Just Say Yes!

A Plan & Process for Rapid Transfer Out

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Lehigh Valley Hospital- Hazleton
Relationship Advice 101

The best person to talk about the problems in your relationship is the person you're in a relationship with.

No relationship can survive without trust, honesty, and communication, no matter how close you are.
Question

- Does a rural ER provider NEED to speak with the on-call attending Trauma Surgeon at a Level I/II Trauma Center for the transfer of a critical patient?
Identification of Major Barriers

- CT Throughput
- Delayed Decision times
- Lack of physical transport
What is a trauma patient?
CT Throughput: Possible Barriers

- CT availability
- Radiology tech availability?
- CT process
CT Throughput: Opportunities

- Set GOALS!!!
  - Time to CT
  - Priority Imaging

- Special Considerations
  - Pediatric/Geriatric
Door to CT ≤ 30 Minutes:
Trauma Alerts (Highest Level)
Door to CT Time:
Tier II Activations

PTOS & NPTOS

% Tier II ≤ 30 Min  % Tier II ≤ 60 Min
Pre-Hospital Alerts:
Door to First CT ≤ 30 Min

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<tr>
<th>Month</th>
<th>Sep '17</th>
<th>Oct '17</th>
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<tbody>
<tr>
<td>PTOS &amp; NPTOS</td>
<td>52%</td>
<td>55%</td>
<td>50%</td>
<td>52%</td>
<td>65%</td>
<td>76%</td>
<td>41%</td>
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<td>All Tr Activations</td>
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Delay in Recognition/Decision: Possible Barriers

- Prehospital Identification
- Triage
- Full work up / imaging
Delay in Recognition/Decision: Opportunities

- ATLS Guidelines
  - Priority Imaging
  - FAST

- Educate providers
  - Transport availability

- Provide nursing education and autonomy

- Rural Trauma Team Development Course (RTTDC)
Our Solution: Expedited Criteria

- Relationship with Level I/II
- Transfer Center Process
- Education
Lack of Physical Transport: Possible Barriers

- Demographics
- Inter-network vs Out of network
- Inter-facility transport contracts
- BLS/Volunteer squads
Lack of Physical Transport: Opportunities

- Strengthen & understand unique circumstances of each facility
- Access to critical care transport
- Identify any needs for ambulance agreements
- Identify need for EMS education
When Doesn’t This Work?!

- Weather
- Inability to obtain air transport
Performance Improvement

- Identify a leader
- Invite your transfer facility to participate in one of your meetings
- Provide prompt, detailed follow up
- Transfer Center Recordings
Transfers Out ≤ 3 Hrs

![Graph showing the percentage of transfers out within 3 hours from September 2017 to August 2018. The percentages range from 0% to 62%. The highest percentage is in September 2017 at 62%, with a significant drop to 23% in October 2017. The lowest percentage is in May 2018 at 17%.}

- Sept '17: 62%
- Oct '17: 38%
- Nov '17: 31%
- Dec '17: 56%
- Jan '18: 29%
- Feb '18: 30%
- Mar '18: 33%
- Apr '18: 42%
- May '18: 33%
- Jun '18: 58%
PTOS Transfer Times:
August

August 2018 PTOS Transfers

- Non-Alerts
  - ≤ 3 Hrs: 40%
  - 3-4 Hrs: 10%
  - 4-5 Hrs: 10%
  - > 5 Hrs: 40%

- Tr Alert (Highest)
  - ≤ 3 Hrs: 100%
  - 3-4 Hrs: 14%
  - 4-5 Hrs: 14%
  - > 5 Hrs: 43%

- Tier II
  - ≤ 3 Hrs: 29%
  - 3-4 Hrs: 14%
  - 4-5 Hrs: 14%
  - > 5 Hrs: 43%
What is the Message?

- Education!
  - Triage
  - EMS
  - Providers
  - Nursing
What we all would like to say...

**perfect**

*adjective*

/ˈpərфkt/  
1. having all the required or desirable elements, qualities, or characteristics; as good as it is possible to be.  
"she strove to be the perfect wife"  
synonyms: ideal, model, without fault, faultless, flawless, consummate, quintessential, exemplary, best, ultimate copybook; More  

2. absolute; complete (used for emphasis).  
"a perfect stranger"  
synonyms: absolute, complete, total, real, out-and-out, thorough, thoroughgoing, downright, utter, sheer, arrant, unmitigated, unqualified, veritable, in every respect, unalloyed More

*verb*  
/ˈpərфkt/  
1. make (something) completely free from faults or defects, or as close to such a condition as possible.
Performance Improvement

- Identify a leader from these facilities
- Invite your transfer facility to participate in one of your meetings
- Provide prompt, detailed follow up
Transfers Out ≤ 3 Hrs

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<tbody>
<tr>
<td>% Value</td>
<td>62%</td>
<td>38%</td>
<td>23%</td>
<td>31%</td>
<td>56%</td>
<td>29%</td>
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<td>33%</td>
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PTOS Transfer Times: August

August 2018 PTOS Transfers

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*Legend:*
- ≤ 3 Hrs
- 3-4 Hrs
- 4-5 Hrs
- > 5 Hrs
Activation Transfers Out ≤ 3 Hrs: Tr Alerts and Tier II

[Graph showing percentages from September 2017 to August 2018 with values such as 67%, 69%, 31%, 22%, 88%, 36%, 50%, 82%, 30%, 57%, 45%, and 71%.]
Door to CT ≤ 30 Minutes:
Trauma Alerts (Highest Level)

PTOS & NPTOS

Sep '17  Oct  Nov  Dec  Jan '18  Feb  Mar  Apr  May  Jun  Jul  Aug

67%  75%  56%  50%  50%  60%  86%  100%  64%  100%
Door to CT Time: Tier II Activations

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<td>Nov '17</td>
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<td>Mar '18</td>
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<td>Apr '18</td>
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<td>Jun '18</td>
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Pre-Hospital Alerts:
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PTOS & NPTOS
All Tr Activations

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