OPP132

Interfacility Transport Services

Policy and Procedure

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1. POLICY INTRODUCTION

The purpose of this policy is to maintain a safe environment for National Ambulance (NA) clinical staff, external and internal stakeholders, patients and their families, this SOP will outline the definitions, roles and responsibilities and procedures for the Interfacility Patient Transport Services (IFTS).

The policy will comply with all relevant laws and with Health Authority Abu Dhabi or Ministry of Health (DOH and MOH) requirements whilst meeting the needs of all stakeholders and the organization.   This Policy and Procedure is related to the Management Component 'Continuous Improvement'.

National ambulance clinical staff must act in the best interests of the patient, any relatives or guardians accompanying the patients and within their specified scope of practice and must use relevant qualifications, training, skills and experience to provide optimal clinical care.

2. SCOPE

This policy applies to all Clinical staff within NA working in Emergency Medical Services in accordance with their training, scope of practice and competencies.

The Policy will cover all aspects of dealing with the requests made of the Interfacility Transport Services (IFTS).

The IFTS will be utilized to cover NA transfer requests, VIP services, NA operational and logistical support as needed.

This Policy does not apply to staff who are engaged on a contract where pre-existing SOPs exist such as Emergency Public Safety contract where the NA member of staff should follow the contract specific SOP.

3. ROLES AND RESPONSIBILITIES

The Director of Operations (DOO) is responsible for ensuring that the policy and procedures are implemented and adhered to by all operational staff.

The Chief Administrative & Medical Officer (CAMO) will have clinical responsibility for ensuring the policy and procedures are safe and are aligned to current legislation, ensure policy reviews and necessary revisions are conducted every two years or as required. Oversight of any Investigation any adverse incidents relating to the transportation of the deceased patient.

Operational Managers are responsible for implementing and managing the policy and procedures. They should conduct regular audits to ensure compliance with the policy and assist with investigating adverse incidents.

National Ambulance Clinical Staff will comply with the policy and procedures set out in this document. They will have a clear understanding of the policy and actively participate in any education provided in this area.

4. POLICY STATEMENT

All clinical staff that provide patient care are responsible for acting according to this policy and procedure in accordance with their scope of practice. All clinical staff have adequate age and size appropriate resources to enable them to provide optimum care such as equipment and vehicles. All

clinical staff have access to suitable ongoing training to ensure they have the most relevant and up to date information and that they have access to ongoing support in the workplace.

National Ambulance clinical staff are required to have knowledge and understanding of all related Policies and Procedures:

- CGP 103 Patient Rights and Responsibilities Policy and Charter
- CGP 105 Patients Consent Policy and Procedure
- CGP 108 Clinical Policy
- CGP 112 Clinical Policy for High Risk Patients
- CGP 115 Patient Transport Policy and Procedure
- CGP 114 Chemical Restraint and Care of Patients in Restraints
- CGP 116 The Policy and Procedure for the Transport of Special Patient Populations
- CGP 119 Policy & Procedure for Patient Care Record and Patient Care Documentation and Reporting
- CGP 124 Care of Patients with Suspected Confirmed Communicable Diseases or Immune Compromised
- CGP 129 Infection Control Program
- CGP134 Patient Care Protocols
- CGP 141 Care of Pediatric Patients Policy and Procedure
- CGP 145 Comatose and Life Support Patient

5. INTERFACILITY TRANSPORT SERVICES

5.1. DEFINITIONS

IFTS is the operational service that will be utilized to cover NA transfer requests, VIP services, NA operational and logistical support as needed. This service is designed to offset any patient transfer needs that arise within current NA contracts, NA business retainers, and to be available to service non-contracted external stakeholders. This policy is to ensure that patients are transferred appropriately to other organizations or residences. Patient transfers are based on their medical condition and the need for continuing care.

5.2. ASSESSMENT

If at any time the crew comes across a patient(s) in an emergency setting the crew will be responsible for ensuring the patient receives proper care, treatment, and transport to the most appropriate medical facility.

All assessments of patients should be conducted only by a DOH/MOH Licensed and privileged professionals in accordance with the CGP 134 NA Patient Care protocols.

5.3. COMMUNICATION

The DOH/MOH Licensed professional will ensure at all-time correct communications with the relevant organizations. Key communication will be initiated as soon as possible with the relevant Ambulance

Communications Centre (ACC) and updates should be given to ACC throughout the transport. All communications should follow the Telephone and Radio Transmission Policy and Procedure (OPP128).

