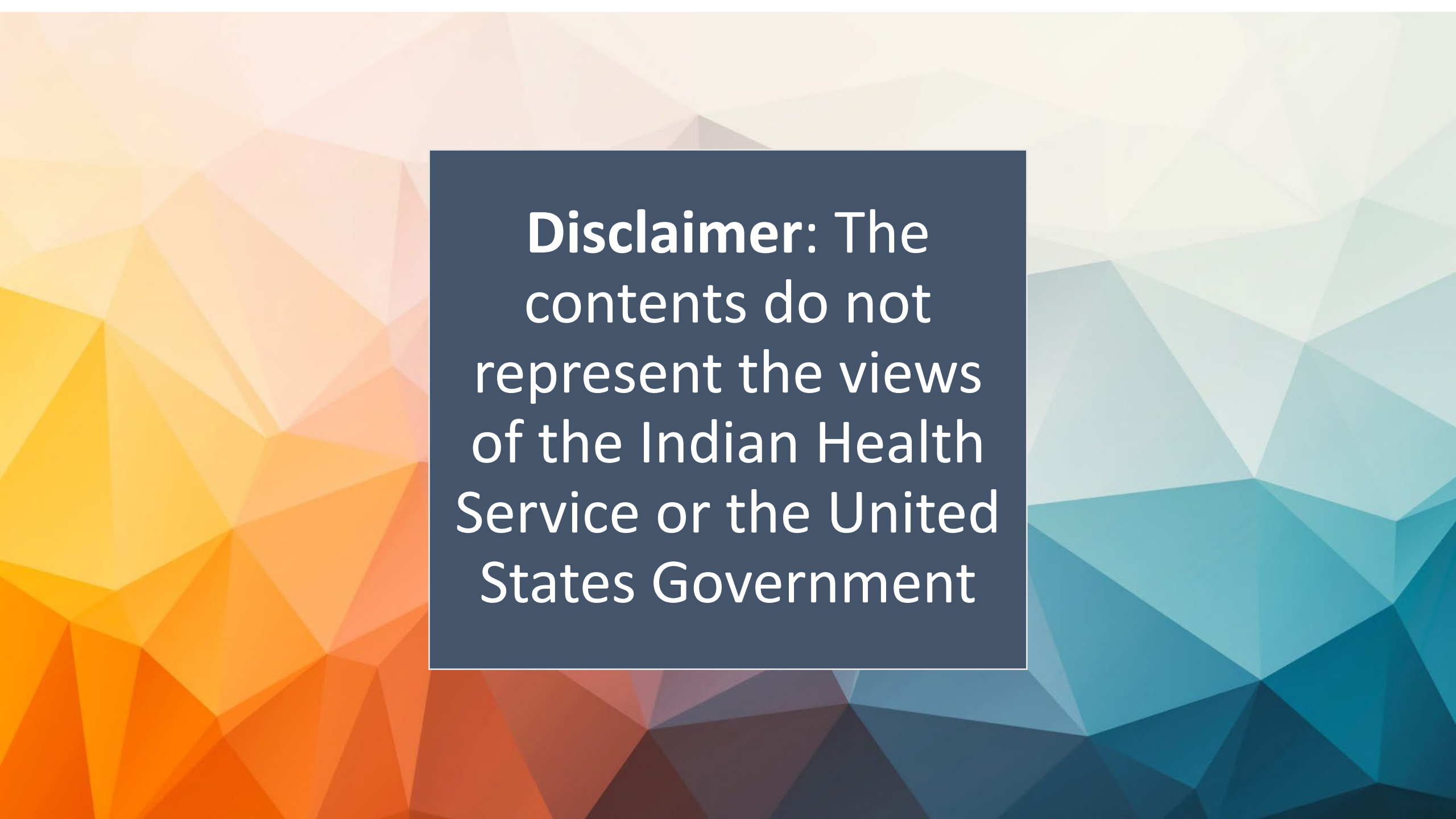




# Health Inequities Arising from Inadequate Transfer Systems for Patients with Critical Illness/Injury

Emily Bartlett, MD, MS

The background of the slide is composed of a mosaic of triangles in various shades of orange, yellow, and blue. The triangles are of different sizes and are arranged in a way that creates a sense of depth and movement. The colors transition from warm oranges and yellows on the left to cooler blues and greys on the right.

