



Emergency Medical Services Agency Prehospital Care Manual **Policy 401**

INTERFACILITY TRANSFER – GROUND AMBULANCE

Effective Date January 22, 2007
Replaces June 22, 2005

Resources
None

I. Purpose

To establish a procedure for ground ambulance transport of patients that require interfacility transfer at the Basic, Advanced Life Support, or Critical Care Transport levels.

II. Description

- A. **BLS Ambulance** – Any Santa Clara County approved Basic Life Support ambulance staffed with at least two (2) Emergency Medical Technicians.
- B. **ALS Ambulance** – Any Santa Clara County approved Advanced Life Support Ambulance staffed with at least one (1) Santa Clara County Accredited Paramedic and one (1) EMT.
- C. **CCT Ambulance** – Any Santa Clara County approved ambulance permitted to provide critical care transportation. Categories include:
 - 1. **CCT-Paramedic Units** must be staffed with at least one (1) paramedic, authorized to perform in the CCT-Paramedic optional scope, who is responsible for providing critical care at the paramedic level during the transport and one EMT who has been trained in CCT-P operations.
 - 2. **CCT-Nurse Units** must be staffed with at least one (1) nurse meeting policy requirements, and two (2) additional crewmembers at no less than the EMT level. Additional equipment not identified within the minimum inventory policy may be carried as authorized by the provider's medical director for use by the nurse.

If a critical care transport nurse has completed a system orientation and is trained to the same operational level as Santa Clara County EMTs; the unit may be alternately staffed by one (1) EMT or paramedic, and one (1) nurse who is responsible for all patient care.

III. Utilization Guidelines

- A. The 911 System shall not be used as a means for intake of interfacility transportation requests. All requests for interfacility requests shall be made directly to a private ambulance services dispatch center.
- B. The sending physician is responsible for determining the appropriate level of transportation required. Each ambulance service dispatch center shall have call screening mechanisms that will assist callers in selecting the most appropriate unit. The dispatch center shall also have a clear policy on which calls are immediately transferred to County Communications.
- C. The sending physician shall make arrangements for the receipt of the patient by another physician or facility. In the absence of such an agreement, crews shall treat the response as a system call and transport the patient to the closest appropriate Emergency Department.
- D. Ambulances may operate with Red Lights and Siren (RLS) when ordered by the sending physician or if the patient's condition deteriorates enroute.
- E. All BLS and ALS ambulance services may provide IFT services as long as an employee-training program has been conducted. This program must include roles and responsibilities, emergency procedures, documentation, etc.
- F. The ambulance services Paramedic Coordinator is responsible for oversight of all interfacility paramedic transfers, the BLS Coordinator is responsible for the oversight of all BLS transfers. A nurse or physician shall be responsible for the oversight of CCT transfers.

IV. Scope of Practice

- A. The scope of practice for both EMTs and paramedics may not exceed those set by the Agency.
- B. Paramedics may not take orders from any physician other than the Base Hospital or the EMS Medical Director. The sending physician may provide transfer instructions that are within the scope of practice of the paramedic and do not conflict with those established by the EMS Medical Director.
- C. The sending physician or designee shall provide verbal report and transfer documents to arriving crews. These transfer documents must include the name of the sending and receiving physician. Once this has occurred, care for the patient is transferred to the ambulance crew until arrival at the destination and care has been transferred to the staff of the facility.
- D. Critical Care Nurses shall ensure that a hardcopy of physician-signed transfer orders accompanies the patient. These orders must identify any procedures that are necessary for the nurse to perform during the transfer.
- E. Transfer of care may only be accomplished at the equal or higher level. For example, a paramedic unit that is monitoring a patient with an ECG may not transfer to a SNF staffed with LVN's or a facility that is unable to continue the care provided enroute.

If a paramedic unit is used in the place of a BLS unit, and no ALS procedures are required, transfers to lower levels may be appropriate based on the patient's condition.

- F. In the event that a CCT unit is utilized for a 911 System Response, the unit shall operate as either a BLS or ALS ambulance, based on staffing and equipment. Currently there is no provision for nurse-provided care in the field setting other than County Accredited Mobile Intensive Care Nurses.
- G. Critical Care Nurses shall practice in accordance with the orders provided by the sending physician and as authorized by the services Medical Director.

V. Patient Care Records (PCR)

- A. An Agency approved PCR must be completed for each IFT. By January 2007, each service must provide electronic data transfer to the Agency for all calls that originate in the County. Each service may develop additional patient care documents that augment the approved PCR.

VI. Hospital Communications

- A. Each provider shall provide a notice to the receiving facility of impending patient arrival. This may be accomplished by cellular phone or through the services dispatch center.
- B. Command 92 shall not be used for interfacility hospital notifications unless the patient is diverting to the closest, most appropriate, medical facility.

VII. Changes in Patient Condition

In the event that a patient's condition deteriorates in route to the planned destination, the following actions should be taken.

- A. BLS units shall divert to the closest Emergency Department. If possible, pre-arrival hospital notification shall be made.
- B. Paramedics may perform any ALS care approved in the ALS Standing Orders as appropriate for the care of the patient. Unless the paramedic is unable to manage the patient appropriately (full arrest, etc.) they should not divert to another facility.
- C. CCT-Nurses shall follow their company protocols.

VIII. General Acute Care Hospital Requests for Service

- A. All requests for interfacility transfer (BLS, ALS, CCT-Paramedic, and CCT-Nurse) shall be made directly to a private ambulance services dispatch center that offers the level of care requested.
 - 1. A physician may order an emergency response and transport (use of red lights and siren) for any patient with a written order.

2. It is recommended that facilities enter into agreements with private ambulance services and that such agreements include a mechanism that provides for the rapid request of ambulance transport resources (telephone direct connect, etc.)
- B. In the event that a private ambulance service does not meet the needs of a facility for the immediate emergency transfer of a patient with a life-threatening condition (response time or level of service), the facility shall:
1. Make arrangements with a physician at a receiving facility to receive the patient, THEN,
 2. Contact County Communications via the Emergency Department telephone direct connect and request an ALS Ambulance Response.
 3. Be prepared transfer the patient to the ALS (paramedic) unit within 3-12 minutes including any appropriate medical records.
 - a) If the patient requires care above the standard paramedic scope of practice, the sending physician may:
 - (1) Maintain care and accompany the paramedics to the receiving facility.
 - (2) Discontinue any interventions that are outside of the scope of the paramedics.
 - (3) Send an RN and any other appropriate personnel with necessary orders and equipment to manage the patient enroute to the facility.

IX. Discontinuation

Interfacility transports may be suspended at anytime by the Agency based on the needs of the system. In such cases, any County Permitted Ambulances may be utilized for 911 System responses.