Interfacility Transfer Communication

October 23, 2019

BEMSTP
Bureau of EMS, Trauma & Preparedness

Section 1:
Communication with Dispatch

Kristin Kasten EMT-P, EMD, EFD

Communications Supervisor/Paramedic

Emergent Health Partners

Levels of Care in EMS

MICU / CCT – Mobile Intensive Care Unit / Critical Care Transport - Paramedic	Highest level of care – additional training above an EMT-P Chest tube, central line, pacemaker and invasive line pressures Ventilator Vasoactive medications, Beta Blockers, Thrombolytics, Paralytics, many others
ALS – Advanced Life Support - Paramedic	ACLS, PHTLS (Pre-Hospital Trauma Life Support) certified Cardiac monitor Lidocaine, Cardizem, Heparin, Amiodarone, Antibiotics, Potassium, Blood, others
BLS – Basic Life Support – EMT	IV fluids only, PCA pumps, lipids/TPN

BETP
Bureau of EMS, Trauma & Preparedness

What does DISPATCH need to know?

- Is the patient on a ventilator?
- Chest tube? What type?
- What medications are running (if any)?
- Will help determine what level of care to send and how many pumps are needed
- Does the patient require cardiac monitoring?

BETP
Bureau of EMS, Trauma & Preparedness

33A1 MICU Mobile Intensive Care Unit

EQUIPMENT CAPABILITIES	Wash/Liv	Wayne	Jackson	Lenawee	Monroe	Calhoun	Alliance Oak
Art Line Monitoring	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Balloon pump							MICU
Catheter sheeth in place with pressure bag	Eastern ALS in Oakland County						
Central Lines capped off	BLS	BLS	BLS				
CVP Monitoring							MICU
Chest tube - Heimlech	ALS	ALS	MICU	MICU	MICU	ALS	MICU
Chest tube - Pleurovac	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Chest tube - Pneumostat (enclosed)			ALS				
IABP	Staff must go with crew for transport						
ICP Monitoring	MICU	MICU	MICU	MICU	MICU	MICU	MICU
LVAD	ALS	ALS	ALS	ALS	ALS	ALS	MICU
Pulmonary artery cath (Swan-Ganz)							MICU
Transvenous pace maker							MICU
Ventilator	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Ventilator BI PAP	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Zoll Vest			ALS				

BETP
Bureau of EMS, Trauma & Preparedness

	Wash/Liv	Wayne	Jackson	Lenawee	Monroe	Calhoun	Alliance Oak
Acetycysteine (Mucomyst)	ALS	ALS	MICU	MICU	MICU	MICU	MICU
Aggrastat (Tifofiban)	ALS	ALS	ALS	ALS	ALS	MICU	ALS
Aminoplyline	ALS	ALS	ALS	ALS	ALS	ALS	ALS
Amiodarone (Cordarone)	ALS	ALS	ALS	MICU	ALS	MICU	ALS
Amrinone (Inocor)	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Antibiotics	ALS	ALS	ALS	ALS	ALS	MICU	ALS
Atenolol	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Ativan	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Atracurium - paralytics	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Sodium BiCarb	ALS	ALS	ALS	MICU	ALS	MICU	MICU
Blood (maintenance)	ALS	ALS	ALS	ALS	ALS	ALS	MICU
Blood Admin (switching over)	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Cardizem (Diltiazem)	ALS	ALS	ALS	ALS	ALS	MICU	MICU
Cerebyx (Fosphenytoin)							MICU
Depacon (Valproate)							MICU
Digoxin							MICU
Dilantin	MICU	MICU	MICU				MICU
Dilaudid (Hydromorphone)	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Dopamine (Systolic BP <90)	MICU	MICU	MICU				
Dopamine (Systolic BP >90)	ALS	ALS	ALS		ALS		ALS
Dobutamine (Dobutrex)	MICU	MICU	MICU	ALS	MICU		ALS
Epinephrine							ALS
Esmolol (Brevibloc)	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Etomidate	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Flumazenil (Romazicon)							MICU