**Disclaimer:** The contents do not represent the views of the Indian Health Service or the United States Government







**GALLUP INDIAN  
MEDICAL CENTER**  
→  
**EMERGENCY  
ENTRANCE**

**AMBULANCE  
ENTRANCE  
ONLY**

**TRAUMA CENTER**

**STOP**  
Check-In  
Here  
Before  
Entering

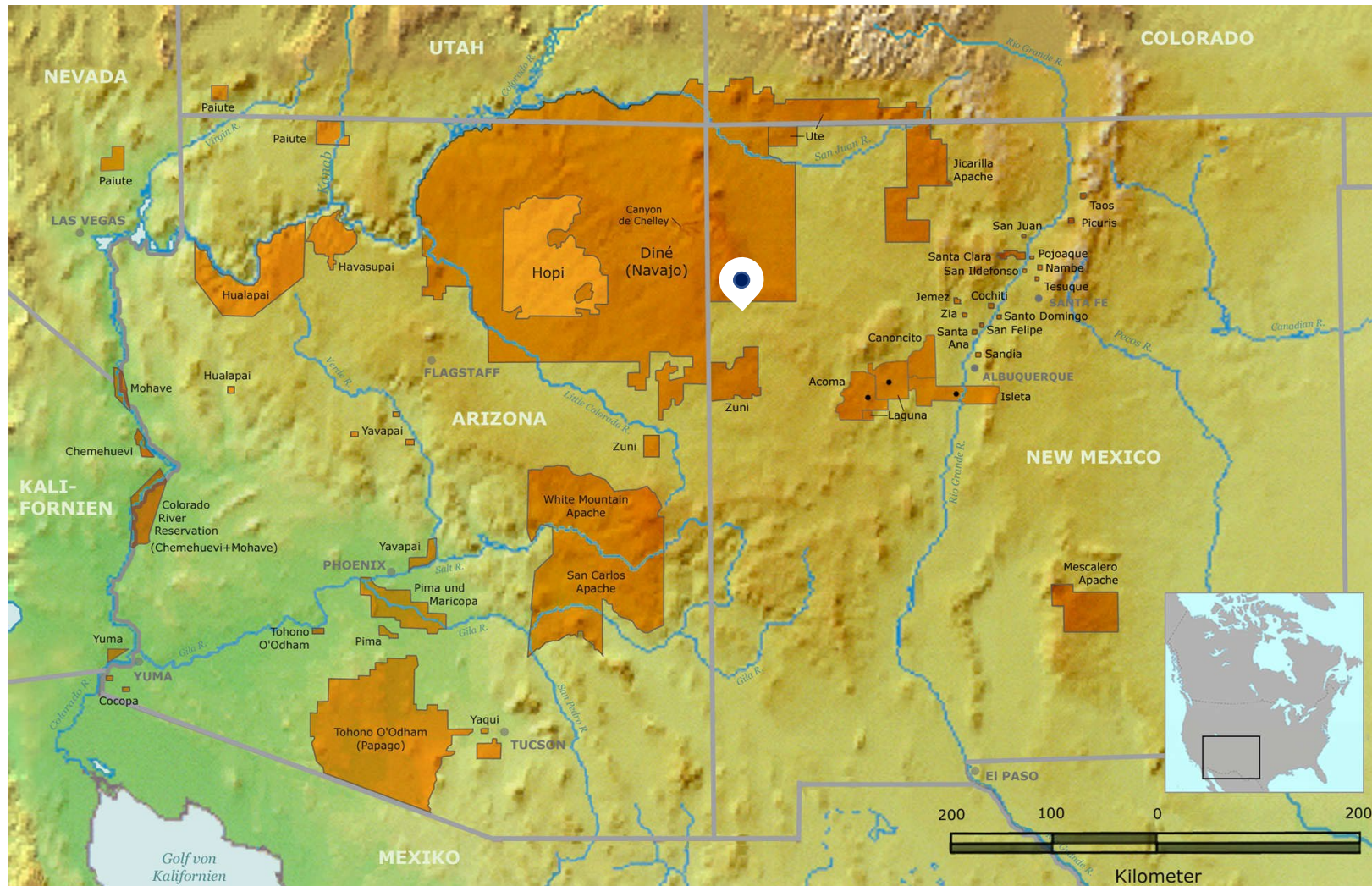
CHECK IN

**PLEASE  
USE  
SIDE**

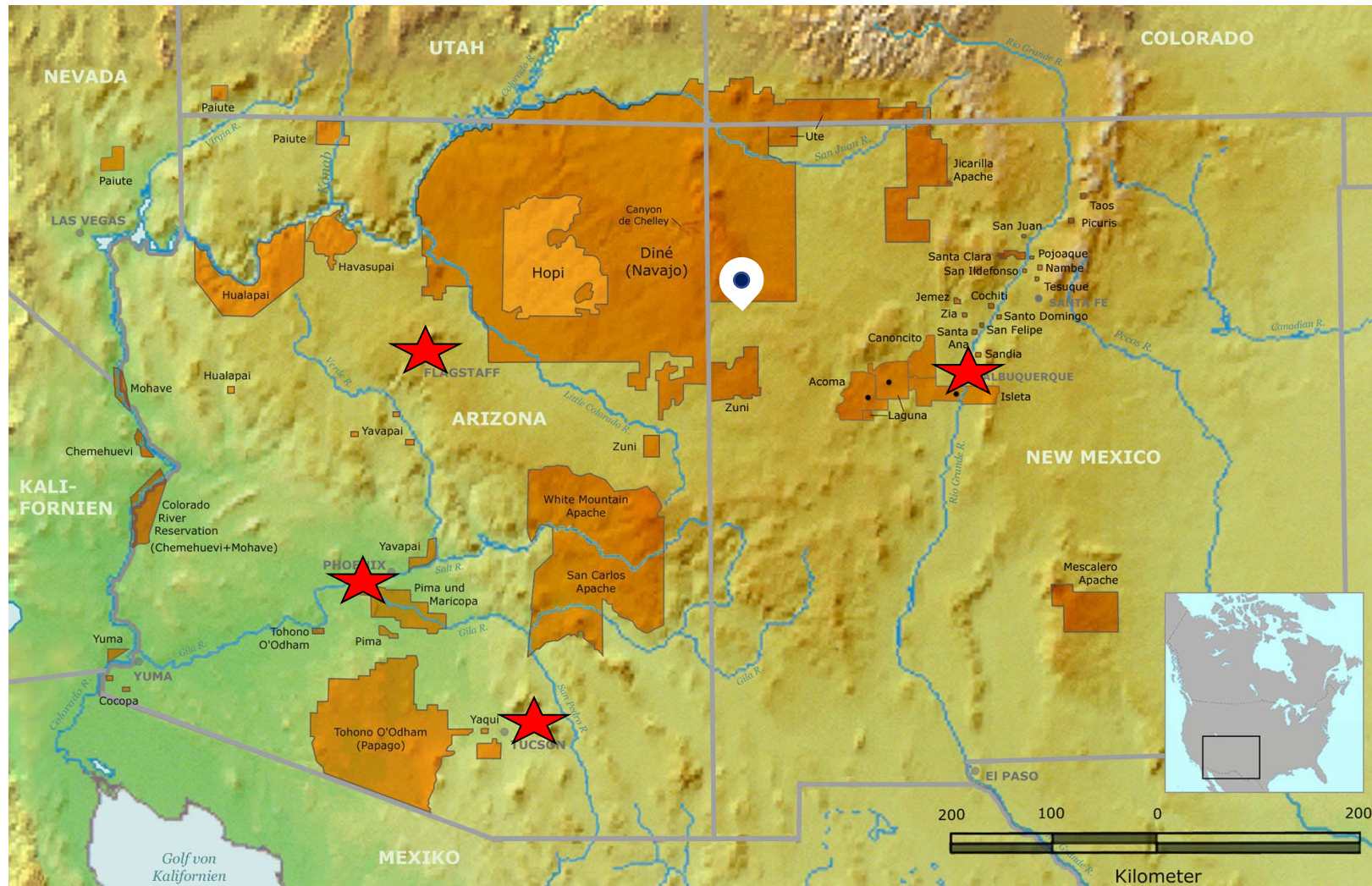
**NO  
PARKING  
FIRE  
LANE**

2002









# Transfer System Stress

Critical Care Medicine

Society of  
Critical Care Medicine  
The International Society for Intensive Care Medicine

## The incomplete infrastructure for interhospital patient transfer

Iwashyna, Theodore J. MD, PhD

[Author Information](#) ✓

*Critical Care Medicine* 40(8):p 2470-2478, August 2012. | DOI: 10.1097/CCM.0b013e318254516f

*"Organizational structures have not yet developed to insure that patients are optimally routed, resulting in potentially significant excess mortality."*

# Transfer Process – Challenges

## Lack of system-wide coordination

- Acceptance for transfer and transportation on a first-come first-served basis, not acuity-based



- Remote location
- Limited local resources (surgical, specialty, hemodialysis, ICU)



- Long distances between hospitals
- Limited resources
- No acuity-based coordination

