SECTION: G-11

TITLE: Emergent Inter-facility Transfers

Date: November 1, 2018

GENERAL COMMENTS:
The purpose of the protocol is to provide guidance for Emergent Inter-facility Transfers IFT). **For the purposes of this protocol, IFT applies only to high acuity areas of a hospital, such as a cath lab, Emergency Department, ICU, OR, or other critical care department.** These are typically patients who would be otherwise be transferred by specialty or contracted teams, such as HEMS, Critical Care Transport (CCT) or high risk Maternal/Neonatal teams.

It ***does not*** apply to nursing homes, skilled nursing facilities, outpatient clinics, rehab hospitals, Birthing Centers, Long Term Care facilities or similar healthcare settings.

This protocol also does not apply to situations where ACP/ACCESS is simply providing transport and assisting a specialty team (i.e. specialty team or flight team) in the transport of these patients where the specialty team retains patient care and responsibility.

Inclusion Criteria: The following patients are included under this protocol

- Patients who are at increased morbidity or mortality due to time sensitive and emergent conditions, who are being transferred to a higher level of care.
- Other forms of transportation are not appropriate, safe, or available in a timely fashion.

Exclusion Criteria: The following patients are excluded under this protocol
- Patients who are not at increased morbidity or mortality due to time sensitive emergency
- Stable patients being transferred to ICU (no immediate intervention planned)
- Patients who are being discharged home or to a lower level of care
- Patients who merely require a specialty form of transport, such as bariatric transport, but who otherwise are not high acuity patients.
- Patients who will remain in the care of a specialty team, and ACCESS/ACP is simply providing transportation.

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Procedure:

Transport Requirement: Patient's may be transported emergently from one facility to another if:

- The appropriate EMTALA paperwork is in hand
- The transporting and receiving physician is clearly identified
- The patient is deemed stable enough for transport.
    - If the patient is not stable enough for transport, they should be stabilized as much as possible prior to transport-, recognizing that definitive care and complete stabilization may only be possible at the receiving facility.

Medical Control

- Current SWO's will apply to these patients unless otherwise specifically noted.
- If the transported requires medications or doses not covered under the SWOs, *or the IFT medication list*, these shall be documented in the form of a direct medical control order from the physician. The specific order and physician shall be documented both in the PCR narrative and flow chart.
- The attending paramedic shall confirm the best method to contact the transferring physician if needed for additional orders.
- If contact with the transferring physician is unsuccessful or not feasible, then normal medical control procedures apply. *See Protocol G-02: Medical Direction*

Staffing Requirements

- In general these patients should be transferred with at least two providers in attendance, at least one of which should be an ACCESS/ACP Paramedic. In rare cases *after* assessment of the patient and consideration of the clinical presentation, the transporting medic may elect to transport the patient without the assistance of an additional provider "in back".
    - The second provider may come from the facility or within the ACCESS/ACP system.

Equipment Requirements:

- The sending facility shall make equipment (Such as mechanical ventilators, CPAP, BiPAP, IV Pumps) available as required; the attending paramedic may transfer the patient to ACCESS/ACP equipment, or a combination of either.
  - The decision should be made in the best interest of the patient, not simply for convenience of the facility or the Paramedic.
  - The attending paramedic has an inherent responsibility to make sure they are comfortable with the equipment used.
  - *Even when familiar with the equipment*, the attending paramedic shall (at a minimum) briefly review the functions, current settings, and anticipated/contingency settings of any equipment used.

Contraindications/Special Considerations: These patients and situations are exceptionally complex and high risk and require special accommodations prior to transport.

- **Patient's with life sustaining equipment**: Patients requiring -life sustaining equipment such as ECMO, trans venous pacers, balloon pump support, multiple specialty ventilators, or specialty gasses present special challenges. ***These patients will only be transferred with the appropriate additional staff to manage those specific devices (i.e. Perfusionist, Respiratory Therapist, etc.)***
- **Patient's with CPR in progress**: These patients will only be transferred with mechanical CPR device in place.
- **Inclement weather/unsafe driving conditions:** Although these patients are "emergent", the attending paramedic and the operator of the vehicle may decide to choose the best mode of transportation (i.e. lights and sirens) based on the conditions at hand.

The attending paramedic may defer transport, request additional guidance or assistance, or contact a supervisor at any time for clarification on this policy.
If the attending paramedic believes the transport is unsafe or outside their scope of practice the provider should contact the on-duty EMS Battalion Chief immediately for clarification.

PHYSICIAN PEARLS:
This protocol is designed for a very small subset of calls that carry a substantially elevated clinical and organizational risk. Providers should undertake these calls with a heightened state of clinical vigilance and attention to detail. The goal is to reduce complications, improve mortality and morbidity, while avoiding adverse events though a standardized approach to these calls.

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