IHE Work Item Proposal (Short)

# Proposed Work Item: Emergency Transport to Facility (ETF)

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Domain: Patient Care Coordination (PCC)

# The Problem

When a patient is transported from a scene to a hospital, scene information, transfer information, and intervention are only available to hospitals on paper when the patient arrives. This produces a lag in the patient care, especially when there is not previous patient record within the hospital system. There is no information on patient history or information on the incident that brought them into the hospital. This results in significant overhead in gathering patient data, when this information is accessible through the EMS report.

Transport information and the subsequent emergency room and hospital treatment information is also valuable to analytic programs for quality measures, populating registries (Trauma, STEMI, Stroke, etc…). There needs to be interoperability between hospitals and EMS systems for EMS to be able to accesses patient outcomes for quality care measures.

Early work in this area has been done in IHE, but updates in HL7 have made this work obsolete. The is profile, in combination with RIPT, will replace the Emergency Department Transport summary (ETS) and Interfacility Transport Summary (ITS) profiles.

# Key Use Case

A fifty-year-old man was at home when he started developing heart attack symptoms. He called 911 for an emergency transport to a hospital. The emergency transport team is able to retrieve the patient’s history during EMS Care, including ECGs and medication history using document exchange profiles (XD\*, RIPT, Summary documents). During EMS care, the EMS patient care record is updated with interventions, patient status measurements, and other transport health record documentation. The emergency transport team arrives and he gives them his medical history and current medications. The emergency transport team transports him to a hospital, updating their transport report on his condition and EKG readings. When the patient arrives at the hospital, the transport record is provided to the hospital system, where they can have access to the important patenting information and current health status. Patient care is transferred to the hospital staff and the Emergency run is completed.

The patient is treated at the hospital for a heart attack (STEMI) and discharged from the hospital after two weeks of therapy. Transport information and hospital treatment information is then submitted to the STEMI registry. That information is available to the EMS transport and a quality measurement organization to assess patient outcomes.

# Standards & Systems

NEMSIS <http://www.nemsis.org>

IHE PCC: Transport Record Summary Profiles (ETS and ITS) <[http://ihe.net/Technical\_Framework/upload/IHE\_PCC\_Suppl\_TransportRecordSummaryProfiles\_Rev1-1\_TI\_2011-09-09.pdf>](http://ihe.net/Technical_Framework/upload/IHE_PCC_Suppl_TransportRecordSummaryProfiles_Rev1-1_TI_2011-09-09.pdf%3E)

HL7 Version 3 Domain Analysis Model: Emergency Medical Services, Release 1 <[http://www.hl7.org/implement/standards/product\_brief.cfm?product\_id=39>](http://www.hl7.org/implement/standards/product_brief.cfm?product_id=39%3E)

HL7 Version 3 Domain Information Model; Emergency Medical Services, Release 1 <[http://www.hl7.org/implement/standards/product\_brief.cfm?product\_id=302>](http://www.hl7.org/implement/standards/product_brief.cfm?product_id=302%3E)

HL7 Version 3 Implementation Guide for CDA Release 2 - Level 3: Emergency Medical Services; Patient Care Report, Release 2 - US Realm <[http://www.hl7.org/implement/standards/product\_brief.cfm?product\_id=438>](http://www.hl7.org/implement/standards/product_brief.cfm?product_id=438%3E)

HL7 Version 3 Domain Analysis Model: Trauma Registry Data Submission, Release <http://www.hl7.org/implement/standards/product_brief.cfm?product_id=363>

HL7 CDA® R2 Implementation Guide: Trauma Registry Data Submission, Release 1 - US Realm <http://www.hl7.org/implement/standards/product_brief.cfm?product_id=355>

HL7 Version 2.7.1 Implementation Guide: Message Transformations with OASIS Tracking of Emergency Patients (TEP), Release 1 <http://www.hl7.org/implement/standards/product_brief.cfm?product_id=439>

# Discussion

There is a gap in interoperability practice between Emergency transport and scene records and the destination hospital where the emergency will be treated. This information can be critical for the continuity of care for the patient and for the communication of essential emergency treatment information. This includes documentations such as document interventions, patient status at the scene, changes in patient status from time of pick up to the hospital drop-off. Today this information is provided verbally, followed by a paper report. This profile will provide electronic communication of this information, supporting improved overall quality of patient care, efficiency, and reduced duplicate data entry. For quality methods, this profile will improve timeliness and the quality of the patient data used for quality metrics and outcome analysis. This profile, in combination with RIPT, will replace the Emergency Department Transport summary (ETS) and Interfacility Transport Summary (ITS) profiles.