PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

Consensus Statement: EMS Treatment in Place

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Our current EMS system is encumbered by many challenges at the local, state, and national level.

One area of both concern and opportunity is to enhance EMS delivery by implementing the concept of patient "Treatment in Place" (TIP).

TIP would allow EMS providers to provide on-scene treatment and/or referral to other health facilities. This would negate the need for ambulance transport and decrease the burden on emergency department volume.

TIP has been discussed for years and attempts to implement this initiative have not flourished for a variety of reasons. Despite TIP's failure to be successfully implemented in the past. There is an overwhelming need for creative EMS solutions to re-engage this unique opportunity to enhance the delivery of prehospital care.

When considering TIP clinical, operational, educational and financial aspects of this initiative have their own unique challenges and opportunities which will be discussed individually.

Clinical: It is well documented many patients do not require or refuse EMS transport. In many cases a patient may have minor complaints and can be treated effectively at the scene. A classic example would be a patient with a sore throat and flu-like symptoms. The patient could be evaluated for a medical emergency and if deemed safe for EMS release, they could be treated as an outpatient and or referred to a primary care treatment facility. This would decrease the need for transport, allowing the EMS unit to return to service and decrease ED volumes for minor complaints. Another example would be for patients with mental health or drug and alcohol issues where prehospital intervention or treatment facility may be superior to an emergency department.

TIP could add to patient and provider satisfaction and help decrease the burden on EMS systems. However, TIP could become abused by patients hoping to circumvent hospital wait times. Therefore, close monitoring of potential system abuses will need to be closely monitored.

To implement this clinically there would have to be collaboration and education to the community, all first responders, EMS providers, 911 centers, health systems, pharmacies and outpatient care receiving facilities.

Operational: All regulatory agencies must approve of TIP. There also needs to be a consensus on liability with liability/malpractice insurance approval and strong physician oversight. This physician oversight could be direct or indirect and could harness technology like video conferencing. Specific supplies for TIP must be obtained and regularly stocked for deployment at the scene. These supplies could include limited prescription pharmaceutics, wound care supplies, and orthopedic splinting equipment which can be determined by the individual agency. All patients will require a written medical record as well as patient education, discharge and follow- up instructions. Patients referred to primary care may need transportation to and from the facility which could use an ambulance, EMS vehicle, public transportation, personal vehicle or taxi type transportation.

Educational: EMS providers will need formal education on the TIP process as well as any specific clinical skills, communication and documentation requirements. All parties impacted will need to be familiar with the TIP process which would include the ones mentioned above but should also include fire, police, and the media. This education will need to be closely monitored, and the core curriculum will be considered dynamic as the TIP process matures.

Financial: Of all the above considerations the fiscal component of TIP is probably the most complex and most important for success. In the current EMS reimbursement model, there is very little to no reimbursement for patients not transported. The assumption that TIP may be helpful for the patient, health system and EMS agency may actually be detrimental to downstream revenue. Therefore, a robust fiscal analysis must be obtained for the involved parties prior to implementation. Of the parties involved, third party payers will be a key component ensuring the success of TIP. While financial considerations have been listed last, this may be the first area to address while working to implement TIP.

Summary: TIP is one aspect of prehospital care which may offer improved patient satisfaction, clinical care access and EMS provider by reducing unnecessary ambulance transport. Currently in Pennsylvania, there are some TIP models mostly involving drug and mental health resources which are being used and could be a template for other TIP programs. While multiple entities have been mentioned as key to the success of TIP, our legislators will be the most powerful means to help facilitate TIP on a broad scale throughout the Commonwealth of Pennsylvania.