	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5102.14
	PROGRAM DOCUMENT: **Interfacility Transfers**	Initial Date:	12/28/93
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Signature on File	Signature on File
EMS Medical Director	EMS Administrator

Purpose:

A. To provide guidelines for ambulance transport of patients between acute care hospitals.
B. Provide guideline for the utilization of 9-1-1 services to complete emergent inter-facility transfers of critical patients.
C. To describe the medical control options that are available for Interfacility Transfer programs.
D. To assure that pre-hospital personnel are always functioning under medical oversight, either direct or indirect.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Definitions:

A. Sending Facility: The facility FROM which the patient is being transferred.
B. Receiving Facility: The facility TO which the patient is being transferred.
C. On-Line Medical Direction (OLMD): Also known as “Direct” Medical Oversight. Medical direction provided by a SCEMSA approved base hospital physician or Mobile Intensive Care Nurse (MICN). This direct medical oversight is concurrent with patient transport.
D. Indirect Medical Oversight: Medical direction provided prospectively as with protocol and policy implementation, and retrospectively as with quality improvement and case reviews.
E. Base Hospital**:** A SCEMSA approved hospital with trained physicians and nurses that are available for on-line medical control when requested by field personnel.
F. IFT: Interfacility Transfer

Policy:

General Guidelines

A. A hospital should execute and maintain transfer agreements with other health facilities that offer a higher level of accepted specialty care services. Hospitals with transfer agreements should have a written policy that clearly establishes internal administrative and professional patient transfer responsibilities.
B. Patient transfers, and related agreements must comply with state and federal mandates, including the Emergency Medical Treatment and Labor Act (EMTALA).
C. No Emergency Medical Services (EMS) personnel shall be placed in charge of monitoring or administering a drug or procedure outside of their scope of practice, as defined by the Sacramento County Emergency Medical Services Agency (SCEMSA).

D. During any transfer, if the patient's condition deteriorates and requires treatment not covered by physician orders or EMS provider scope of practice, the transferring ambulance should immediately divert to the closest receiving hospital. Ambulance personnel should notify all involved hospitals of their diversion and the patient's status as soon as possible.
E. Unless medically necessary, avoid using medication drips that are outside of the Paramedic Scope of Practice to avoid any delays in the transferring of time-sensitive patients.

Level of Care

A. It is the responsibility of the transferring physician, in consultation with the receiving physician, to determine the appropriateness of transfer, the appropriate mode of transportation and the appropriate personnel (Emergency Medical Technician (EMT), Paramedic, Registered Nurse (RN), Physician, etc.) to provide care during transport.
B. Medical personnel providing interfacility transport shall have the capabilities and skills reasonably necessary to provide for the specific needs of the patient during the transport.
C. Prehospital personnel involved in the interfacility transportation of patients shall adhere to the policies/procedures/protocols of the Sacramento County Emergency Medical Services Agency (SCEMSA) and the state scope of practice for prehospital personnel.

Ambulance services available for the interfacility transport of patients:

Basic Life Support (BLS) Ambulance	Advanced Life Support (ALS) Ambulance	Critical Care Transport (CCT) Ambulance
• The ambulance is staffed with at least two (2) EMT's • The patient will require no more than BLS skills during transport • Patient care may not exceed the EMT Scope of Practice • The patient must be considered stable prior to the transport	• The ambulance is staffed with at least one (1) Paramedic • The patient may require ALS skills during transport • Patient care may not exceed the Paramedic Scope of Practice • Paramedic and Paramedic Service providers involved in IFT's shall follow SCEMSA PD #5100	• Patients requiring clinical skills (Scope of Practice) beyond those of an EMT or Paramedic shall be transported via Critical Care Transport (CCT) and accompanied by appropriate clinical personnel

Direct Admit Patient Transports:

Protocol:

Prehospital personnel are responsible for providing professional patient care. At times, appropriate patient care may include delivery of the patient to locations within the hospital other than the ED, i.e. labor and delivery, critical care unit, medical-surgical unit, etc. If a patient is identified as being a direct admit or to be delivered anywhere other than the ED, prehospital personnel shall utilize the following procedure:

A. Contact the receiving facility prior to arrival to determine if the medical staff wants the patient to be evaluated in the ED or another department within the hospital. Hospital diversions generally do not affect the receiving status of other departments within the facility.
B. If the patient is to be transported to a destination other than the ED, ask the receiving facility to have a staff member available upon your arrival to guide prehospital personnel to the department within the hospital being requested.

Upon arrival at the ED, confirm the patient's destination within the hospital.

1. Prehospital personnel shall ask for a representative from the hospital to accompany prehospital personnel. If destination is known, utilization of hospital staff may not be necessary.
2. In no circumstances shall patient care be compromised or adversely affected by waiting to deliver a patient to another department or waiting for a staff member from the hospital to accompany prehospital personnel.
3. Obtain assistance from the ED if the patient's condition significantly changes or required in the judgment of prehospital personnel.

C. Prehospital personnel are required to bring all appropriate equipment (i.e. Obstetrical kit, oxygen, cardiac monitor/defibrillator, etc.) necessary for the continuum of patient care within the hospital.
D. Default destination will always be the ED.