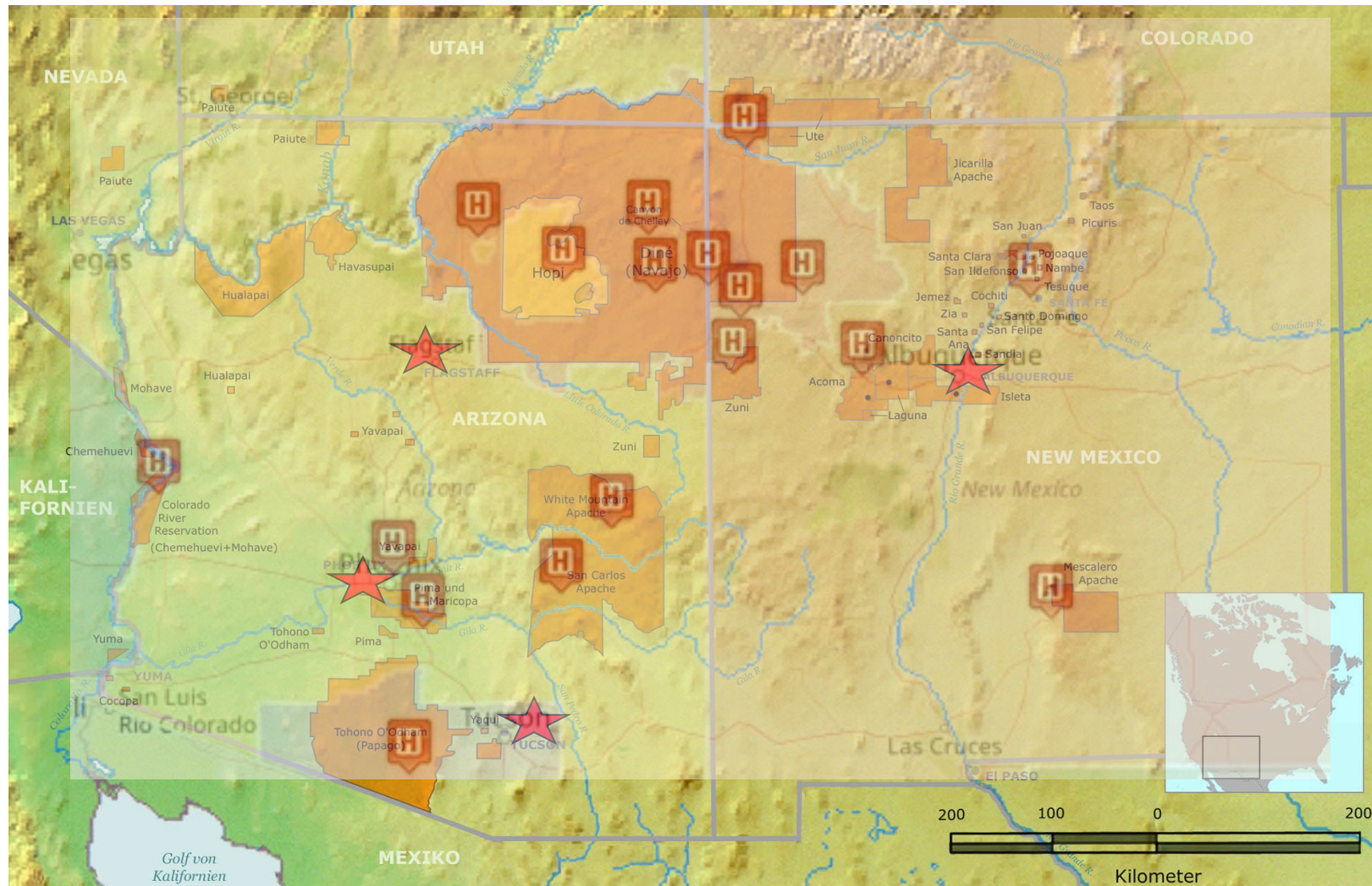


- Limited capacity
- Limited or no regional coordination




# Transfer Process – Challenges









Transfer System  
Stress ->

Worsening  
Health Equity

## JAMA Health Forum™

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### Viewpoint

## Indigenous Health Inequities Arising From Inadequate Transfer Systems for Patients With Critical Illness

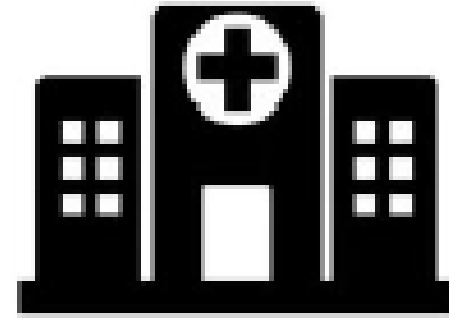
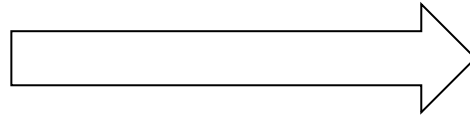
Emily Bartlett, MD, MS; Margaret Greenwood-Ericksen, MD, MSc



