109	0.6%
Pediatric Specialty Care	768	4.3%
Physical Rehabilitation Care	80	0.4%
Psychiatric/Behavioral Care	1,001	5.5%
Rehabilitation	224	1.2%
Return to Home/Residence	77	0.4%
Surgical Specialty Care (Other, Not Listed)	1,983	11.0%
Trauma / Orthopedic Specialty Care	1,055	5.8%
(blank)	213	1.2%
Grand Total	18,063	100.0%

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This data is ALL PCRs with hospital as scene and destination AND were not cancelled/standbys/no patient found FROM Jan 1 through Nov 30 2022

The transfer reason is not descriptive for best understanding of how our EMS system is being utilized. As an example, a 3-week-old pediatric patient with RSV could be

- Medical Specialty Care
- Maternal/Neonatal
- Pediatric Specialty Care

The challenge also becomes that the same patient with seizures, failure to thrive, diabetes complications, or a host of other conditions would fall into the same possible choices. We would be unable to differentiate what types of patients, and thus equipment, training and resources are needed.

Working Diagnosis (eSituation.19)

Documented Working Diagnosis for PCRs with "." as primary Impression, hospital to hospital transport, and patient contact (Jan 1 through Nov 30, 2022)

Working Diagnosis	PCRs
Different "working diagnosis"	8,980
Diagnoses that occurred 10 or more time	184
Diagnoses that occurred less than 10 times	8,796
In top 200, variations for cardiac problems	32
Variations of NSTEMI	182
Grand Total	18,063 entries

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This data is ALL PCRs with hospital as scene and destination AND were not cancelled/standbys/no patient found FROM Jan 1 through Nov 30 2022

The working diagnosis is a free text field and with over 20,000 different entries, it is unusable for system analysis. Spelling errors, multiple conditions on same line, and a host of other issues abound. This field is probably useful for billing individual cases, but not for overall views.

Primary Symptom (eSituation.09)

Documented Primary Symptom for PCRS with "." as primary impression, hospital to hospital transport, and patient contact (Jan 1 through Nov 30, 2022)

Primary Symptom	PCRs	% of all PCRs
Not Applicable (.)	2,777	15.4%
Pain - Chest, Cardiac (R07.9)	1,617	9.0%
Medical - Weakness (R53.1)	1,536	8.5%
Not Recorded (.)	1,025	5.7%
Resp - Shortness of breath (R06.02)	1,009	5.6%
Pain - Lower Extremity (M79.606)	968	5.4%
Pain - Abdomen (R10.84)	964	5.3%
Medical - Altered mental status (R41.82)	459	2.5%
Pain - Back (M54.9)	446	2.5%
Behavioral - Suicidal ideations (R45.851)	414	2.3%
164 others	15,702	37.9%
Total	18,063	100.0%

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This data is ALL PCRs with hospital as scene and destination AND were not cancelled/standbys/no patient found FROM Jan 1 through Nov 30 2022

Primary symptom helps a bit but is based on ICD-10 codes and is potentially VERY extensive, and may not indicate the primary presenting cause of EMS usage, if it is used at all. Additionally, we still find that over 54% have no info documented in this element

C/C Anatomical Location (eSituation.07)

Documented Chief Complaint Anatomical Location for PCRs with "." as primary impression, hospital to hospital transport, and patient contact (Jan 1 through Nov 30, 2022)

Organ System	PCRs	% of all calls with "."
Abdomen	2,570	14.2%
Back	496	2.7%
Chest	3,906	21.6%
Extremity-Lower	1,345	7.4%
Extremity-Upper	319	1.8%
General/Global	5,108	28.3%
Genitalia	206	1.1%
Head	1,204	6.7%
Neck	246	1.4%
Not Applicable	2,169	12.0%
Not Recorded	427	2.4%
(blank)	67	0.4%
Grand Total	18,063	100.0%

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This data is ALL PCRs with hospital as scene and destination AND were not cancelled/standbys/no patient found FROM Jan 1 through Nov 30 2022

The organ system is also too broad and lacks clarity. Many have no info or are "Global", and we do not know if chest means chest pain, an arrow through the chest, a bruised rib, an infected implanted venous catheter or something else.

C/C Organ System (eSituation.08)

Documented Chief Complaint Organ System for PCRs with "." as primary impression, hospital to hospital transport, and patient contact (Jan 1 through Nov 30, 2022)

Organ System	PCRs	% of all calls with "."
Behavioral/Psychiatric	891	4.9%
Cardiovascular	3265	18.1%
CNS/Neuro	1227	6.8%
Endocrine/Metabolic	492	2.7%
GI	1690	9.4%
Global/General	3019	16.7%
Lymphatic/Immune	190	1.1%
Musculoskeletal/Skin	2391	13.2%
Not Applicable	2133	11.8%
Not Recorded	438	2.4%
Pulmonary	1457	8.1%
Renal	522	2.9%
Reproductive	278	1.5%
(blank)	70	0.4%
Grand Total	18,063	100.0%

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This data is ALL PCRs with hospital as scene and destination AND were not cancelled/standbys/no patient found FROM Jan 1 through Nov 30 2022

The chief complaint organ system is too broad for system understanding. With many blank, or listed as "Global" it lacks insights, and there is little clarity of how a patient fits. If a pediatric patient is being transported for a suicide attempt by drug overdose, do they fall into

- Behavioral
- CNS/Neuro
- Metabolic
- Global
- Renal
- Or something else?

Questions

Do we document for original problem or reason for transporting now?

Do we want to know just hospital to hospital transports

OR

only PIFT/SCT transports

OR

something else?

What do we want to know about transporting patients?

Why we are transporting may be care level not available or critical bed management or something else, whereas

What we do (e.g. care level) during transport is a different question

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Just a few initial questions to frame the start of discussions

Possible Directions & Suggestions

- Define/update/clarify type of service requested
 - What does each of these types mean?
 - IFT
 - PIFT
 - SCT
 - Medical Transport
- Define/update/clarify level of care for IFTs
 - Distinguish BLS/ALS/PIFT/SCT/CCT
 - CMS Level of Care may be helping with this, *if* EMS understands it
 - Integrate NEMSIS 3.5 based on implementation date
- Develop education for clinicians on their use
 - 3.5 definitions will help
 - Will hinge on successful education when implemented
- Require primary impression
 - Remove not applicable and “.” and provide education