

KENT COUNTY EMERGENCY MEDICAL SERVICES

INTER-FACILITY PATIENT TRANSFERS & CRITICAL CARE PATIENT TRANSPORTS (OPTIONAL)

Number: IV.S
Date: 11/03/03
Page: 1 of 3

Purpose: The purpose of this policy is to establish a uniform procedure for inter-facility transfers.

I. Inter-Facility Patient Transfer

A. Responsibility:

1. Patient transfer is a physician-to-physician referral. The transferring physician is responsible for securing the acceptance of the patient by an appropriate physician at the receiving facility prior to the transportation. The name of the accepting physician must be included with the transfer orders along with a contact phone number of the sending physician.
2. It is the responsibility of the transferring facility to:
 - a. Perform a screening examination.
 - b. Determine if transfer to another facility is in the patient's best interest.
 - c. Initiate appropriate stabilization measures prior to transfer.
 - d. Insure that the transporting personnel are qualified to continue patient care at the level initiated and provide care for potential changes in the patient's condition during transport
3. During transport, the transferring physician is responsible for patient care until arrival of the patient at the receiving facility.
4. If unanticipated events occur during patient transport, and contact with the transferring physician is not possible, then on-line Medical Control will serve as a safety net.
5. It is the transferring physician's responsibility to know and understand the training and capabilities of the transporting EMS personnel.

B. Transportation

1. Pre-transport
 - a. Care initiated by the transferring facility will be continued during transport. The transferring physician will determine the method and level of transport and any additional treatment(s), if any, that will be provided during the course of transport.
 - b. Orders for treatment, including medications for ALS transfers, or other orders shall be provided in writing to the EMS personnel prior to initiation of the transport by the transferring physician.
 - c. For ALS transfers, ordered medications not contained within the EMS System Medication Box/Bag must be supplied by the transferring hospital.
 - d. EMS personnel must be trained in all the equipment being used in the patient's care or appropriately trained facility staff must accompany the patient.
 - e. Should the patient require care and/or equipment above and beyond the normal scope of practice and training of the EMS personnel, the transferring facility shall provide appropriate staff or consider other appropriate means of medical transportation.
 - f. The paramedic may decline to transport if he/she believes care of the patient is outside their scope of practice and training or, alternatively, to insist a hospital staff member accompany EMS on the transfer.
 - g. If additional facility staff accompany the patient, the transferring physician is responsible for ensuring their qualifications. This staff will render care to the patient under the orders of the transferring physician. It will be the responsibility of the transferring facility to make arrangements for the return of staff, equipment, and medications.
 - h. The following information should accompany the patient (but may not delay the transfer in acute situations):
 - (1) Copies of pertinent hospital records (history, PE, labs and x-rays).
 - (2) Written orders for care during transport
 - (3) Any other pertinent information including appropriate transfer documents.

KENT COUNTY EMERGENCY MEDICAL SERVICES

INTER-FACILITY PATIENT TRANSFERS & CRITICAL CARE PATIENT TRANSPORTS (OPTIONAL)

Number: IV.S
Date: 11/03/03
Page: 2 of 3

- (4) A contact phone number for the sending physician.
2. During Transport:
- a. If applicable, the concentration and administration rates of all medications being administered will be documented on the patient care record.
 - b. Interventions performed en-route, and who performed them, will be documented on the patient care record.
 - c. In the event that a patient's condition warrants intervention beyond the written physician orders provided by the transferring physician, the EMS personnel will contact the transferring physician. If that is not possible, the EMS personnel will follow local Medical Control Protocols and initiate contact with the on-line Medical Control Physician from either the sending or receiving facility or, if not able to contact those facilities, the closest appropriate on-line Medical Control facility.
 - d. If applicable, hospital supplied medications not used during transport must be returned to the originating facility or appropriately wasted and documented in compliance with FDA guidelines at the receiving facility.
 - e. For all patients transferred to receiving hospitals in Kent County, on-line contact through MedCom with the receiving hospital will be made to provide the receiving facility with the ETA and updated patient condition.
3. Documentation
- a. Routine transfer from a hospital following discharge of a patient to a nursing home, rehab, extended care facility or residence does not require a submitted report to KCEMS. An EMS form must be completed for company records and billing per company policy.
 - b. Transfer of a patient from one hospital to another requires an EMS form to be submitted to KCEMS.
 - c. Emergent transfer resulting from a scene response to a nursing home, free standing medical facility or physician's office will be handled according to the physician intervention policy and must have an EMS form completed and submitted to KCEMS just as any other scene-hospital transport requires.
 - d. Critical Care Patient Transports must have either an EMS form or a specific Advanced Inter-Facility Transport Form completed and a copy submitted to KCEMS. If an EMS form is utilized, "Critical Care Transfer" must be clearly documented at the top of the form.

KENT COUNTY EMERGENCY MEDICAL SERVICES

INTER-FACILITY PATIENT TRANSFERS & CRITICAL CARE PATIENT TRANSPORTS (OPTIONAL)

Number: IV.S
Date: 11/03/03
Page: 3 of 3

Purpose: To provide hospital facilities, physicians, and medical transport personnel with guidelines to facilitate inter-facility transportation of critically sick and injured patients within Advanced Life Support or Critical care or specialty-care vehicles.

II. Critical Care Patient Inter-Facility Transport (OPTIONAL) -- Additional Requirements

Definition: A critical care transport is defined as the transport of any patient that requires treatment above/beyond the standard of care for a paramedic. This includes, but is not limited to, patients requiring a ventilator, chest tubes, neonatal isolette, balloon pump, invasive lines or receiving blood/blood products or medications not listed in protocol (IV-O2), and patients requiring a doctor, nurse or other specialist to accompany transport.

A. Vehicle and Staffing Policy

1. MDCIS Vehicle License

All vehicles conducting Critical Care Inter-Facility Patient Transports must be licensed as transporting Advanced Life Support (ALS) vehicles.

2. Equipment

a. The following is the minimum equipment that will be carried by an ALS vehicle while it is providing Critical Care Inter-Facility Patient Transport, in addition to the equipment required by Part 209, P.A. 368 of 1978, as amended, and local medical control authority protocols:

- (1) Pulse Oximeter
- (2) Portable Ventilator for patient's requiring a ventilator
- (3) Portable Infusion Pump(s)
- (4) Pressure infusion bag(s)
- (5) 12 Lead EKG capability for cardiac patients
- (6) Recommended Equipment
 - (a) Capnography

3. Staffing

a. All ALS vehicles that conduct Critical Care Inter-Facility Patient Transports will be staffed with at least one (1) paramedic trained in a Critical Care Inter-Facility Patient Transport curriculum approved by KCEMS. The critical-care trained paramedic must be in the patient compartment while transporting the patient.

b. The above requirement for staffing does not apply to the transportation of a patient by an ambulance if the patient is accompanied in the patient compartment of the ambulance by an appropriate licensed health professional designated by a physician and after a physician-patient relationship has been established as prescribed (PA 368, Section 20921(5)).

B. Critical Care Inter-Facility Patient Transport Physician Director/Quality Improvement

1. The KCEMS Medical Director will function as the Critical Care Inter-Facility Patient Transport Physician Director.

2. The Medical Director will be responsible for:

- a. Oversight of the training curriculum for EMS personnel trained under this protocol.
- b. Oversight of a quality improvement program for Critical Care Inter-Facility Patient Transports

C. Critical Care Inter-Facility Patient Transport Curriculum

1. The UMBC CCEMT-P program is currently the only program endorsed by KCEMS.
2. Other programs may be submitted to KCEMS for approval.

