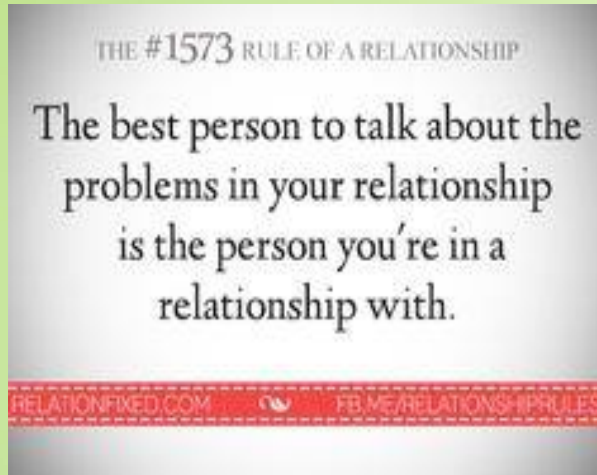


Just Say Yes!

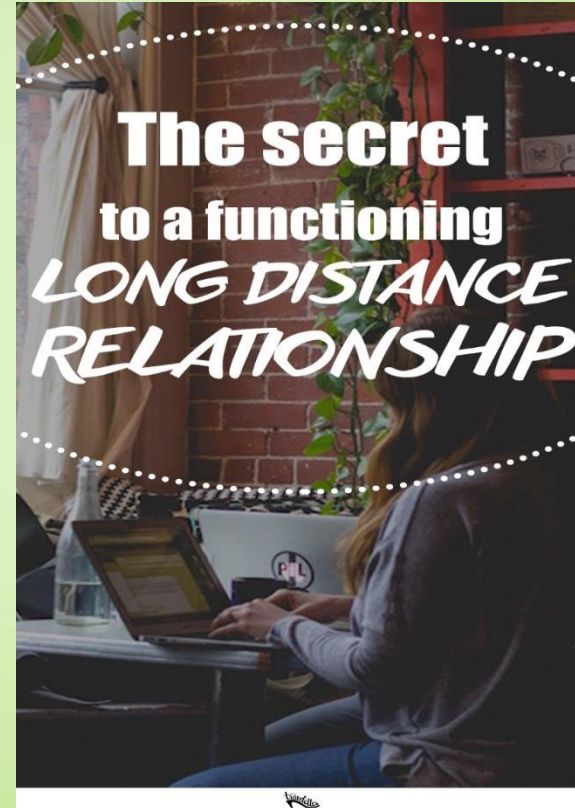
A Plan & Process for Rapid Transfer Out

Alexandra Evans, RN BSN
Lehigh Valley Hospital- Hazleton

Relationship Advice 101



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

A text block on a light brown, textured background. The text reads: "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

