

INTERFACILITY TRANSFER

PURPOSE

The purpose of this guideline is to establish a uniform procedure for inter-facility transfers.

APPLICATION

- ❑ Patient transfer is a physician-to-physician referral. It is the responsibility of the transferring facility to perform a screening examination, determine if transfer to another facility is in the patient's best interest and to initiate appropriate stabilization measures prior to transfer.
- ❑ Responsibility for the patient during transport lies with the transferring physician until the patient arrives at the receiving facility.

GENERAL GUIDING PRINCIPALS

- ❑ The transferring physician is responsible for securing the acceptance of the patient by an appropriate physician at the receiving facility.
- ❑ Care initiated by the transferring facility may need to be continued during transport. The transferring physician should clearly outline the treatment and/or monitoring needs of the patient and relay this information to the EMS crew attending. Personnel should include treatments and/or interventions being continued or monitored during transport in the PHCR.
- ❑ Additional health care personnel (i.e. RN or RRT) may accompany the patient at the discretion of the sending physician and/or facility. These person(s) shall be considered part of the pre-hospital care team. Patient care shall be considered a collaborative effort between the Paramedic and RN. When possible, follow written physician orders; otherwise contact OLMC for patient care concerns.
- ❑ EMS personnel, even in the presence of additional health care personnel (e.g., RN; RT) must complete assessments, monitoring, and documentation in accordance with these clinical guidelines and procedures. In addition personnel shall adhere to individual departmental policies as required.
- ❑ All medications anticipated in these situations should be provided by the transferring facility. It will be the responsibility of the transferring facility to provide clear direction as to the disposition, tracking, or return of any medications.
- ❑ If the transferring physician elects to transfer the patient in the care of paramedics, the physician must provide written orders as noted above. These orders must be consistent with staff scope, training and abilities. EMS staff may decline the transfer if he/she is convinced patient care is outside their scope of practice and training or, alternatively, to request hospital staff member accompany them on the transfer. Any declination of transfers must be prior approved by the on duty Battalion Chief.
- ❑ Infusing medications may require the use of a programmable pump to be supplied by the transporting service and/or transferring facility. EMS personnel must have received training in the use of both the medication(s) and the pump.
- ❑ Should questions or problems arise during transfer, the crew may contact the transferring facility. If this is not possible or in event of an emergency, the appropriate guideline should be followed and the receiving Medical Control contacted for direction.

INTERFACILITY TRANSFER CONT.

PROCEDURE

- ❑ Requests for transfer should be coordinated via each agency's established guidelines (typically through a communications center & the on duty Battalion Chief of the transporting agency).
- ❑ Upon receiving a request for an inter-facility transport, crews will be assigned per individual departmental policies and dispatching guidelines.
- ❑ Crews may contact the sending facility to obtain specific patient information and transport needs. Any concerns or issues should be forwarded to the on duty Battalion Chief for guidance, and/or resolution.
- ❑ Crews should respond to the sending facility in a timely manner.
- ❑ Crews should ensure they have received a thorough transfer of care report to include but not be limited to:
 - Patient primary diagnosis & pertinent medical history
 - Medications & Allergies
 - Clinical reason for transfer
 - Monitoring & care needs of the patient during transport
 - Any specific medication or care orders to include ordering physician
 - Name of sending and receiving physician
 - Verification of bed assignment at receiving facility.