INTERFACILITY TRANSFERS

This protocol establishes standards for advanced life support (ALS) providers (facilities and ambulance services) and prehospital personnel (the crew of the transporting ambulance) carrying out interfacility (between hospitals or extended care facilities) patient transfers during which out-of- facility ALS treatment is necessary or should be anticipated.

This protocol does not apply to patient care provided by non-EMS facility personnel who accompany the patient during transfer, except where the protocol expressly mentions such personnel. When the sending facility provides a nurse for the transfer, patient care provided by that nurse will be regulated by The Professional Nursing Law and regulations of the State Board of Nursing. This nurse's scope of practice will be defined by the aforementioned statute and regulations, any limitations on that scope of practice imposed by the sending facility, and the orders of the sending physician, as regulated by The Professional Nursing Law and the relevant medical practice act, and regulations under those acts. The medical command physician has primary responsibility for patient care during the interfacility transport and may give orders to a facility nurse while the nurse is accompanying the patient during the transport.

I. . Prior to interfacility transfer.

The sending facility must secure an accepting facility and accepting physician. Under the Emergency Medical Treatment and Active Labor Act (EMTALA), it is the responsibility of the sending facility to assure that appropriately trained personnel and equipment are available to ensure an appropriate patient transfer. The ambulance crew must secure from the sending facility a patient report and pertinent medical records (including radiographs) for the patient before transferring the patient, including:

a) complete medical history (past and present)
b) current treatment underway
c) medications being administered

The transferring physician will also provide explicit written orders for patient care including medication names, concentrations, and rates of administration. The prehospital personnel staffing the ambulance may not treat the patient with any medications that are not included on the drug list in the regional medical treatment protocols, and each treatment and skill provided by a prehospital practitioner must be within the practitioner's scope of practice, as regulated by the EMS Act and regulations adopted under that act. Additionally, the prehospital practitioner must be trained in the administration of any medication administered, and the ambulance must be equipped with the equipment necessary to provide the patient care ordered, as well as the patient care that should be anticipated during the transport. The prehospital personnel staffing the ambulance may follow the written orders of the sending physician if the orders are consistent with the regional medical treatment protocols. The concentrations and rates of infusions must fall within the permitted range, as outlined in the regional medical treatment protocols, unless a medical command physician is contacted and approves orders from the sending physician permitting concentrations and rates of infusion that are not permitted by the regional medical treatment protocols. If the patient is to receive medications or IV fluids outside the scope of practice of prehospital practitioners who are staffing the ambulance, the transferring hospital or ALS ambulance service must provide adequately trained staff to accompany the patient.

A medical command physician must be contacted before the ambulance leaves the sending facility if any of the following conditions apply:

1) Patient is intubated.
2) Patient requires ventilation during transport.
3) Patient is hypotensive at time of transfer.
4) Medications ordered are outside of the concentrations or infusion rates that are permitted by regional medical treatment protocols.
5) Patient is receiving more than one medication infusion (excluding intravenous crystalloid) by regional treatment protocol.
6) The prehospital practitioner has any concern that the practitioner's experience or ability, or the available equipment, may not meet the patient's anticipated needs during the transport.

An ambulance service, when committed to an interfacility transfer, must notify the appropriate public service answering point (PSAP) if the ambulance service will not have another ambulance available in the relevant service area during the transfer.

The crew of the ambulance must consider the continuous availability of medical command during the transfer before it leaves the sending facility. Either the PSAP or ambulance service must make arrangements for continuing medical command, with a second medical command physician if necessary, if the patient is being transferred out of the normal service area.

II. During the transfer

If a patient's condition deteriorates or the need for medical command arises, the crew of the ambulance must attempt to contact medical command. When contacting medical command, the prehospital practitioner shall begin the report by advising the physician that this is an interfacility transfer. The practitioner shall identify the transferring and receiving facilities and then proceed with the standard patient report. In general, it is best to recontact the initial medical command physician, if available, if additional medical command is required during the transfer.

If a facility staff member is accompanying the patient, the prehospital practitioner who contacts the medical command physician shall advise the physician of the facility staff person's presence and level of training (i.e. physician, CCU RN, OB RN, CRT, etc.). The facility staff person should have the availability to communicate with the medical command physician also.