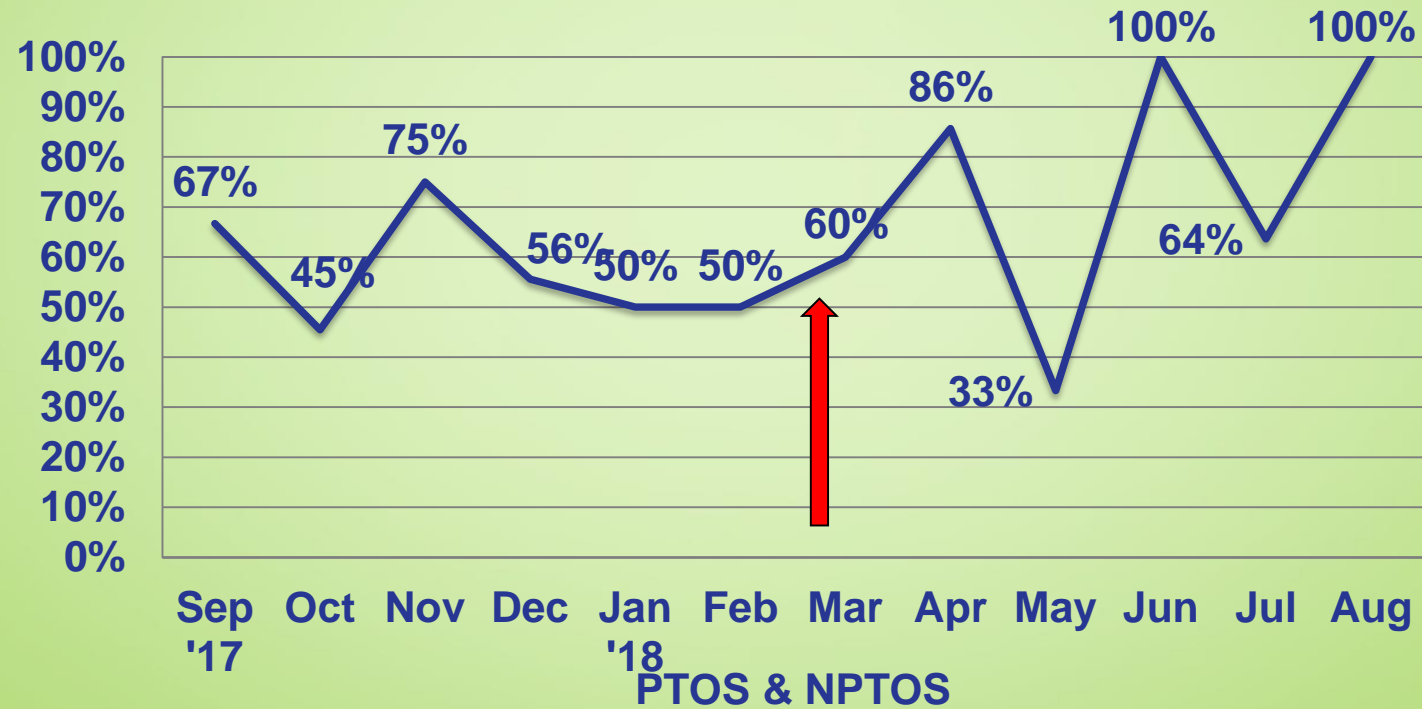
- CT availability
- Radiology tech availability?
- CT process

CT Throughput: Opportunities

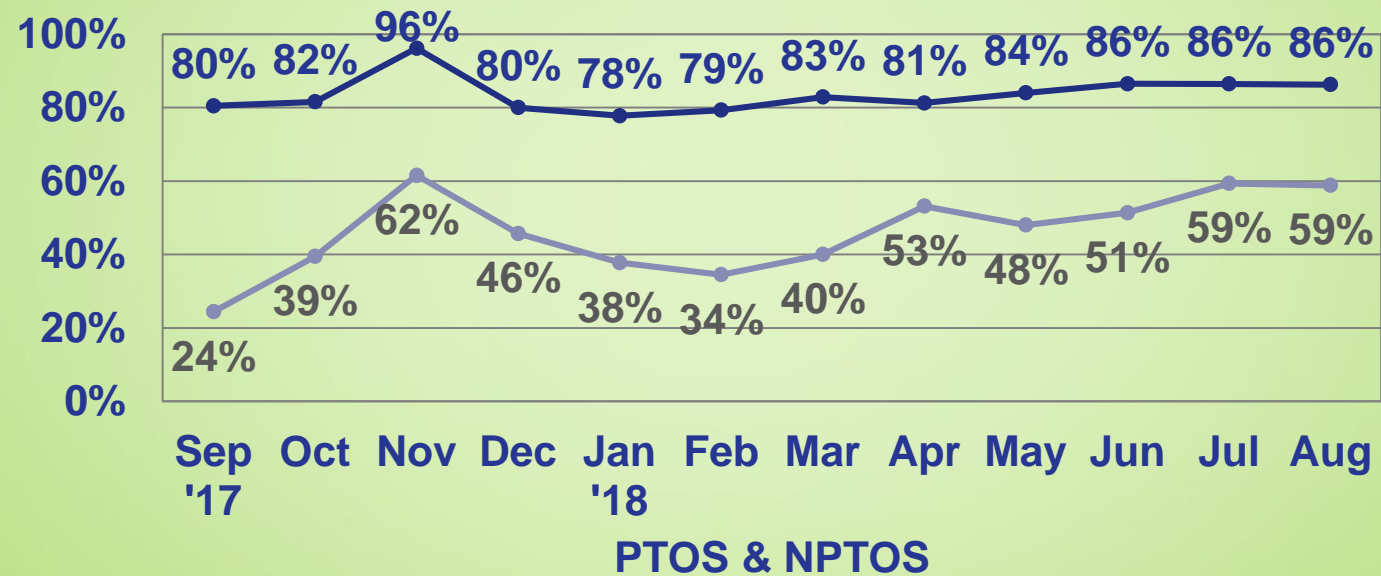
- Set GOALS!!!
 - Time to CT
 - Priority Imaging