BETP
Bureau of EMS, Trauma & Preparedness

Glycoprotein IIB/IIIA		ALS					
Heparin	ALS	ALS	ALS	ALS	ALS	ALS	ALS
Hydralazine	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Incor (Inamrinone)							MICU
Insulin	MICU	MICU	MICU	MICU	MICU	MICU	ALS
Integralin (Eptifibatide)	ALS	ALS	ALS	ALS	ALS		ALS
Isoproterenol							MICU
Klonopin (Cionazepam)							MICU

	Wash/Liv	Eastern Oak Wayne	Jackson	Lenawee	Monroe	Calhoun	Alliance Oak
Labetolol (Norodyne, Trandate)	MICU	MICU	MICU	MICU	MICU		ALS
Levophed (Norepinephrine)	MICU	MICU	MICU	MICU	MICU		MICU
Levothyroxine	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Lidocaine	ALS	ALS	ALS	ALS	ALS	ALS	ALS
Lipids	BLS	BLS	ALS				
Magnesium Sulfate (for electrolyte replacement)	ALS	ALS					
Magnesium Sulfate (Cardiac)	MICU	ALS	MICU	MICU	MICU		MICU
Magnesium Sulfate (Preterm labor)	MICU	MICU	ALS	ALS	ALS		ALS
Mannitol (Osmitrol)	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Metoprolol (Lopressor)							MICU
Milrinone (Corotrope, Primacor)	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Morphine Sulfate	MICU	MICU	MICU	MICU	MICU	ALS	ALS
Neosynephrine (Phenylephrine)	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Nesiritide (Natrecor)	MICU	MICU	MICU	MICU	MICU		MICU
Nexium	ALS	ALS	ALS	MICU	ALS	MICU	MICU
Nicardapine (Cardene)	MICU	MICU	MICU	MICU	MICU		MICU
Nitroglycerin (Not controlling CP/maint only)				ALS	ALS	ALS	ALS
Nitroglycerin (CP reduced on initial presentation)	ALS	ALS	ALS				
Nitroglycerin (not meeting the above)	MICU	MICU	MICU	MICU	MICU	MICU	MICU

BETP
Bureau of EMS, Trauma & Preparedness

	Wash/Liv	Eastern Oak Wayne	Jackson	Lenawee	Monroe	Calhoun	Alliance Oak
Nitroprusside (Nitropress)	MICU	MICU	MICU	MICU	MICU	MICU	
Soldium Nitroprusside (Nipride)							MICU
Octreotide (Sandostatin)	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Oxytocin (Pitocin)	MICU	MICU	MICU	MICU	MICU	MICU	ALS
Pancuronium - paralytics	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Paralytics	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Pepcid	ALS	ALS	ALS	ALS	ALS	ALS	
Potassium Chloride	ALS	ALS	ALS	ALS	ALS	ALS	ALS
Procainamide	MICU	MICU	MICU	ALS	MICU	ALS	ALS
Propolfol (Diprivan)	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Protonix	ALS	ALS	ALS	ALS	ALS		
Reglan				ALS		ALS	
Reopro	ALS	ALS	ALS	ALS	ALS	ALS	
Retavase - thrombolytic	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Rocuonium - paralytics	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Solumedrol							MICU
Strptokinase - thrombolytic	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Succinylcholine							MICU
Theophylline							MICU
TNKase - thrombolytic	MICU	MICU	MICU	MICU	MICU	MICU	MICU
TPA - thrombolytic	MICU	MICU	MICU	MICU	ALS	MICU	MICU
TPN	BLS	ALS	BLS				
Valium (Diazempan)	MICU	MICU	MICU	MICU	MICU	MICU	ALS
Vasopressin (Pitressin)	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Vecuronium							MICU
Verapamil				ALS			ALS
Versed (Midazolam)	MICU	MICU	MICU	MICU	MICU	MICU	MICU
Zantac	ALS	ALS	ALS	ALS	ALS		

BETP
Bureau of EMS, Trauma & Preparedness

MICU Mobile Intensive Care Unit

Key Questions

1. Who is the requesting facility?
   - Private caller **or** the name of the facility **or** address
   - Callers name and phone number
2. Patient name, DOB, any other demographics
3. Pick up location
4. Destination and address
   - a) Does the Supervisors need to be notified
   - b) Is there an apt or suite or specific department?
5. Questionaire qualifiers
6. What **date** and **time** for the pick up?
7. Insurance
8. Who is the RN caring for the patient and the phone number?

