

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Interfacility Transfer of Patients		Policy Number 605
APPROVED:		
Administration:	Steven L. Carroll, Paramedic 	Date: January 3, 2023
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Medical Director:	Daniel Shepherd, M.D. 	Date: January 3, 2023
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- I. PURPOSE: To define levels of interfacility transfer and to assure that patients requiring interfacility transfer are accompanied by personnel capable and authorized to provide care.
- II. AUTHORITY: Health and Safety Code, Sections 1797.218, 1797.220, and 1798.
- III. POLICY: A patient shall be transferred according to his/her medical condition and accompanied by EMS personnel whose training meets the medical needs of the patient during interfacility transfer. The transferring physician shall be responsible for determining the medical need for transfer and for arranging the transfer. The patient shall not be transferred to another facility until the receiving hospital and physician consent to accept the patient. The transferring physician retains responsibility for the patient until care is assumed at the receiving hospital.  
If a patient requires care during an interfacility transfer which is beyond the scope of practice of an EMT or paramedic or requires specialized equipment for which an EMT or paramedic is untrained or unauthorized to operate, and it is medically necessary to transfer the patient, a registered nurse or physician shall accompany the patient. If a registered nurse accompanies the patient, appropriate orders for care during the transfer shall be written by the transferring physician.
- IV. TRANSFER RESPONSIBILITIES
  - A. All Hospitals shall:
    1. Establish their own written transfer policy clearly defining administrative and professional responsibilities.
    2. Have written transfer agreements with hospitals with specialty services, and county hospitals.
  - B. Transferring Hospital
    1. Maintains responsibility for patient until patient care is assumed at receiving facility.
    2. Assures that an appropriate vehicle, equipment and level of personnel is used in the transfer.

C. Transferring Physician

1. Maintains responsibility for patient until patient care is assumed at receiving facility.
2. Determines level of medical assistance to be provided for the patient during transfer.
3. Receives confirmation from the receiving physician and receiving hospital that appropriate diagnostic and/or treatment services are available to treat the patient's condition and that appropriate space, equipment and personnel are available prior to the transfer.

D. Receiving Physician

1. Makes suitable arrangements for the care of the patient at the receiving hospital.
2. Determines and confirms that appropriate diagnostic and/or treatment services are available to treat the patient's condition and that appropriate space, equipment and personnel are available prior to the transfer, in conjunction with the transferring physician.

E. Transportation Provider

1. The patient being transferred must be provided with appropriate medical care, including qualified personnel and appropriate equipment, throughout the transfer process. The personnel and equipment provided by the transporting agency shall comply with local EMS agency protocols.
2. Interfacility transport within the jurisdiction of VC EMS shall be performed by an ALS or BLS ambulance.
  - a. BLS transfers shall be done in accordance with EMT Scope of Practice per Policy 300
  - b. ALS transfers shall be done in accordance with Paramedic Scope of Practice per Policy 310

IV. PROCEDURE:

A. Non-Immediate Transfers:

Non-immediate transfers shall be transported in a manner which allows the provider to comply with response time requirements.

B. Immediate Time Sensitive Transfers:

Immediate time sensitive transfers require documentation by the transferring hospital that the condition of the patient medically necessitates emergency transfer. Provider agency dispatchers shall confirm that this need exists when transferring hospital personnel make the request for the transfer.

C. **Specialty Care Transfers:**

1. Trauma Call Continuation, Emergent, or Urgent trauma transfers, refer to VCEMS Policy 1404.
2. For Stroke transfers, refer to VCEMS Policy 460.
3. For STEMI transfers, refer to VCEMS Policy 440.

D. ***Non-Immediate* Interfacility Transfers:**

Transferring process (For a patient who needs a non-immediate transfer who does not meet the Stroke, ELVO, Trauma or STEMI criteria). Example: Patient who is scheduled for a procedure or surgery at a later time. Patient who is a direct admit to the floor and is not having an emergent/urgent procedure. Call your provider and state you need a BLS, ALS or CCT “***non immediate interfacility transfer***” using the chart below.

E. ***Immediate Time Sensitive* Transfers:**

Transferring process (For a patient who needs a ***time sensitive treatment or procedure*** and does not fall in the Specialty Care category above. Example: Patient with a GI bleed, complicated pregnancy, emergent/urgent surgery. Call FCC at 805-384-1500 and state you need an “***ambulance only***” for an “***immediate time sensitive transfer***”.

1. The transferring physician will determine the patient’s resource requirements and request an inter-facility ALS, or BLS, or CCT transfer unit using the following guidelines:
2. If hospital is sending their own RN, then an ALS request is acceptable.

<b>Patient Condition/Treatment</b>	<b>(BLS)</b>	<b>(ALS)</b>	<b>(CCT)</b>
<b>EMT</b>	<b>Paramedic</b>	<b>RN/RT/MD</b>	
a. Vital signs stable	x		
b. Oxygen by mask or cannula	x		
c. Peripheral IV glucose or isotonic balanced salt solutions running	x		
d. Continuous respiratory assistance needed (paramedic scope management)		x	
e. Peripheral IV medications running or anticipated (paramedic scope)		x	
f. Paramedic level interventions		x	
g. Central IV line in place		x	
h. Respiratory assistance needed (outside paramedic scope of practice)			x
i. IV Medications (outside paramedic scope of practice)			x
j. PA line in place			x
k. Arterial line in place			x
l. Temporary pacemaker in place			x
m. ICP line in place			x
n. IABP in place			x
o. Chest tube		x	
p. IV Pump		x	
q. Standing Orders Written by Transferring Facility MD			x
r. Medical interventions planned or anticipated (outside paramedic scope of practice)			x

2. The transferring hospital advises the provider of the following:
  - a. Patient's name
  - b. Diagnosis/level of acuity
  - c. Destination
  - d. Transfer date and time
  - e. Unit/Department transferring the patient
  - f. Special equipment with patient
  - g. Hospital personnel attending patient
  - h. Patient medications
3. The transferring physician and nurse will complete documentation of the medical record. All test results, X-ray, and other patient data, as well as all pertinent transfer forms, will be copied and sent with the patient at the time of transfer. If data are not available at the time of transfer, such data will be telephoned to the transfer liaison at the receiving facility and then sent by FAX or mail as soon thereafter as possible.

4. Upon departure, the Transferring Facility will call the Receiving Facility and confirm arrangements for receiving the patient and provide an estimated time of arrival (ETA).
5. The Transferring Facility will provide:
  - a. A verbal report appropriate for patient condition
  - b. Review of written orders, including DNAR status.
  - c. A completed transfer form from Transferring Facility.

V. COMMUNICATION

- A. For patients with time sensitive conditions requiring transfer for emergency evaluation and/or treatment (i.e. STEMI, Stroke, Trauma, etc.) the ambulance personnel will contact the receiving facility advising of ETA and any change in patient condition. The intent is to provide the receiving facility with information for appropriate resources to be initiated.

VI. DOCUMENTATION

- A. Documentation of Care for Interfacility transfers will be done in accordance to Policy 1000.
- B. Hospital documentation for Trauma Transfers refer to VCEMS Policy 1404.