

# Evaluation of Patient Transport and Patient Flow

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# Evaluation of Patient Transport and Patient Flow

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## INTRODUCTION

- Identification of gaps, inconsistencies, and potential solutions regarding the coordination of ambulance and medical transportation for patients being transferred from/to LVHN facilities in an effort to reduce length of stay and increase the efficiency of the system.
- Evaluate the patient transport organizational flow prior to July 1<sup>st</sup>, 2016 and how it changed after the new process began on July 1<sup>st</sup>, 2016.
- Determine the most common times and/or reasons MedEvac Air and Ground miss transports.
- MedEvac is to be used for Critical Care Transports, including scene calls or inter-facility transport.

## METHODS

- Evaluate all aspects of patient transport
  - Centralized Ambulance Transport, Communications Center, MedEvac Ground, Case Management, Emergency Department, Network Emergency Preparedness and Emergency Management
- Sort through MedEvac trip data, both ground and air
- Compare patient transport process prior to July 1, 2016, and following July 1, 2016 when the new transport process was launched.

## OUTCOMES

MV-GROUND MISSED TRIPS

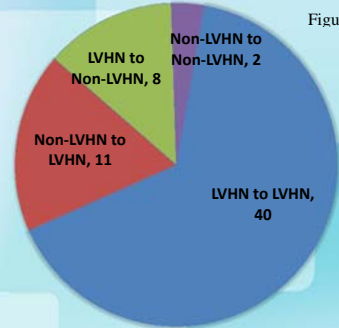


Figure 1

MV-AIR MISSED TRIPS

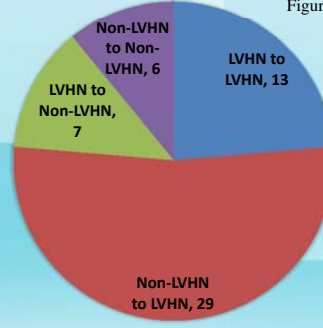


Figure 2

Missed MedEvac Trips by Time of Day

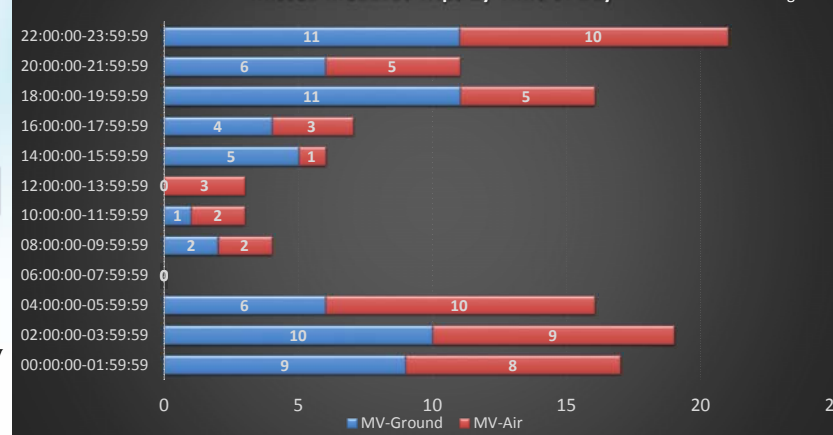


Figure 3

Missed MV Trips; Old Process vs. New Process

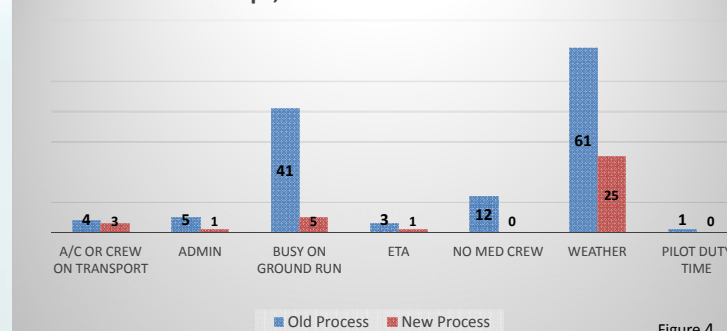


Figure 4

## RESULTS

- MedEvac ground has 2 trucks; 1 truck runs 24/7, and another that runs 12 hours/7.
- A majority of missed trips by MedEvac ground were between the hours of 18:00 and 06:00.
- A majority of missed MedEvac trips were during 22:00 and 06:00.
- A large majority of missed MedEvac air trips were due to uncontrollable circumstances, weather.
- Most MedEvac ground missed trips were LVHN to LVHN, whereas most air missed trips were non-LVHN to LVHN.
- Most MedEvac ground cancelled trips LVHN to LVHN, and most air cancelled trips were non-LVHN to LVHN
- When comparing the number of missed trips from the old process to after the new process was implemented, the numbers are significantly lower, especially in “busy on ground run”. Of the 5 “missed-busy on ground run”, in the new process, 4 were during hours when only 1 truck is in service.

## CONCLUSIONS/LIMITATIONS

- The biggest limitation faced was the lack of data I had to work with following the launch of the new patient transport process as of July 1, 2016. It is not accurate to compare three weeks of available data for the new process to months or years worth of data from a previous process.
- With it being a new process, many questions and issues are prone to arise as it continues to move forward.

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