The MICU will call to triage the patient and provide ETA

Long Distance

Limitations of MICU

If the MICU is not available while on the phone with the caller, work with the dispatcher on an approximate ETA for a MICU or offer to have them send staff with an ALS unit.

If the patient's equipment or medications running **"does not meet the criteria for a MICU"**, explain this to the caller about **"sending an ALS unit and the difference in ETA response"**. If the caller agrees to ALS then change the nature code to the proper code and delay the call ALS.
If the caller still requests the MICU, advise the caller **"the MICU will be calling to triage the patient and provide an ETA soon."**

All STEMI patients are P1 responses

MICU units are not capable of taking a Neonate transport with a child on board. MICU units are not equipped with Air Tanks on board. MICU units can handle short distance crew and equipment transports when no ALS units are available.

MICU units will share the workload with the other BLS and ALS units on duty. They should only be doing short distance transports to keep available for ALS or MICU type incidents.

MICU units can take long distance transport with the approval of Comm Supervisor and another MICU is available for the service area. This may facilitate crew off times, provide quality customer service and other legitimate issues. Anything less than 60 miles is not long distance.

Response Area

BETP
Bureau of EMS, Trauma & Preparedness

What does DISPATCH need to know?

- MICU transports
- Patient needs to be hemodynamically stable
- Pediatric transports typically needs review with medical control physician
- If the patient does not meet the criteria for transport from an ALS or MICU crew, there are still options!
- Think about a medical helicopter
- A more likely option may be to send a hospital staff member (RN, DR, RT, etc.) with the EMS crew.
- If MICU crew is running 9-1-1 calls, they can be tied up for 30-90 minutes – if hospital staff can continue/assume patient care during transport – EMS can just be your wheels – we can send you an available ALS unit with a better ETA.
- *But DO NOT call us ambulance drivers! 

BETP
Bureau of EMS, Trauma & Preparedness

What does DISPATCH need to know?

- MICU crew may call and triage the patient – get vent settings, etc. and prepare for the call

- EMS response to the sending facility - no established protocols
- Purposefully done so consideration for conditions outside of a STEMI or CVA can be used such as a trauma patient
- Keep in mind running lights and sirens has considerable safety concerns for both the EMS crew and the public (and does not save significant time)
- If the patient will not be ready to be transferred to the paramedics upon arrival, it is not likely that EMS needs to respond to the sending facility with lights and sirens

- EMS response to the receiving facility - protocols in place giving discretion to the transporting crew
- Considerations from the physician
- Consideration of patient condition, anticipated treatment, weather and traffic conditions