- Special Considerations
 - Pediatric/Geriatric

Door to CT \leq 30 Minutes: Trauma Alerts (Highest Level)

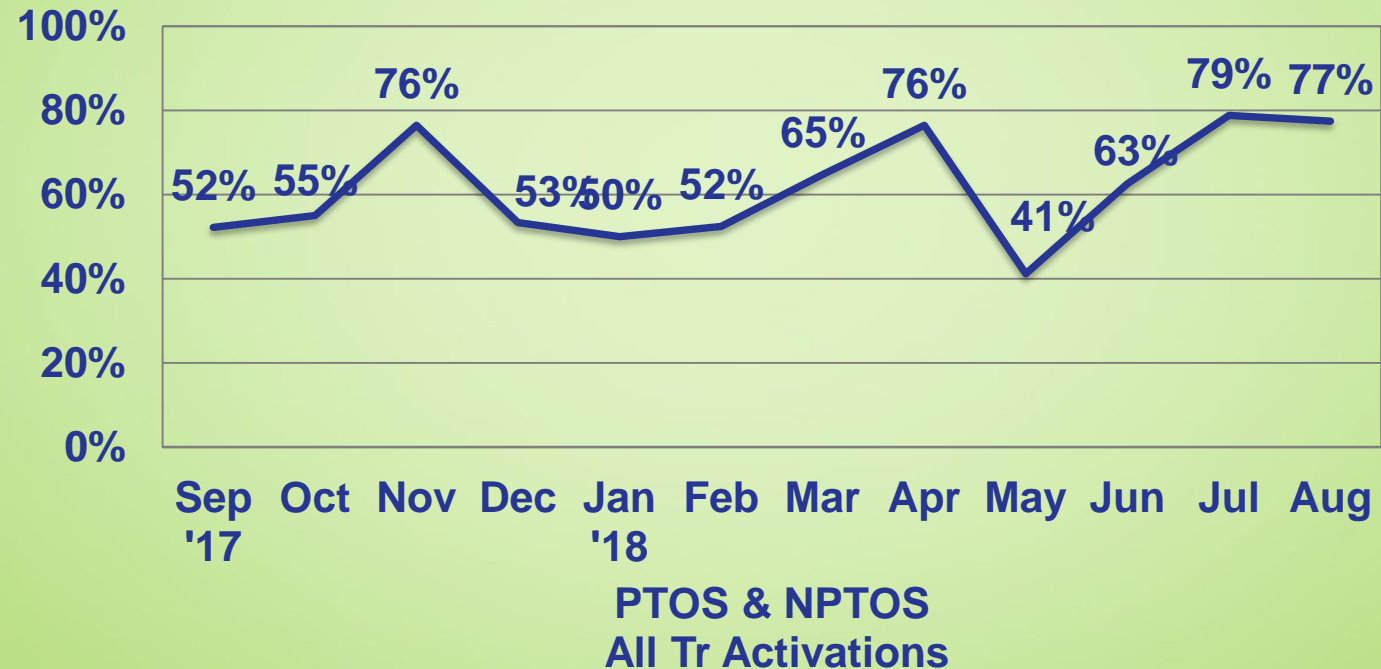


Door to CT Time: Tier II Activations



—●— % Tier II ≤ 30 Min —●— % Tier II ≤ 60 Min

Pre-Hospital Alerts: Door to First CT \leq 30 Min



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

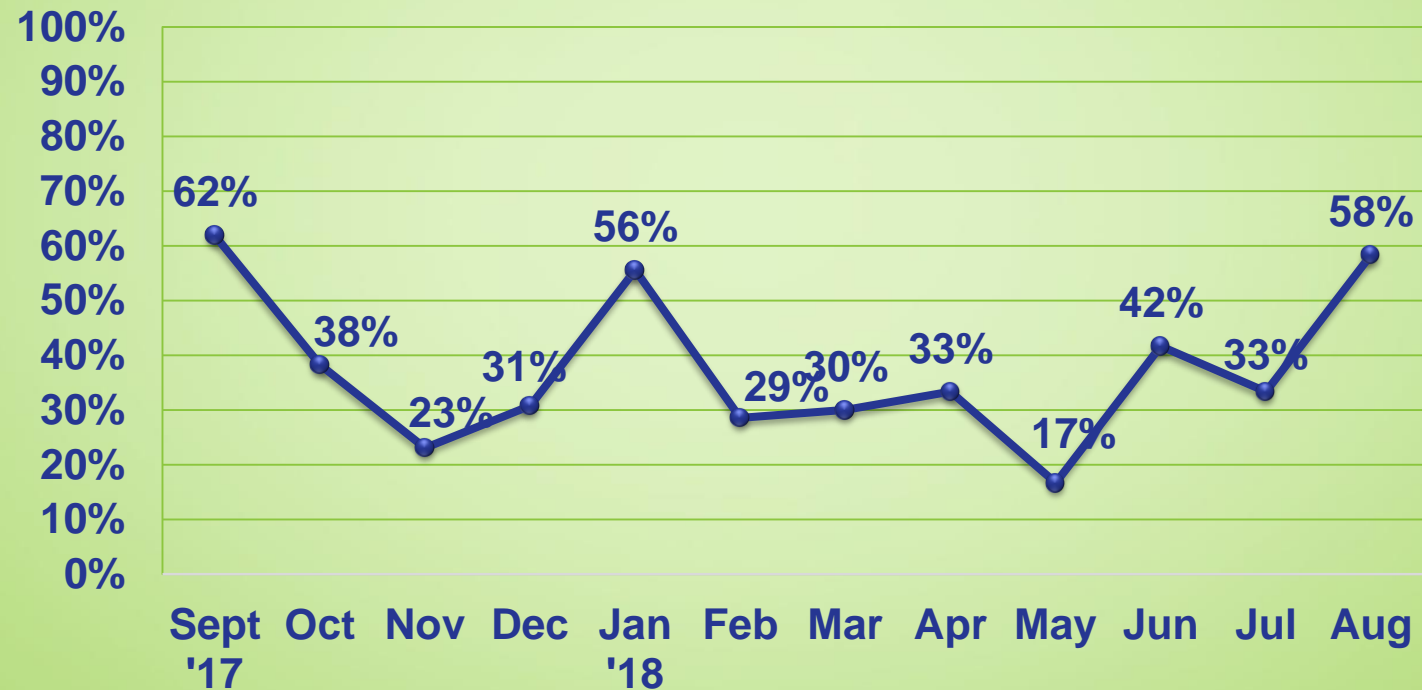
When Doesn't This Work?!

