

# EMS Data + Hospital Data = Improved Patient Care

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“You are entitled to your own opinion, but not your own facts.”



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# Information

- Information = Decisions
  - EX: Pre-hospital Data Conference Sept 2011
- Accurate = Informed Decisions
  - EX: Sept 8 from 1000-1600
- Concise/Complete = Focused Decisions
  - EX: EMS/Hospital Lecture 11:15



# CASE SCENARIO

## Phone report from OSH

- 50 y/F, + ETOH, “found down” by spouse
- GCS 13, DT’s, “head bleed”
- Stable airway
- Request to transfer



# CASE SCENARIO

## ED findings/interventions on arrival

- Oral airway, no gag, immediate intubation
- GCS 8, pupil unequal, sluggish
- Mannitol and 3% NS given
- To OR for crani



# Discussion

What is missing?



“It ain’t what you don’t know that gets you in trouble. It’s what you know for sure that just ain’t so.”



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# Information/Data We Use

- **VERBAL REPORT**
  - good if accurate/concise
- **PAPER REPORT**
  - great if legible/accurate/concise/timely
- **ELECTRONIC REPORT**
  - excellent if timely/accurate/meaningful



# For Example...

- VERBAL REPORT (feeds our paper)  
EX: CPR time PTA in ED, changes en route





- PAPER REPORT (< 30 days)  
EX: Immediate reference (OSH), timeline info



TRAUMA, YURT ADM 8/30/2011 MRN 123456 ISSUE: UNDERTRIAGE

Those interviewed include: Stephen Morris (Trauma Attg), Brenda Carey (House Supervisor), Scott McIntosh (ED MD), Sam Davis (ED CN), powerchart

PRIOR TO ARRIVAL

57 year old female seen at OSH in a drunken state after being "found down" by her husband. Patient admitted as an inpatient and received Ativan throughout the night for DT's. The patient suffered an additional fall around 0200 while hospitalized at OSH. A CT scan was obtained showing a SDH with 7mm shift and the referring physician (Dr. X) elected to transfer the patient to UUHC for treatment.

- Dr. X called the UUHC transfer center. Both operators were taking other calls. The on hold message instructs the caller to contact the ED directly in case of an emergency. Dr. X hung up and contacted the ED directly. He spoke with Dr. McIntosh.
- Dr. McIntosh obtained Dr. X phone number, accepted the pt, and contacted the transfer center to provide them with Dr. X contact information.
- Transfer center operator (Cheryl) contacted:
  - (1) Dr. X to obtain the facesheet/paperwork, and learned that the patient was an inpatient at OSH, and that the patient had a "head bleed"
  - (2) Brenda requesting an ICU bed for the pt assuming a direct admit,
  - (3) Dr. McIntosh to inform him of the patients inpatient status at OSH,
  - (4) NSR (Ricky) to direct admit the patient.
- NSR (Ricky) recommended that the pt be seen in the ED as a trauma activation.
- Dr. McIntosh had no problem accepting the patient in the ED as long as it was fine with the house supervisor and administration. (Transfer to lower level of care, thus no reimbursement



- **ELECTRONIC REPORT (>30 days)**  
EX: Quarterly query for agencies, provide feedback



# Sample: E-Report

The screenshot displays a Microsoft Excel spreadsheet titled "EMS\_DETAIL.TXT". The spreadsheet contains a table with 11 columns and 38 rows of data. The columns are: Report Name, List, Date, TBN, Inj Date, Hosp Arr, Trans, Proc Place, Scene Pro ICD9, Scene Time, Agency, ISS, and Outcome. The data represents individual EMS incidents, including details like injury date, hospital arrival, transport mode, scene type, ICD9 code, scene time, agency, ISS score, and final outcome.

1	Report Name	:EMS_DETAIL														
2	List	:2011.ARR.ACT (896 records)														
3	Date	:17:56:58 07 SEP 2011														
4	TBN	Inj Date	Hosp Arr	Trans	Proc Place	Scene Pro ICD9	Scene Time	Agency	ISS	Outcome						
6	28565	12/31/2010	01/01/2011	HELI	SCENE	96.04	27	3001	4	D						
7								630								
8	28566	01/01/2011	01/01/2011	AMB	SCENE	96.04	11	1803	21	A						
9								1804								
10	28594	01/04/2011	01/04/2011	HELI	SCENE	96.04	38	OTHER	13	A						
11	28778	02/01/2011	02/01/2011	AMB	SCENE	96.04	8	1803	50	D						
12								1804								
13								1804								
14	28792	02/03/2011	02/03/2011	AMB	SCENE	96.04	24	1803	NA	D						
15	28954	03/05/2011	03/05/2011	HELI	SCENE	96.04	15	3001	75	D						
16								630								
17	29065	03/29/2011	03/29/2011	HELI	SCENE	96.04	34	OTHER	22	A						
18	29116	04/11/2011	04/11/2011	HELI	SCENE	96.04	14	3001	75	D						
19								1815								
20	29131	04/15/2011	04/15/2011	HELI	SCENE	96.04	11	3001	9	D						
21								612								
22	29241	05/04/2011	05/04/2011	AMB	SCENE	96.04	88	OTHER	38	D						
23								1803								
24	29340	05/24/2011	05/24/2011	HELI	SCENE	96.04	25	3001	75	A						
25								37	2519							
26	29369	05/29/2011	05/29/2011	HELI	SCENE	96.04	27	3001	26	A						
27	29401	06/02/2011	06/02/2011	HELI	SCENE	96.04	21	3001	38	A						
28	29407	06/04/2011	06/04/2011	HELI	SCENE	96.04		OTHER	29	D						
29	29507	06/20/2011	06/20/2011	HELI	SCENE	96.04	15	3000	25	D						
30								606								
31	29512	06/21/2011	06/21/2011	HELI	SCENE	96.04	14	3001	29	D						
32								1831								
33	29753	07/24/2011	07/24/2011	HELI	SCENE	96.04	31	3001								
34	29810	08/01/2011	08/01/2011	AMB	SCENE	96.04		3002		A						
35								1803								
36	29837	08/05/2011	08/05/2011	HELI	SCENE	96.04	17	3001	30	D						
37	29844	08/06/2011	08/06/2011	HELI	SCENE	96.04	27	3001								
38	30056	09/05/2011	09/05/2011	HELI	SCENE	96.04	20	3001								



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# EMS Data

- Helpful if timely
- Useful if data timely & complete
- Used in timeline based presentations
- Allows for increased collaboration
- Encourages communication & improvement(s)
- Helps you, helps us, helps the patient



“No matter how elegant the process,  
occasionally one ought to look at the  
results.”

