

Docket No. SA-530

Exhibit No. 6G

NATIONAL TRANSPORTATION SAFETY BOARD

Washington, D.C.

Patient Transport Request
Mayo Clinic Utilization Review Process

(9 Pages)

Mayo One / MedAir Utilization Review Process

For NTSB Public Hearing

February 4, 2009

Transport Database Data Entry

Transport Data Entry Form
EXIT

Quality Management Database - Initial Transport Entry

Skills

 Equipment Failure

 Equipment Returns

 Dear Doc

 Dear Paul

 Demographics

Crew

 Follow Up Letter

 Times

CAMTS

 Protocols

 Med Control

Risk Level

Transport Number:
 Date of Transport:

Transport Service:

Transport Mode:

NOTE: AB for no transports

GT (Fit team)

AB

GC (Spec team)

Multiple Vehicles Used to Transport Pt.

Referring Facility/EMS Agency:

Origin County:

Referring Unit:

Receiving Facility:

Receiving Unit:

Transport Team:

Type of Origin:

Classification:

Patient Age: year

Pt Gender:

Weight: Kg

Misc Option Buttons

Autolaunch:

Multiple Aircraft:

Multiple Pts:

StO2



Audit Process

Audit : Form ✕

 Mayo Medical Transport
Quality Management Audit Form EXIT

Transport Number: Date of Transport:

Referring Facility:

Receiving Facility:

GENERAL AIRWAY MEDICAL CONTROL TRAUMA OBSTETRIC PEDIATRIC

Check any that apply:

Reason for air vs. ground transport was documented

DOCUMENTED:

Interfacility - Services able to be provided by destination facility (which the sending facility could not provide)
Scene - Services provided by receiving facility that made it most appropriate destination



Patient Follow Up Process

PATIENT FOLLOW UP

 Mayo Medical Transport
Patient Follow Up Form

When should I quit following a patient? [Exit](#)

Transport Number: Date of Transport:

Referring Facility:

Receiving Facility:

[Click here for address book](#)

Disposition Airway Follow Up Hospital Course Follow Up Letter

Check any that apply:

- Patient pronounced dead in ER
- Patient discharged to home from ER
- Patient discharged to home in 24 Hours



Medical Review

Medical Direction Transport Review Worksheet


Mayo Medical Transport
Medical Direction Review
Exit

Transport Number:	<input type="text"/>	Nurse:	<input type="text" value="Hanna, S"/>
Date of Transport:	<input type="text"/>	Paramedic:	<input type="text" value="Fite, J"/>
Transport Type:	<input type="text" value="RW"/>		
Classification:	<input type="text" value="Neuro"/>		
Type of Origin:	<input type="text" value="Interfacility"/>		

	Follow Up	Times	Protocol	Med Control	Skills	Appropriateness	Other	 Letter
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Initial MD Review

Care Appropriate / No further review necessary

Communication with specific transport team members

Requires Run Review

REMIINDER NOTES FOR RUN REVIEW (Limited to 255 spaces)

Print Run Review Form Used for printing a report sheet and attaching to patient record and reviewing a the next run review meeting. If you do not plan to include in your run review, you do not have to print the report.

Date Issue Resolved:



Loop Closure

Medical Direction Transport Review Worksheet


Transport Review Disposition
Exit

Transport Number:	<input type="text"/>	Nurse:	<input type="text" value="Hanna, S"/>
Date of Transport:	<input type="text"/>	Transport Type:	<input type="text" value="RW"/>
Classification:	<input type="text" value="Neuro"/>	Paramedic:	<input type="text" value="Fite, J"/>
Type of Origin:	<input type="text" value="Interfacility"/>		

 **Follow Up**

Initial MD Review

Care Appropriate / No further review necessary

Team Discussion

Requires Further Review

REMINDER NOTES FOR RUI REVIEW (Limited to 255 spaces)

Quality Assurance Steps

Presented at Monthly Audit and Review Mtg Date:

Action Taken / Follow-up

No action needed

Communication to physicians/facilities involved Date Sent:

Communication to EMS provider involved Date Sent:

MMT Policy change request initiated

Educational program required Program Date:

Continue to monitor variation trends

QA Focus Audit Start Date: Stop Date:

Summary Comments: (Limited to 255 spaces)

Date Issue Resolved:



Requestor Follow Up

Date:

Recipient: Ambulance Director

Address:

DO NOT POST

Mayo Clinic Medical Transport Patient Update:

PEER REVIEW PRIVILEGED AND CONFIDENTIAL: This information is provided to a review organization for purposes consistent with Minnesota Statutes §145.61 and 145.64 et seq. and Wisconsin Statue 146.38 in furtherance of quality health care. The information includes patient information and should be treated confidentially.

Enclosed is followup for a(n) _____ year old patient who was treated and transported by Mayo Clinic Medical Transport on _____.

Patient Type: Medical

Scene Coordination:

The communication with the Dodge Fire Department was very good. The landing zone was a little tight and the pilot mentioned that he would probably not be comfortable landing there at night. The Fire Department did a good job communicating with us about this prior to landing. As the selected landing zone was tight for us, we would be happy to discuss further, and may consider if landing in the field that is also nearby would be an option. We have forwarded our information to Lyle Groves, our leadership, and requested that he speak with your department's chief. Any questions, please call him at _____.

En Route to Receiving Hospital:

We were dispatched to a scene flight with your crews in the _____ area for an unconscious patient. On our arrival we received a very thorough report from your crews of a patient who had a seizure with a prolonged period of unresponsiveness and was exhibiting some stroke like symptoms. We prepared the patient for the flight and transferred him to our cot. During the flight we continually monitored the patient's vitals and mental status. Radio report was given to the hospital with a 9 minute estimated time of arrival.



Report Generation

Mayo Medical Transport - Mayo One / MedAir Quality Management Report

Overtriage - All Transports

Beginning Date:

Ending Date:

Mayo 1 Base:

Total Records for Time Period:	690	
ER Discharges	10	1.45%
24 hr Discharges	19	2.75%

Mayo 2 Base:

Total Records for Time Period:	707	
ER Discharges	26	3.68%
24 hr Discharges	20	2.83%

Mayo 3 Base:

Total Records for Time Period:	630	
ER Discharges	6	0.95%
24 hr Discharges	16	2.54%

Totals:

Total Records for Time Period:	2027	
ER Discharges	43	2.12%
24 hr Discharges	55	2.71%

Report Created by:

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Mayo Clinic Medical Transport

Mayo One/ Mayo MedAir

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