

1 **EMS versus Attending Physician Opinion on the Destination of Patients Presenting to the**
2 **Emergency Department by Ambulance**

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4 Introduction

5 Emergency departments (ED) nationwide are experiencing overcrowding and extended
6 wait times for patients. One of the many factors contributing to overcrowding is the abundance
7 of lesser emergent complaints that could be safely assessed and treated at outside facilities like
8 primary care offices or urgent care centers. This study aims to determine whether emergency
9 medical service (EMS) providers can decide whether EMS can safely transport patients to
10 alternative facilities for non-life-threatening conditions. Little research has explored whether
11 EMS and ED providers share common decision-making regarding patient transport destinations.

12 Methods

13 The study is an ongoing multicenter, survey-based study assessing ED providers
14 (Physicians or Advanced Practice Providers) and EMS opinions on the appropriateness of
15 transport to the ED and whether the patient could have been safely evaluated and treated at an
16 urgent care facility. In addition to answering the two questions on the destination, additional
17 information is obtained regarding years of experience for both the ED provider and EMS and
18 other patient details like chief complaint. Paramedics and ED providers are enrolled after
19 meeting specific inclusion/exclusion criteria; EMS and ED providers are given separate forms to
20 fill out. A maximum of 24,000 can be enrolled in the study, minimum of 1888 are needed for
21 statistical analysis. Appromixately 150 subjects are expected to be enrolled a month.

22 Results

23 To date, 87 ED transports have been enrolled at Reading Hospital. EMS and ED providers
24 agreed 83.9% (73/87) of the time on the appropriateness of ED transport, and 79.3% (69/87)
25 agreed on the appropriateness of transport to urgent care. There was disagreement on the
26 appropriateness of transport to urgent care 18 times, with 88.9% (16/18) of EMS being of the
27 opinion that the patient could have been safely transported to urgent care with the ED provider in
28 disagreement.

29 Conclusions

30 This study is ongoing; therefore, definitive conclusions cannot be made. Initial data shows
31 promise between the transport destination opinions of EMS and ED providers and will hopefully
32 create further research areas into the subject matter.