IHE Work Item Proposal (Short)

# Proposed Work Item: Discharge to EMS Transport (DET)

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Domain: Patient Care Coordination

# The Problem

There is an issue with the current need for interoperability between hospitals and Emergency Medical Service (EMS) systems. When a hospital patient is discharged, there is no standard documentation provided to the EMS transport team informing that care team of important patient information. Every transport needs their own documentation to populate the patient care record and to be able to provide informed interventions if needed. This information is either gathered verbally through nursing staff or by perusing extensive paperwork to find the information needed for the EMS patient care record. Once the transport is completed, the same information is used as a part of the transport summary.

**Value statement:**

Creating a patient summary for the EMS transport team is a low cost incremental function because it will be a combination of information that is already in the current inpatient system. If this issue can be solved, EMS floor time, the difference of the time when EMS transport team arrives to pick up the patient and the time that they take the patient from the unit, can be greatly reduced and the provider can spend more time providing care to the patient rather than spending prolonged periods of time searching for, and manually imputing, the needed information for patent transport and informed patient care. There will also be a benefit for hospitals. This data collection service will create more available bed space for the facility, thus improving throughput for Emergency Department (ED) and inpatient bed availability.

# Key Use Case

**Before:** An 87-year-old male is discharged from a hospital following a hospitalization for a severe fall in the patient’s home that resulted in a compound hip fracture. The patient had a total hip replacement. The next step in patient care is to send the patient to a rehabilitation facility. The contracted EMS provider crew arrives on scene to transport the patient to a rehabilitation facility. The Emergency Medical Technician (EMT) for the transport contacts the patient’s current nurse to document the patient’s current condition. After obtaining this information the EMS crew needs to obtain a CMN (Certificate of Medical Necessity) report, explaining why the patient needs to be transported by ambulance, which the crew needs to manually input into the EMS system. The patient’s past medical history, current medications, allergies, and insurance information are identified in various locations in the patient discharge papers. Once the information is manually entered into the EMS system the patient contact is made, where the transport team finds that the patient has an undocumented mental handicap and is unable to sign for himself. The EMS crew then needs to locate the patient’s nurse and obtain a patient transport acceptance signature. Once this is obtained the patient transport to the rehabilitation center is carried out after approximately 30 minutes of floor time dedicated to finding and inputting required patient information.

**After:** An 87-year-old male is discharged from a hospital following a hospitalization for a severe fall in the patient’s home that resulted in a compound hip fracture. The patient had a total hip replacement. The next step in patient care is to send the patient to a rehabilitation facility. The hospital contacts an EMS provider to transport the patient and generates an electronic patient summary for EMS. The contracted EMS care team arrives on scene for transport and imports the electronic patient information into their patient care system. With the known history of mental handicap, the EMT knows to obtain a patient transport acceptance signature from the nurse. Patient contact is then made and transport is carried out efficiently and effectively.

# Standards & Systems

HL7 Implementation Guide for CDA® Release 2 – Level 3: Emergency Medical Services; Patient Care Report, Release 1 – US Realm

NEMSIS

IHE PCC: Transport Record Summary Profiles (ETS and ITS)

HL7 Version 3 Domain Analysis Model, Emergency Medical Services, Release 1

HL7 version 3 Domain Information Model; Emergency Model Services, release 1

HL7 Version 3 Implementation Guide for CDA Release 2

# Discussion

IHE is a good venue to solve this problem because it provides content where EMS Systems and Hospital systems can interact. IHE can provide current hospital standards and profiles that could be leveraged to construct and derive content that will fulfill the profile needs. This content is already in use for specified transfers of care and can be reused to fulfill ems transport information needs.