BETP
Bureau of EMS, Trauma & Preparedness

Section 2:
Physician Communications

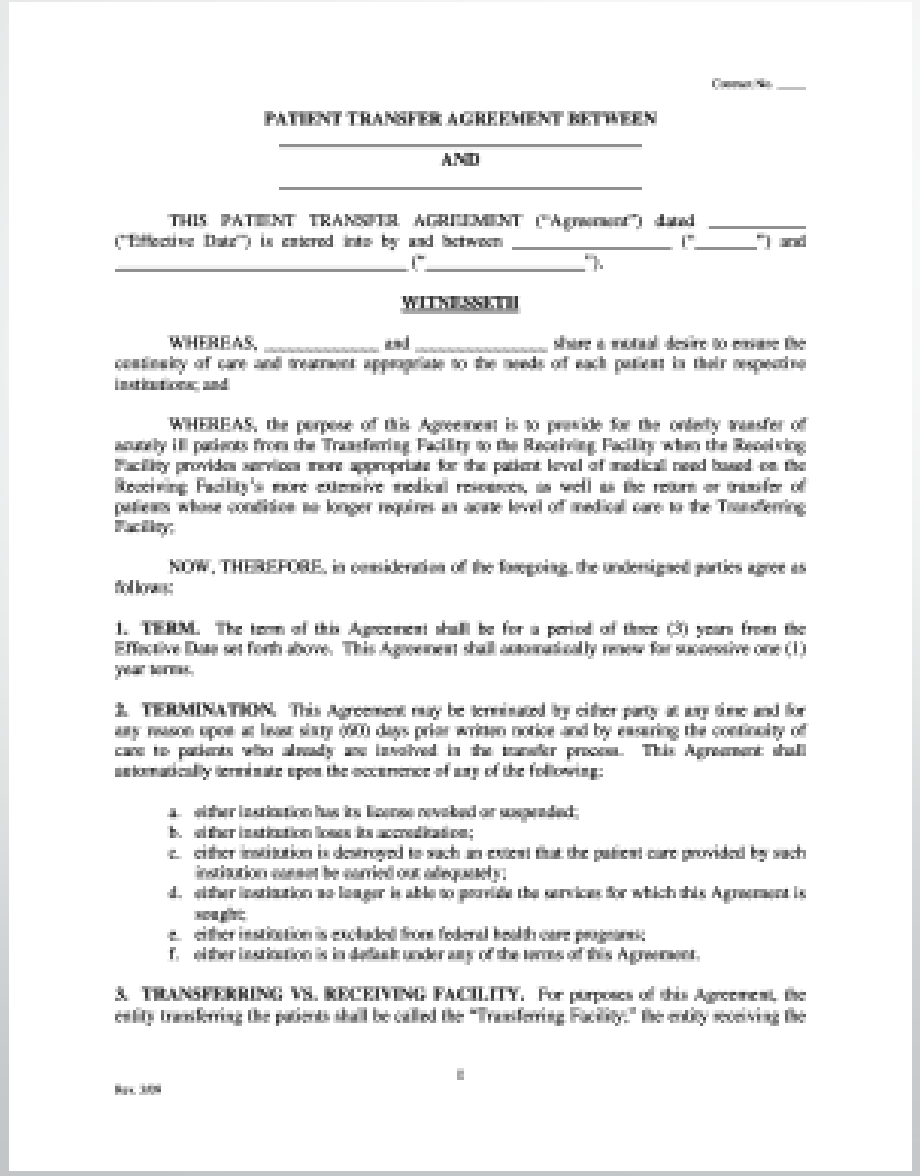
Gaby Iskander, MD, MS, FACS
Medical Director, Trauma, Spectrum Health
Associate Professor of Surgery MSU CHM
Division Chief, Acute Care Surgery
Spectrum Health Medical Group

Does the patient need to be transferred?

- WHY(Patient injuries, number of resources)
- Injuries, physiological parameters
- When the original call is made by EMS
- When the patient arrives
- When the results come back
- Special patients (pediatric, geriatric, etc.)
- Pre-defined transfer guidelines help speed the process

BEMSTP
Bureau of EMS, Trauma & Preparedness

Transfer Agreement



Contract No. ____

PATIENT TRANSFER AGREEMENT BETWEEN

_____

AND

_____

THIS PATIENT TRANSFER AGREEMENT ("Agreement") dated _____ ("Effective Date") is entered into by and between _____ ("_____") and _____ ("_____").

WITNESSETH

WHEREAS, _____ and _____ share a mutual desire to ensure the continuity of care and treatment appropriate to the needs of each patient in their respective institutions; and

WHEREAS, the purpose of this Agreement is to provide for the orderly transfer of acutely ill patients from the Transferring Facility to the Receiving Facility when the Receiving Facility provides services more appropriate for the patient level of medical need based on the Receiving Facility's more extensive medical resources, as well as the return or transfer of patients whose condition no longer requires an acute level of medical care to the Transferring Facility;

NOW, THEREFORE, in consideration of the foregoing, the undersigned parties agree as follows:

1. **TERM.** The term of this Agreement shall be for a period of three (3) years from the Effective Date set forth above. This Agreement shall automatically renew for successive one (1) year terms.