- Weather
- Inability to obtain air transport

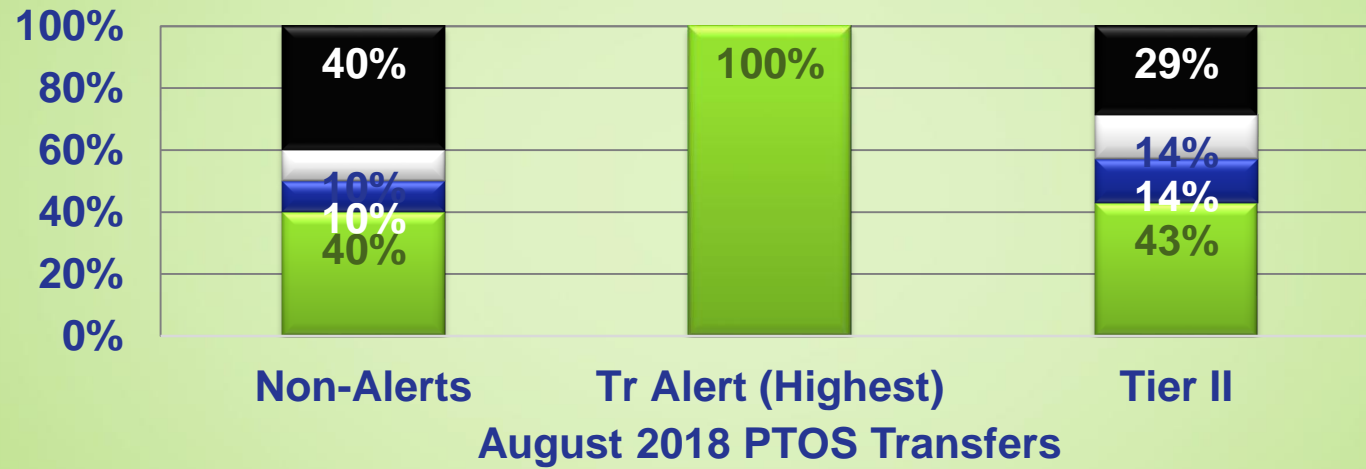
Performance Improvement

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

Transfers Out \leq 3 Hrs



PTOS Transfer Times: August



■ ≤ 3 Hrs ■ 3-4 Hrs
■ 4-5 Hrs ■ > 5 Hrs

What is the Message?

- Education!
 - Triage
 - EMS
 - Providers
 - Nursing

What we all would like to say...

per·fect

adjective

/ˈpɜrfɪkt/

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

/pɜrˈfekt/

1. make (something) completely free from faults or defects, or as close to such a condition as possible.