Utilization of 9-1-1 Services

A. Paramedics, involved in the 9-1-1 aspect of the EMS system (9-1-1/EMS, 9-1-1/Paramedic), may be utilized for the interfacility transports of patients ONLY as a last resort when alternative forms of transportation are unavailable, or when the delay in obtaining alternative transport would pose an imminent threat to the patient's health and safety.
    1. Hospital personnel accessing 9-1-1/EMS for such transports shall note that they may seriously deplete the 9-1-1/EMS resources of their local community
    2. In such situations, the 9-1-1/Paramedic shall be given as thorough and complete a patient report as is possible by the sending hospital staff, and will transport the patient IMMEDIATELY
    3. 9-1-1/Paramedic should NOT wait at the sending hospital for the completion of medical procedures or the copying of medical records, X-rays, etc. In general, they will be expected to wait no longer than ten (10) minutes while a patient is being prepared for transport by the sending facility. After ten (10) minutes, they may notify their dispatcher and may return to 9-1-1/EMS service
    4. The 9-1-1/Paramedic, during the interfacility transfer, may utilize the Base Hospital they would normally utilize for direct medical control
    5. The 9-1-1/Paramedic, during the interfacility transfer, shall operate within their scope of practice and SCEMSA policies/procedures/protocols.
    6. The following clinical situation include best practice guidelines for inter-facility transfers within thirty (30) minutes, and may dictate the use of 9-1-1 services for IFTs when alternative contract ambulance services are not available in that time frame:
        a. Trauma patients requiring Level 1 or 2 trauma center services, who meet the North Regional Trauma Coordinating Committee "red box": criteria for emergent transfer as listed below.
            I. SBP < 90 mmHg
            II. Low BP after 2 liters IV Fluids, or requiring blood transfusions to maintain BP
            III. GCS </= 8 or lateralizing signs
            IV. Penetrating injuries to head, neck, chest, or abdomen
            V. Fracture/dislocation with loss of distal pulse and/or ischemia
            VI. Pelvic ring disruption or unstable pelvic fracture
            VII. Vascular injuries with active arterial bleeding
        b. STEMI patients in need of emergency PCI at a STEMI /PCI center

c. Large Vessel Occlusion (LVO) Stroke Patients in need of Endovascular Stroke Treatment (EST) at a Comprehensive Stroke Center (CSC) or Thrombectomy Capable Stroke Center (TCSC)

Medical Control

A. Medical Control shall be assured of patients during transfers between acute care facilities and On-Line Medical Direction should be available to field providers throughout the IFT process. This policy does not exempt any acute care hospital or physician from meeting their statutory or regulatory obligations for patient transfers. The medical / legal responsibility for the patient rests with the transferring physician.
B. Any provider agency wishing to utilize Paramedics in interfacility transfers shall ensure that the pre-hospital crews have access to and are aware of options available to them for medical control. All providers participating in IFT's must have access to OLMD /direct medical oversight twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year. There are two options to obtain direct medical oversight in Sacramento County.

    1. Pre-hospital personnel from any public or private provider agency may utilize OLMD by contacting one of the approved Sacramento County Base Hospital's and obtain direct medical oversight with a physician via medical consult. OLMD is available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.
    2. Providers with established transport programs in which a relationship exists with a particular physician for the purposes of that programs medical oversight, may utilize the physician in which the relationship exists. The physician is responsible to be well-informed on EMS systems and knowledgeable about Sacramento County EMS policies and treatment protocols as well as the EMT and Paramedic scope of practice.

Transfer Responsibilities and Process:

A. The responsibility for the transfer rests with the sending physician /facility. The sending physician / facility should minimally:
    1. Obtain the appropriate informed consent signatures
    2. Consult with the receiving physician / hospital
    3. Make appropriate transport arrangements
    4. Complete all transfer forms
    5. Provide administrative and medical instructions /orders for transport
    6. Notify the receiving hospital physician
    7. Ensure a verbal report has been given from the sending facility RN to the receiving facility RN
B. The responsibility for assuring patient disposition at the receiving facility rests with the receiving physician / facility when they have accepted the patient for transfer.
C. Prior to accepting an acute care inter-facility transfer patient, EMS personnel shall:
    1. Obtain pertinent information to include diagnosis, history and any therapies received while in the hospital or the previous four (4) hours, whichever is less.
    2. Complete a physical assessment, including vital signs.
D. EMS personnel shall follow orders of the transferring physician, however they cannot provide care beyond the SCEMSA approved scope of practice. Should medical consultation be needed during transport, EMS personnel shall make base hospital contact for On-Line Medical Direction.

1. If a patient is to be transferred outside of the SCEMSA region or base hospital contact is out of range, EMS personnel may provide care according to approved SCEMSA policies and treatment protocols.

E. At no time can an Advanced Life Support (ALS) unit transport a patient on a ventilator without an RN, LVN, or Caretaker that is qualified and trained on the patients specific ventilation operating system. The trained and qualified person is required to be at the patient side during the duration of the transport.
F. If the patient is not in an emergent situation and no qualified RN, LVN, or Care taker is available, the patient must be transported by Critical Care Transport (CCT).
G. In an emergency requiring immediate transport by a Paramedic, the ventilation-operating device may be disconnected and the patients ventilations supported with Oxygen and a Bag Valve Mask (BVM). Continuous ETC02 monitoring shall be performed throughout transport, if available.
H. The hospital shall be notified of the patients ventilator dependent status prior to arrival.
I. At no time can a ventilator dependent patient be transported by a Basic Life Support (BLS) ambulance, regardless if an RN, LVN or Caretaker familiar with the patients ventilation device is riding with the patient.
    1. At a minimum, an Advanced Life Support (ALS) ambulance or a Critical Care Transport (CCT) must be utilized for transport of the ventilation dependent patient.
J. An EMS radio report notification should be made to all Sacramento County Receiving Hospital Emergency Departments in advance of patient arrival when:
    1. The patient destination is the Emergency Department.
    2. The patient status has deteriorated and the field crew wants to deliver the patient to the Emergency Department rather than the originally intended department destination due to the patient's urgent need for physician evaluation.

Cross Reference:

Interfacility Transfers: ALS/CCT Program Requirements PD# 5100
Interfacility Transfers PD# 5102
Paramedic Scope of Practice PD# 2221
EMT Scope of Practive PD# 2220