2. **TERMINATION.** This Agreement may be terminated by either party at any time and for any reason upon at least sixty (60) days prior written notice and by ensuring the continuity of care to patients who already are involved in the transfer process. This Agreement shall automatically terminate upon the occurrence of any of the following:

a. either institution has its license revoked or suspended;
b. either institution loses its accreditation;
c. either institution is destroyed to such an extent that the patient care provided by such institution cannot be carried out adequately;
d. either institution no longer is able to provide the services for which this Agreement is sought;
e. either institution is excluded from federal health care programs;
f. either institution is in default under any of the terms of this Agreement.

3. **TRANSFERRING VS. RECEIVING FACILITY.** For purposes of this Agreement, the entity transferring the patients shall be called the "Transferring Facility;" the entity receiving the

1

Rev. 3/09

BETP
Bureau of EMS, Trauma & Preparedness

What to Do

- ABCDE, (life threatening injuries)
- Airway control
- Decompress a pneumo/hemothorax
- Volume resuscitation
- Stop bleeding, wrap the pelvis, splint a fracture.
- Warm the patient.

BETP
Bureau of EMS, Trauma & Preparedness

What are the responsibilities of the referring provider?

- Concise and to the point communication
  - Patient
  - Mechanism
  - Vitals.
  - Gross description of possible injuries (accurate diagnosis is not needed)
  - What was done.
  - Or use the ABC format
- Limit studies that would not be acted upon and prepare document for transfer.
- Appropriate mode of transport and appropriate receiving hospital, and optimal care during transport in consultation with accepting surgeon.

BEMSTP
Bureau of EMS, Trauma & Preparedness

What are the responsibilities of the accepting physician?

- Listen, and determine if patient care can be provided
- Accept the patient
- Ask, advise and assist (care to be delivered in the referring hospital , mode of transportation and care delivered during transport).
- Anticipate possible deterioration during transport
- Prepare

BETP
Bureau of EMS, Trauma & Preparedness

Standard Work

- Forms
- Point to be discussed
- Fax, digital, paper

BEMSTP
Bureau of EMS, Trauma & Preparedness

Transporting Agency Skill Level

- EMS personnel should be skilled in delivering the required care.

Bureau of EMS, Trauma & Preparedness

Section 3:
Nursing Communication
Interfacility Transport of Trauma Patients

Penelope Stevens DNP, MSN, RN

Trauma Program Manager

Sparrow Hospital

Objectives

- Identify pertinent information to communicate to receiving hospital
- Identify potential pitfalls in communication
- Describe factors to minimize patient risk due to communication issues

BETP
Bureau of EMS, Trauma & Preparedness

Steps in Transfer Process

- Decision has been made to transfer to a higher level of care
- Provider at referral hospital has given report to receiving hospital accepting physician
- Transport agency has been contacted
- Next step: Nursing Communication

BETP
Bureau of EMS, Trauma & Preparedness

Communication Variables

- Knowing who/where to call at each receiving facility
- Call Centers
  - recorded conversations
  - may limit ability to speak directly with receiving provider
- Ability to copy/print from EMR
- "Care Everywhere" EMR
  - may have direct access to EMR across institutions
- Destination
  - ED, OR, ICU, inpatient floor

BETP
Bureau of EMS, Trauma & Preparedness

Nursing Communication

- Two steps
  - Communication to EMS/transporting staff
  - Communication to Nurse at receiving facility

BEMSTP
Bureau of EMS, Trauma & Preparedness

Communication to Transport Staff

- Verbal communication
  - Brief description of mechanism
  - Physiologic status
    - Vital signs, GCS
  - Types and severity of injuries
  - Medications
  - Fluids in/Fluids out (IV, blood, urine, chest tubes, wounds)
- Written communication
  - Copies of all records
  - Radiologic studies on disc, if applicable