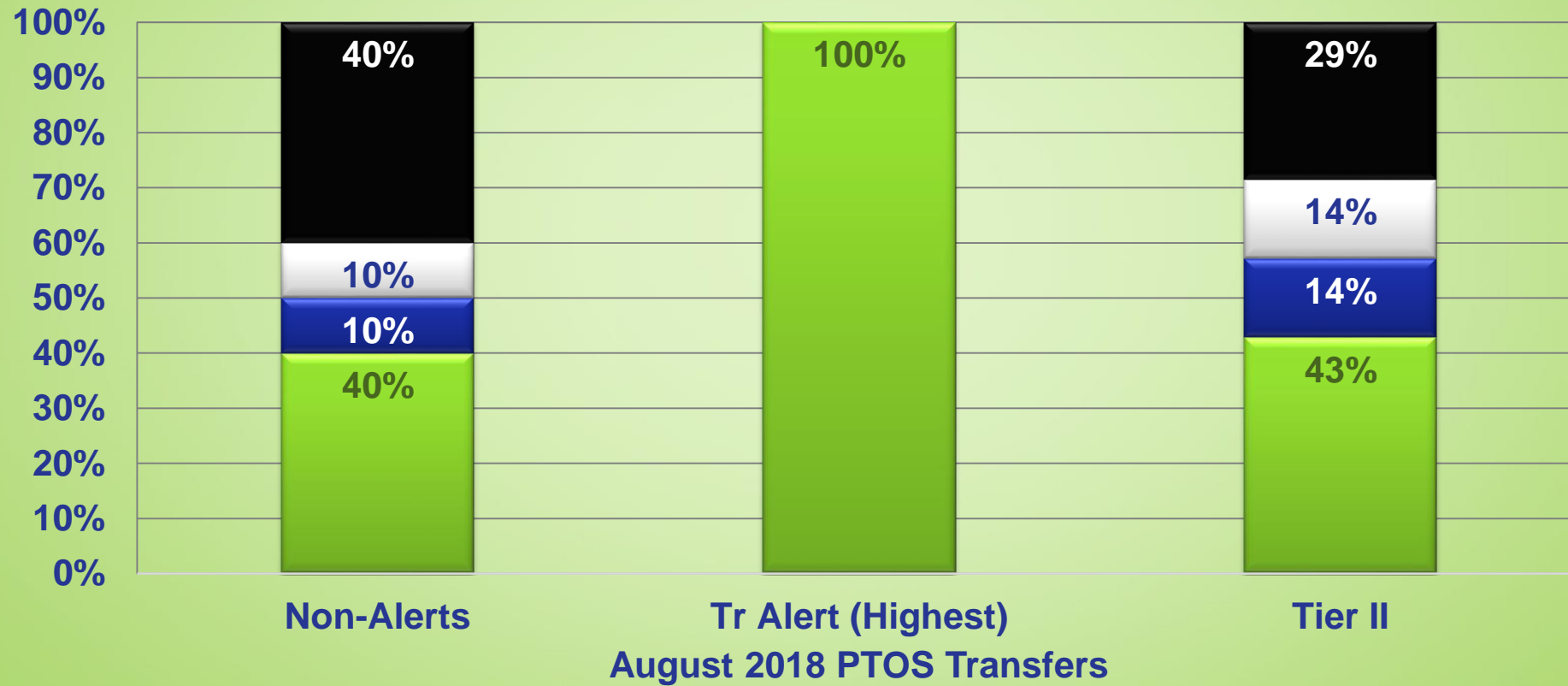
Performance Improvement

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

Transfers Out \leq 3 Hrs



PTOS Transfer Times: August