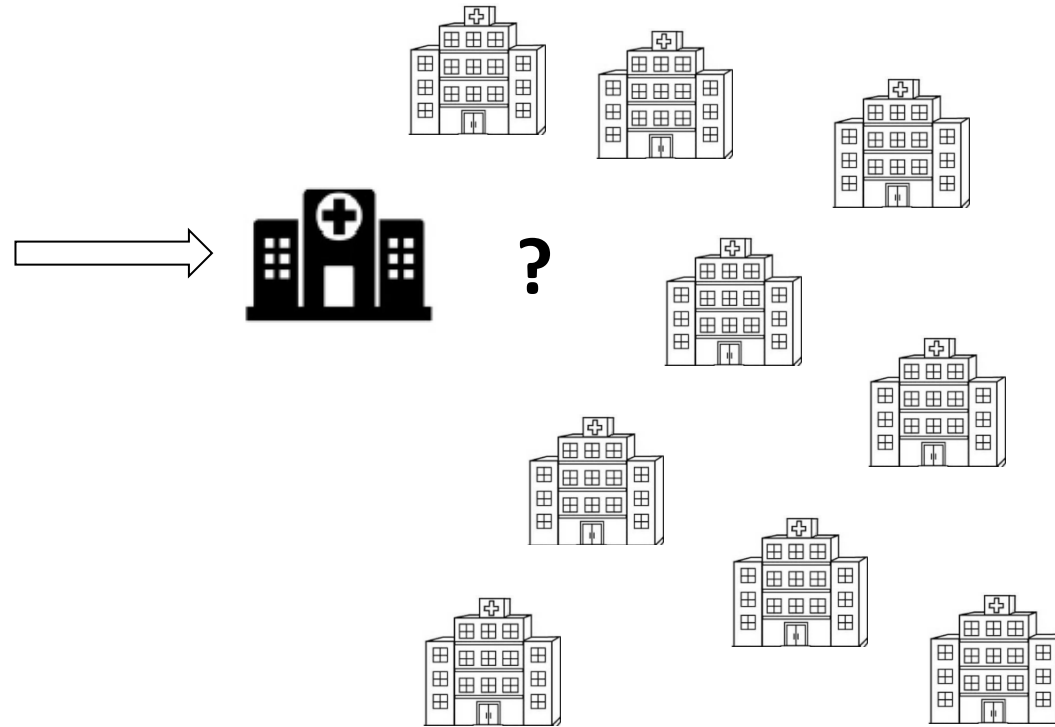
Thank you



Need for a  
“2<sup>nd</sup> Triage”



Need for a  
“2<sup>nd</sup> Triage”





# Proposed Solutions

- Adequately fund and support medical operations coordination centers
- Prioritize transfers based on clinical acuity
- Develop protocols for allocation of transfer for patients with time-sensitive conditions even if facilities are at usual capacity.
- Ensure appropriate representation in healthcare system and emergency planning
- Support communication networks among rural hospitals to address operational challenges and share solutions
- Use technological innovations such as appropriate teleconsultation services and image sharing.
- Develop emergency medical service capacity for inter-facility transportation in addition to scene calls.
- Support patient needs for repatriation after discharge
- Research to develop the evidence base regarding hospital transfer processes



# The NEW ENGLAND JOURNAL of MEDICINE

## Perspective

### Inequitable Access to Hospital Care — Protecting Disadvantaged Populations during Public Health Emergencies

Douglas B. White, M.D., Lisa Villarreal, M.D., M.P.H., and John L. Hick, M.D.

*“With the exception of the treatment requirements mandated by the Emergency Medical Treatment and Labor Act (EMTALA), private hospitals and health systems generally have no obligation to treat patients who are not part of their covered population.”*

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# Background

- 2.56 million people<sup>1</sup>
- 24 hospitals<sup>1</sup>
- 55 million acres<sup>2</sup>
- 86k mi<sup>2</sup> / 55 mil. acres<sup>2</sup>
- Density: 256/sq mi<sup>2</sup>
- Resources vary: ICU, OR, HD, etc.