BETP
Bureau of EMS, Trauma & Preparedness

Communication to Nurse at Receiving Facility

- Telephone Call
- Brief description of MOI
- Physiologic status
- Types and severity of injuries
  - what treatment has occurred
- Relevant PMH
- Medications
  - prior to injury
  - given in ED
- Fluid status
- EHR

BETP
Bureau of EMS, Trauma & Preparedness

Inter/Intra Hospital Handoff

- **SBAR** (Situation, Background, Assessment, Recommendation)
  - developed as a brief summary
  - limited information communicated in short time period
- **SOAP** (Subjective, Objective, Assessment, Plan)
  - developed for written communication
- **PACE** (Patient/problem, Assessment, Continuing/Changes, Evaluation
- **IPASS**
  - Illness severity
  - Patient summary
  - Action list
  - Situational awareness and contingency
  - Synthesis by receiver

BETP
Bureau of EMS, Trauma & Preparedness

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Changes in Medical Errors after Implementation of a Handoff Program

A.J. Starmer, N.D. Spector, R. Srivastava, D.C. West, G. Rosenbluth, A.D. Allen, E.L. Noble, L.L. Tse, A.K. Dalal, C.A. Keohane, S.R. Lipsitz, J.M. Rothschild, M.F. Wien, C.S. Yoon, K.R. Zigmont, K.M. Wilson, J.K. O'Toole, L.G. Solan, M. Aylor, Z. Bismilla, M. Coffey, S. Mahant, R.L. Blankenburg, L.A. Destino, J.L. Everhart, S.J. Patel, J.F. Bale, Jr., J.B. Spackman, A.T. Stevenson, S. Calaman, F.S. Cole, D.F. Balmer, J.H. Hepps, J.O. Lopreiato, C.E. Yu, T.C. Sectish, and C.P. Landrigan, for the I-PASS Study Group*

CONCLUSIONS

Implementation of the handoff program was associated with reductions in medical errors and in preventable adverse events and with improvements in communication, without a negative effect on workflow. (Funded by the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, and others.)

n engl j med 371;19 nejm.org November 6, 2014

BETP
Bureau of EMS, Trauma & Preparedness

Key Points

- Maintain an accurate list of hospital contact information and telephone numbers
- Develop a mechanism for printing/packaging relevant documentation
- Provide education to staff on a consistent method for handoff
  - reduce errors
  - improve patient safety
- Reach out to TPM at receiving hospital
  - feedback
  - PIPS

