

9.

# TRANSFER





# Epiphanies in EMS-Trauma – QUALITY

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**Baylor-St Lukes Medical Center  
McNair Campus**



Baylor  
College of  
Medicine®

GIVING LIFE TO POSSIBLE

# Not all hospitals are the SAME

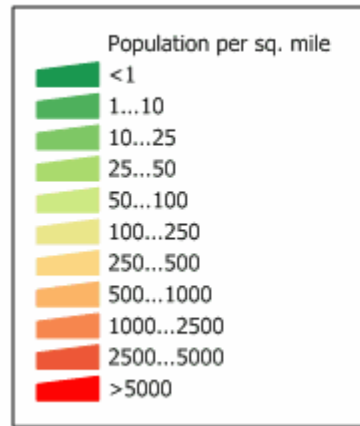
20 beds

>1000 beds

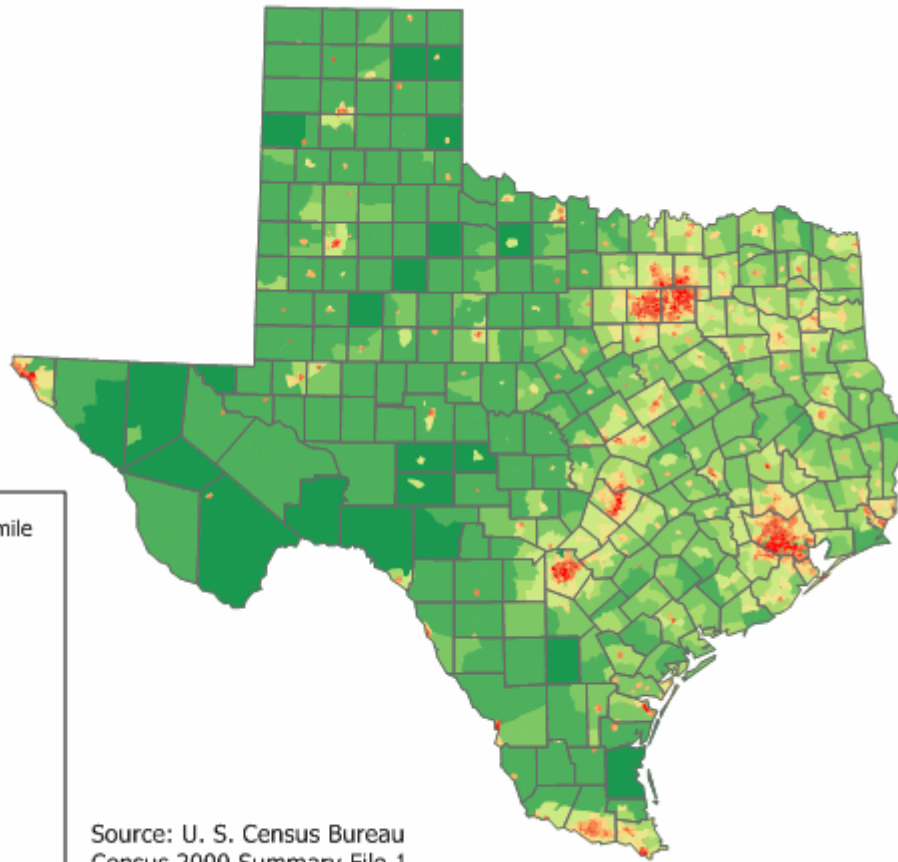


- **Houston Area**
- **25 Counties**
- **8 Million People**
- **300 Hospitals**
- **4 Medical Schools**

- **>1000 Ambulance Services**
- **5 Air Ambulance Services**
- **3 Level 1 Trauma Centers**



Source: U. S. Census Bureau  
Census 2000 Summary File 1  
population by census tract.



**Ben Taub  
Trauma  
Center :**

**Receives  
requests  
for transfer**

**from all over Texas, Louisiana,  
Mexico, (and many more)**



# How to manage requests for transfer

**AND**

# How to manage need for transfer OUT



**AND**

**What to do when  
ALL major  
hospitals are full  
(or closed)**

# Fluids

## How Much (1963-1995)

- **2 LARGE BORE IVs**
- **3 liter LR (or NS) in ambulance**
- **3 liter LR (or NS) in ER**
- **“If a little bit is good a lot is better”**
- **Massive transfusion protocols**
- **End Points vague**



# Major PROBLEM

- **FOR:**
  - EMS
  - “STAT” Trauma patients
  - End stage renal disease
    - Needing dialysis
  - STEMI patients
  - Stroke patients
  - Burn patients

# Major PROBLEM

## .....CONTINUES:

- When Operating rooms FULL with long major cases
- ICU Beds are FULL
- Nurses are in short supply
- Doctors have already worked too many hours over regulation
- Computer is DOWN (EMR)

# First – Identify Problem

- **For your hospital**
- **For your region**
- **Be realistic**
- **Is a MAJOR quality and SAFETY issue**
- **Often denied**
- **Egos involved**



# Second – Identify Resources

- **BEDS**
- **ICU sites**
- **OR capability**
- **Personnel**
- **Supplies**
- **MONEY**
- **DATA**

# **THIRD – Create a PLAN**

- **Stakeholders to a meeting**
- **Involve REGIONAL**
  - **LEAD AGENCY**
  - **EMS agencies**
- **Involve key hospital people**
- **Create a NEW Office –**
  - **THE TRANSFER CENTER**

# **Fourth – Administrator of TRANSFER CENTER**

- **Answers to CEO & Chief Doctor**
- **Clinical Case Manager to answer to chief nurse**
- **AUTHORITY**
- **BUDGET**
- **Be realistic**

# **Fifth – Establish the SPACE & equipment**

- **At least 3 people 24 hours a day**
- **Lots of telephones & Computers**
- **Recording equipment**
- **Reporting process**
- **Review the data DAILY**

# **Sixth – Establish LIST of potential NEEDS**

- **TRAUMA, STEMI, Stroke, Burns**
- **EBOLA**
- **Mental Health**
- **End stage renal disease**
- **Services NOT provided**
  - **Schedule of Benefits (Yes/No)**

# Seventh – WHO PAYS

- **Government**
- **Hospital**
- **Insurance**
- **Patient**
- **Receiving Hospital**
- **No one**
- **(Double standard) - Ethics**



# **Ninth – REGIONAL REVIEW**

- **Lead Agency MUST be part of the realistic review**
- **The fact that TRANSFER is needed is a SOCIETAL ISSUE**

# **10 – There is ALWAYS a BETTER WAY**

- **Different for every region**
- **Does not necessarily require more money**
- **Does need honest leadership and professionalism**
  - **AT ALL LEVELS**

**Go to the HEART  
of DANGER and  
there you will find  
SAFETY**