(1) Perform all relevant equipment checks through Operative IQ in compliance with OPP101 Operational Preparedness
(2) Crew must stay in constant communication by radio or mobile phone with ACC and provide them adequate and timely updates when dispatched.
(3) All crew movement when not dispatched should be logged with the ACC by radio or mobile phone.

5.4. PREPARATION FOR TRANSPORT

All patients will be packaged correctly prior to transportation as per DOH/MOH requirements and in accordance with NA Infection Control Program, Policy and Procedures. All appropriate seatbelts should be used. If unable to use seatbelts the patient care documentation must reflect the reason for not being able to use them. All children must be appropriately secured in regulation and age appropriate products.

5.5. TRANSPORTING

All transportation of patients will be conducted as per NA Policy CGP115 and regulatory requirements.

Should at any time the patient condition decline the crew must:
1. Stabilize the patient to the best of their ability and/or start emergency lifesaving treatments
2. Determine if the transportation can continue to the destination
3. Divert themselves to the closest approved hospital with an emergency department capable to handle the patient condition
4. At any time if the crew has a question regarding the patient condition and ability to continue the transport; follow CGP 134 and/or contact the ACC Team Leader for additional guidance

5.6. PATIENT ESCORTS

Any person or persons accompanying the patient (patient escort) must be documented and ACC notified. Crew must also document the name, title, DOH license, and whether they are appropriately certified for accompanying the transport. The clinician accompanying the patient is primarily responsible for all medical care and treatment rendered to the patient.

5.7. HANDOVER

Handover will take place between the NA healthcare professional and the health care staff at the destination using the IMIST-AMBO pneumonic. The healthcare professional will then have passed all clinical responsibility over to the receiving clinician. If the destination is without health care staff, NA staff should attempt to leave the handover and the patient with the family or representative; unless an alternative has been previously arranged when the transport was requested.

I – Identification x 2 (Name and Date of Birth)
M – Mechanism / Medical complaint
I – Injuries / Information related to the complaint
S – Signs
T – Treatment and Trends

A – Allergies
M – Medication
B – Background history
O – Other information

5.8. DOCUMENTATION

National Ambulance healthcare professional must complete the NA Patient Care Record (PCR) or electronic Patient Care Record (ePCR) specific to non-emergency transport for each patient.

All documentation must follow CGP119 NA Patient Care Documentation and Patient Care Record Policy and Procedure.

In addition to CGP119 specific information will need to be included for non-emergency patient transfers. The transferring crew must ensure the following information is transferred with the patient:

- All pertinent care records and medical information
- Reason for admission
- Specific findings
- Diagnosis
- Reassessments in the correct time frames
- Procedures performed
- Medications administered
- Any other treatments done

If the above is not provided by the sending facility the crew must obtain that information and document it on the PCR or ePCR. The crew must as well document the condition of the patient at transfer or discharge and the name of the individual that agreed to accept the patient at the receiving facility or residence.

5.9. AUDIT & INSPECTIONS

NA will ensure an audit schedule is adhered to by all NA Staff members in accordance with CGP 148 Clinical Audit Policy and Procedure. The CAMO will have oversight of any audit outcomes in relation to clinical issues transporting patients; any findings from audits will be resolved using action plans.
NA will openly welcome regular inspections from DOH/MOH. These inspections will check for compliance with this policy. All clinical staff will be expected to have a good understanding of and be actively practicing

to this policy. The DOH/MOH inspectors will have access to all documentation relating to Transporting Non-Emergent Patients or the PCR for the person in question on their request.

6. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
Code, Name of Legislation, Year here	Jurisdiction here

7. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form
CGP 103 Patient Rights and Responsibilities Policy and Charter
CGP 105 Patients Consent Policy and Procedure
CGP 108 Clinical Policy
CGP 112 Clinical Policy for High Risk Patients
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CGP 145 Comatose and Life Support Patient

8. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to ghse@nationalambulance.ae

9. DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

Operations Director

Change Brief

Version No.	Date	Change
1	19 June 2016	New Policy and Procedure
2	3 July 2017	Adjust reference to clinical protocols, commencement of shift radio communications and ownership
3	25 April 2019	Minor changes to role and responsibilities, document ownership changed, change to flowchart.
4	8 June 2022	Changes to titles & minor grammatical changes Removal of appendices (no longer used) Change from MD to CAMO

CEO Approval

Board Member Verification