BETP
Bureau of EMS, Trauma & Preparedness

Hospital Planning for Interfacility Guidelines

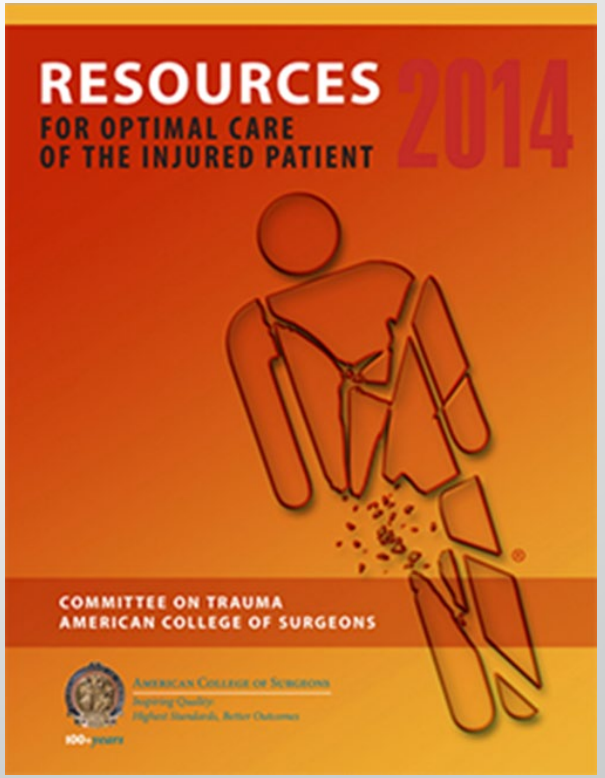
Theresa Jenkins RN, BSN

Region 1 Trauma Coordinator

MDHHS Bureau of EMS, Trauma and Preparedness

Regional Planning for Interfacility Transfers

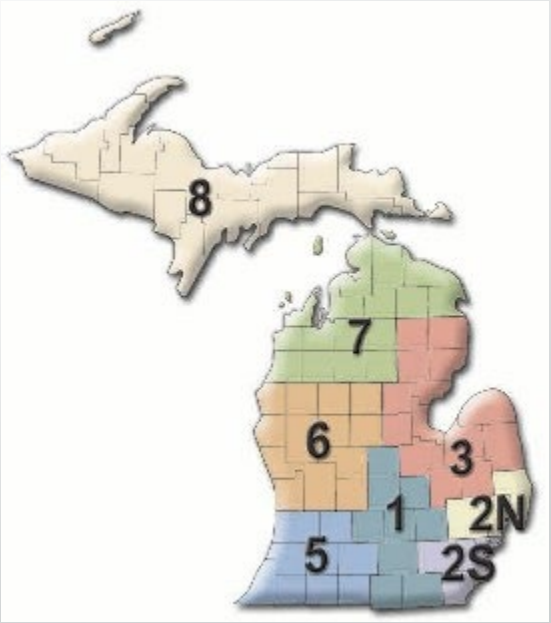
- ACS advocates for collaboration among all hospitals within a regional trauma system when it comes to interhospital transfer of patients.
- Ideally each one of the regional trauma networks would develop written guidelines regarding the interfacility transfer of trauma patients.
- These agreements should define which trauma patients should be transferred and the process that should be followed in order to facilitate timely transfer to the correct facility.



BETP
Bureau of EMS, Trauma & Preparedness

Regional Planning for Interfacility Transfers

- Regions should look at each hospital's capabilities when developing guidelines for rapid resuscitation, identification of injured patients who require a higher level of care, transportation options, and two-way communication of performance improvement and patient safety (PIPS) issues between hospitals.
- The best plans are carefully considered, mutually approved, written, and frequently reviewed.
- As our system continues to mature, regional trauma networks can work towards this model.



BETP
Bureau of EMS, Trauma & Preparedness

Hospital Planning for Interfacility Guidelines

- All trauma centers, no matter what their level should have their own transfer policy and/or transfer guidelines that staff can reference when preparing a patient for transfer.
- These guidelines can include:
  - Transfer checklists
  - EMTLA paperwork
  - Names and contact information for the trauma centers routinely used
  - Specialty centers (burns, peds, reimplantation)

Patient Transfer Checklist

- ☐ Patient Medical Records
- ☐ Patient name, address, hospital number, age
- ☐ Name, address, phone number for next of kin
- ☐ Patient's third-party billing number
- ☐ History/mechanism of injury
- ☐ Condition on admission
- ☐ Vital signs pre-hospital, during stay and at time of transfer
- ☐ Approximate patient weight
- ☐ Treatment provided to the patient, including medications given and route
  - ○ Include weight used for medication calculations
- ☐ Laboratory and x-ray findings, including films
- ☐ Fluids given by type and volume
- ☐ Name, address of transferring physician
- ☐ Name of physician at the receiving facility to whom the patient is to be transferred
- ☐ Name of physician at the receiving facility who has been contacted about the transfer
- ☐ Patient's Personal Effects
- ☐ Copy of Patient's Informed Consent to Transfer Form
- ☐ Copy of EMTALA Transfer Form

BETP
Bureau of EMS, Trauma & Preparedness

Hospital Planning for Interfacility Guidelines

- Trauma patients who will be transferred to a Level I or Level II trauma center must be identified and rapidly assessed, treated quickly and transferred efficiently to provide the best outcome.
- Your facility should include criteria for consideration of transfer in your transfer policy/guidelines.
- If any of these criteria fall into specialty care needs like burns or pediatrics, you may also want to include the names of the closest hospitals that provide this care.
- This information can be useful for new staff or locum physicians.