If, during the transport, medical command cannot be contacted due to communication problems, the ambulance crew shall follow the written orders provided by the transferring physician before transfer, provided those orders were received as set forth in this protocol. If the patient requires advanced care other than specified by the written orders, the ambulance crew shall follow the most appropriate regional medical treatment protocol and continue attempts to contact medical command. If contact cannot be made with the medical command physician, the ambulance crew may also contact another medical command facility for direction. When medical command cannot be reached, the ambulance crew shall consider the need to divert to a closer receiving facility if available and appropriate. At the first contact with medical command, the crew shall advise of what was done while communications were disrupted. The crew shall document the circumstances surrounding the communication problem, the care provided, what justified the care, and the patient's response to therapy. If eventual contact with medical command is made, the crew shall also document that.

Notes:

I. Use of an automatic intravenous rate control device

An automatic intravenous rate control device (ie.g. Autosyringe, IV pump) is permitted for use by an ALS ambulance service. The device may only be used by an ALS prehospital practitioner who has been trained and is qualified to use the device. Each ALS ambulance service and its medical director are responsible for training its ALS personnel in the use of these devices.

2. Use of an automatic ventilator

An automatic ventilation device (e.g. Autovent) is permitted for use by an ALS ambulance service. Only an ALS practitioner trained and qualified to use each specific device may use that device. Each ALS ambulance service and its medical director will be responsible for training its ALS personnel in the use of these devices.

3. Ambulance service personnel

ALS care may be provided by an EMT-paramedic (paramedic), prehospital registered nurse (PHRN), or health professional physician. To provide ALS care, an ALS prehospital practitioner must have current medical command authorization with the ALS ambulance service. Each ALS service is responsible for assuring that all of its ALS personnel participating in ALS interfacility transfers have received training, approved by the ALS service medical director, in the skills, equipment, intravenous pumps, and medications that may be used pursuant to regional medical treatment protocols during interfacility transports.

A PHRN with medical command authorization shall follow the regional medical treatment and transport protocols when providing patient care as a practitioner with an ALS ambulance service. A PHRN may exceed the scope of practice of a paramedic if the PHRN is providing additional care as authorized under The Professional Nursing Law and as permitted by the regional medical treatment protocols or the order of a medical command physician. To administer drugs not included in the regional medical treatment protocols, the PHRN must receive permission from the ALS service medical director and be ordered to do so by a medical command physician.

4. Long distance transfers

An ALS ambulance service must work with its medical director and medical command facilities to identify the medical command facility that will be contacted for interfacility transports. An ALS service that participates in ALS interfacility transfers must arrange an agreement with a medical command facility to serve in this capacity.

It is the responsibility of the transporting ALS ambulance service to ensure the ability to contact medical command through the duration of the transport. The service may be able to assure continuous command capability simply by calling the prearranged medical command facility using a cellular telephone if coverage will not be disrupted during the transport. Additionally, in case of communications failure with the prearranged medical command facility, the service should identify various approved medical command facilities along the anticipated transport route. Telephone numbers and radio frequencies for these medical command facilities shall be available to the service's prehospital personnel.

5. Documentation

The responsible preshospital practioner, as designated by the written policy of the ambulance service, shall complete the standard Statewide EMS patient care report for each interfacility transfer. Transfer data shall be submitted, along with the service's other prehospital data, to the regional EMS council on a monthly basis. The prehospital practitioner completing the report shall note in the patient care record if any special equipment or personnel from the transferring hospital were used. Only those skills and interventions performed by the personnel of the ambulance service should be documented on the EMS patient care report

6. Medical Command

A medical command order (whether written, verbal, or on-line) may only be given by a medical command physician functioning in that capacity under the auspices of a medical command facility. A prehospital practitioner may only follow the orders of a sending physician if these orders are consistent with and included in the regional medical treatment protocols, unless otherwise authorized by a medical command physician. A prehospital practitioner shall also follow the direct orders of a medical command physician. If the sending facility physician and the medical command physician cannot come to a consensus regarding the treatment, the sending facility is responsible for sending qualified staff to accompany the patient.

INDEX OF CHANGES

06/06/01 EMMCO West, Inc. Board of Directors Approval
11/08/01 Department of Health EMS Office Approval