Delay of Transfer Case Studies

Case 1

Admission Date: 12/8/14

Attending Physician: Stafford Warren, MD, Vice Chairman- Cardiac Services Advisory Committee- Maryland Health Care Commission

Case description:

56 year old diabetic male, history of hypertension and smoking, admitted through the ER at 10:25AM with chest pain starting at 7:30AM. No previous cardiac history. Noted to have ST elevation on his EKG and CPORT activated at 10:30AM. Pt arrived at cardiac cath lab at 10:40 and underwent cardiac catheterization by Dr. Warren revealing severe three vessel coronary artery disease, not amenable to PCI and recommended transfer to outside facility for emergency CABG. Cardiac cath ended at 11:25AM. Dr. Ellis at Washington Hospital Center (WHC) was contacted and initially accepted patent for helicopter transfer at 11:27AM and hospital records faxed to WHC. At 11:50 cardiac cath lab received phone call from WHC who indicated that they did not accept the patient's type of insurance and would not be able to take the patient for cardiac surgery. Dr. Warren then contacted Dr. Gammie at University of Maryland MC at 11:55AM, who accepted patient for transfer and helicopter transfer arranged immediately. Helicopter transfer arrived at 12:47PM and patient was transferred to UMD for surgery at 1:28PM. This represented an over 2 hour delay from the time the decision for cardiac surgery was made for the patient in the throes of an acute MI, and the actual transfer to a facility for his cardiac surgery. The patient underwent CABG at UMD and did well.

Case 2

Admission Date: 2/11/14

Transfer Date: 2/16/14

Attending Physician: Jennifer Brady, MD, Salvatore Lauria, MD

Case description:

48 year old man with history of hypertension and hyperlipidemia with a three day history of recurrent chest pain and shortness of breath. The patient eventually presented to the ER at AAMC on 2/11/14 and was noted to have EKG changes and cardiac enzymes consistent with a recent MI. He was admitted to the HVU and underwent cardiac catheterization the following morning, on 2/12/14 with Dr. Salvatore Lauria. Cardiac catheterization revealed severe two vessel coronary artery disease of the right coronary artery and left circumflex coronary artery. These lesions were felt to be high risk and transfer to a facility with cardiac surgery for either high risk PCI or CABG procedure was elected. Washington Hospital Center was contacted on 2/12/14 and initially accepted the patient, but indicated there would be a delay in transfer due to shortage of beds in the ICU. While waiting for transfer two days later, the patient experienced an episode of recurrent chest pain and new EKG changes consistent with extension of his MI. Washington Hospital Center was contacted to arrange for immediate transfer. Emergency

helicopter transfer was arranged on 2/16/14 and the patient was transferred. On route to WHC he developed further chest pain and extension of his MI and died during transfer.

Case 3

Cardiac Catheterization Date (outpatient): 5/23/14

Attending Physician: Jerome Segal, MD, Director Heart Institute- AAMC

Case description:

63 year old man with history smoking, hyperlipidemia, positive family history of CAD and worsening exertional chest pain and shorten of breath. Pt underwent cardiac catheterization at AAMC on 5/23/14 revealing significant stenosis of the left anterior descending, diagonal, and right coronary arteries. His overall cardiac function was noted to be poor with decreased ejection fraction and a dilated left ventricle. He was felt to not be a candidate for PCI and CABG was recommend for treatment of his coronary artery disease. Washington Hospital Center was contacted and refused to take patient for CABG due to patient's having only Maryland Medicaid for insurance. Next, Johns Hopkins University Hospital was contacted and initially accepted the patient for cardiac surgery. Dr. Lauria (the patient's primary cardiologist) was then contacted back by JHUH to inform him that they could not take the case due to inadequate insurance coverage. The patient was given the name of two alternative providers and eventually underwent cardiac surgery at Washington Adventist Hospital on 6/13/14. He has done well.

Case 4

Admission Date: 8/26/14

Transfer Date: 8/29/14

Attending Physician: Jennifer Brady, MD

Case description:

78 year old male with history of know coronary artery disease who was admitted to Washington Adventist Hospital on 8/10/14 with an acute MI underwent cardiac catheterization revealing an acute occlusion of the left circumflex coronary artery. He underwent emergency stenting of the LCX. His right coronary artery was also noted to be totally occluded and he had significant disease of his left anterior descending artery. His overall ventricular function was noted to be poor with low ejection fraction. He was discharged and then readmitted to AAMC on 8/17/14 with shortness of breath due to congestive heart failure. Severe mitral regurgitation was noted on echo and he was treated appropriately and discharged and instructed to get surgical consultation. He presented again to AAMC on 8/26/14 with shortness of breath and low blood pressure. The patient was admitted to the ICU at AAMC with a diagnosis of cardiogenic shock and congestive heart failure. JHUH was contacted on 8/26/14 and initially accepted the patient for transfer for CABG and mitral valve surgery. Transfer was however delayed due to a shortage of ICU beds at

JHUH and that stated they would not be able to commit when a bed would become available. Washington Hospital Center was contacted on 8/29/14 and accepted the patient for transfer and he was transferred on 8/29/14.