BETP
Bureau of EMS, Trauma & Preparedness

Table 1 Criteria for Consideration of Transfer from Level III Centers to Level I or II Centers

1. Carotid or vertebral arterial injury.
2. Torn thoracic aorta or great vessel.
3. Cardiac rupture.
4. Bilateral pulmonary contusion with Pao_2:Flo_2 ratio less than 200.
5. Major abdominal vascular injury.
6. Grade IV or V liver injuries requiring transfusion of more than 6 U of red blood cells in 6 hours.
7. Unstable pelvic fracture requiring transfusion of more then 6 U of red blood cells in 6 hours.
8. Fracture or dislocation with loss of distal pulses.
9. Penetrating injuries or open fracture of the skull.
10. Glasgow Coma Scale score of less than 14 or lateralizing.
11. Spinal fracture or spinal cord deficit.
12. Complex pelvis/acetabulum fractures.
13. More than two unilateral rib fractures or bilateral rib fractures with pulmonary contusion (if no critical care consultation is available).
14. Significant torso injury with advanced comorbid disease (such as coronary artery disease, chronic obstructive pulmonary).

American College of Surgeons
Resources for Optimal Care of the Injured Patient 2014

BETP
Bureau of EMS, Trauma & Preparedness

Hospital Planning for Interfacility Guidelines

- Patients to be transferred can often be identified before they arrive in the emergency department.
- Arrangements for emergent transfer can often begin the moment the emergency department is notified by EMS that they are enroute with a major trauma patient.
- All trauma patients must receive a medical screening examination and stabilizing treatment, within the hospital's capabilities, before the transfer is made.

BETP
Bureau of EMS, Trauma & Preparedness

Hospital Planning for Interfacility Guidelines

- Consideration should be given to whether the patient will be transferred via ground or air. Air transport might be utilized for the seriously injured trauma patients.
- It is important to be aware that in March of 2019 **Michigan Public Act 383 of 2018** was amended which require hospitals to implement protocols for medical service transportation, prioritize ground transport for **non-emergent patient transfers** and notify patients of costs and other transportation options when setting up air transports.

BETP
Bureau of EMS, Trauma & Preparedness

Hospital Planning for Interfacility Guidelines

- Most trauma patients will fall into the emergency patient definition and will not require a non-emergency transfer notice prior to transport.
- Emergency patients are defined as serious impairment of bodily function, serious dysfunction of a body organ or injury placing the health of the individual in serious jeopardy

BETP
Bureau of EMS, Trauma & Preparedness

Hospital Planning for Interfacility Guidelines

- Ground transport should be utilized if the patient can be received by the definitive care facility sooner than if transported by air or if air medical transfer is significantly delayed or unavailable for any reason.
- Transport vehicles should be staffed by paramedics, and/or critical care transport teams, whenever possible.
- Trauma patients on whom invasive procedures have been performed or who have received medications must be transferred under the care of personnel who are adequately trained to manage their resulting condition.
- If necessary, a physician or nurse from the transferring hospital may accompany the patient.

BETP
Bureau of EMS, Trauma & Preparedness

Hospital Planning for Interfacility Guidelines

- Your checklist should ensure staff includes:
  - All records, test results, and radiologic evaluations for the transfer patient
  - Copies of the information for EMS, pertinent to their continued care during transport.
  - Documentation of qualified personnel and equipment available during transport
  - Inclusion of supplies—such as intravenous fluids, blood, and medications, as appropriate that are sent with the patient during transport.

BETP
Bureau of EMS, Trauma & Preparedness

Questions?

BETP
Bureau of EMS, Trauma & Preparedness