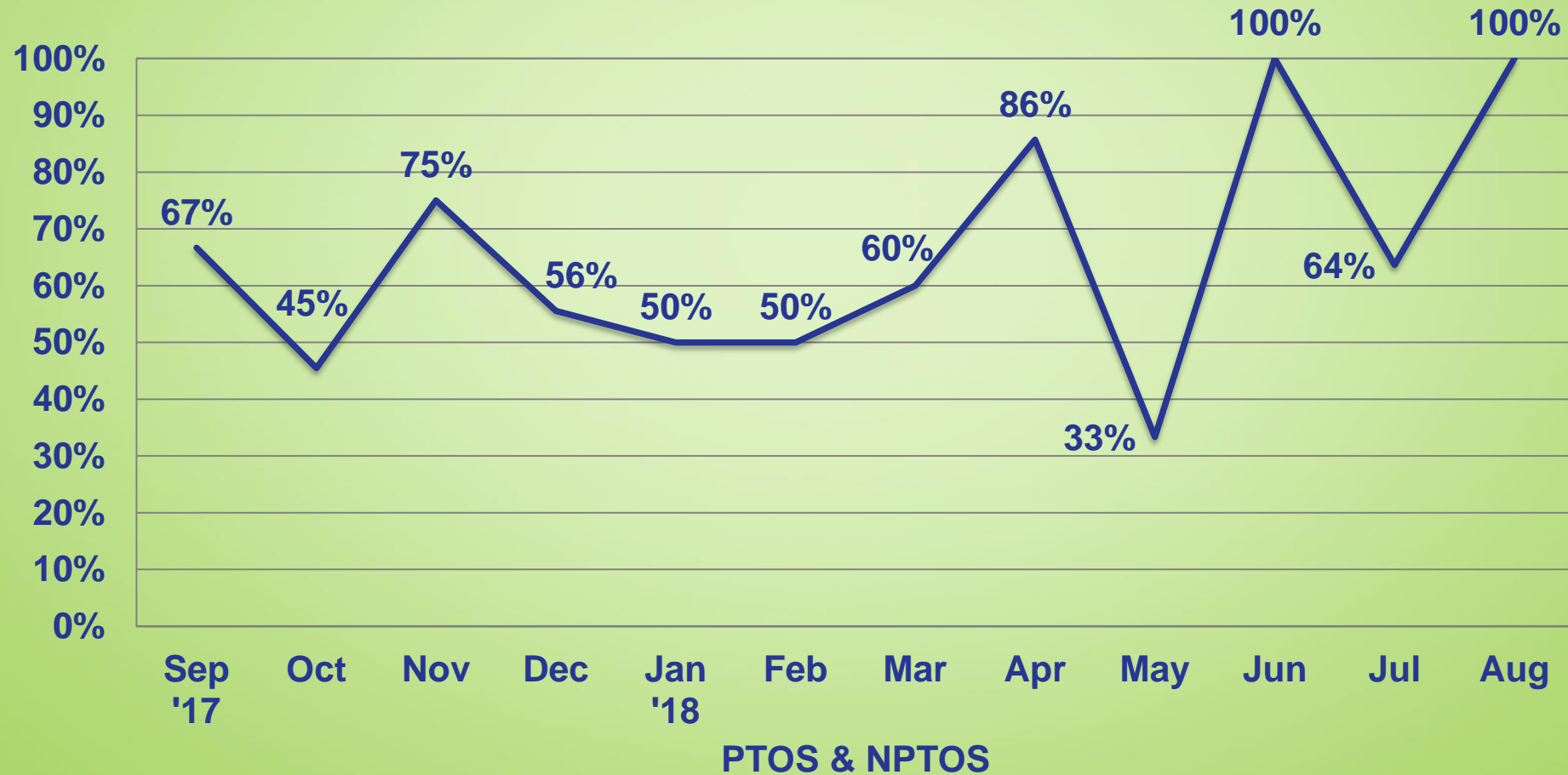


■ ≤ 3 Hrs ■ 3-4 Hrs ■ 4-5 Hrs ■ > 5 Hrs

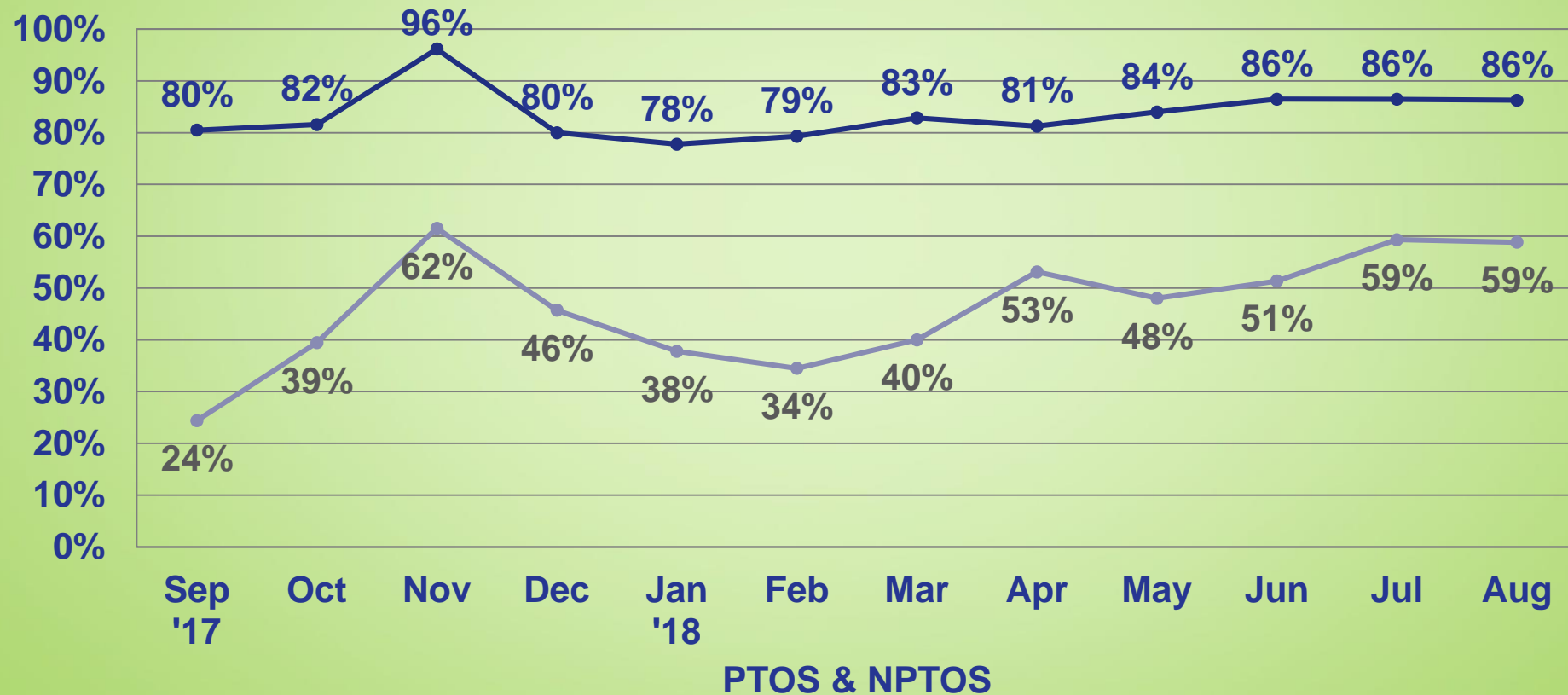
Activation Transfers Out ≤ 3 Hrs: Tr Alerts and Tier II



Door to CT \leq 30 Minutes: Trauma Alerts (Highest Level)



Door to CT Time: Tier II Activations



—●— % Tier II ≤ 30 Min —●— % Tier II ≤ 60 Min

Pre-Hospital Alerts: Door to First CT \leq 30 Min



PTOS & NPTOS
All Tr Activations