

**HEMS
SYSTEM
TRANSFER OF CARE**

Date: September 2017

Section: 8-29

I. **Purpose:** The purpose of this policy is to establish standards for the transfer of patient care from Emergency Medical Services (EMS) providers to emergency department (ED) providers in the HEMS Medical Control Authority.

II. **Policy:** Acute care hospital emergency departments receiving 9-1-1 transported patients shall be prepared to receive patients from EMS providers and accept care of patients upon arrival. The transfer of care process will support best practices of safe handoff and a goal of EMS departure within 20 minutes of arrival to ED.

III. **Definition:**

Transfer of Care- Transfer of Care will be noted when:

1. The patient is removed from the EMS stretcher and transferred to the ED stretcher, bed, chair or other acceptable location.
2. EMS personnel provide a face-to-face verbal report to the accepting ED approved person.
3. Accepting ED approved person signs the Prehospital Patient Care Record (PCR).

IV. **Provider Communication:**

1. Priority 1 and 2 radio communication

EMS provider will notify the hospital of patient transport (reference HEMS protocol **General Considerations**)

EMS radio communication responsibility:

- Unit number
- Priority
- Age/Sex
- Chief complaint. As appropriate state STEMI, Stroke, Cardiac/respiratory arrest, Trauma or Sepsis alert
- GCS / Vital Signs / Physical findings
- Other pertinent information (mechanism of injury, scene observations, medical history etc.)
- Treatments initiated
- ETA

The signal for report end is the question “Are there any questions or further orders?”
As appropriate request Security assist, Lift assist, or Infectious Disease isolation.

Hospital staff radio communication responsibility:

- The hospital will respond to EMS communication and prepare to receive the patient.
- Respond to radio alert in a timely manner.
- Listen carefully.
- Ask for relevant missing information

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Hospital signals transmission end by stating “we will be expecting your arrival Hospital X is clear.” When possible assign room number, treatment area, or external triage.

2. Priority 3 radio communication

EMS responsibility: EMS provider will radio HEMS operator Priority 3 information.

- EMS unit number
- Chief complaint
- Need for a stretcher
- ETA

HEMS Operator responsibility: relay and repeat Priority 3 transfer information to receiving hospital.

- Alternatively the EMS provider may utilize HEMS radio to establish contact with the hospital for providing a direct Priority 3 report.

V. Transfer of Care Communication

1. Effective transfer of care (handoff) from EMS to the ED/EC is critical to providing safe and quality patient care. Structured communication during the transfer of care is essential to prevent missed information. A handoff is more than the transfer of patient care information; it is also the transfer of professional responsibility.

2. Optimal transfer of care communication staging

- The goal of the transfer of care report is to develop a shared understanding among providers.
- Handoff should be face-to-face and held at the patient bedside to provide mutual understanding of current clinical appearance and VS; and to include the patient in the report.
- Report should be provided and received in a professional and mutually respectful manner.
- The clinician receiving transfer of care information should be:
 - the next giver of care
 - clearly identifiable
 - prepared to receive the handover uninterrupted and with limited distractions

3. EMS provider verbal report responsibilities

- Identify the next direct caregiver. “Are you the nurse that will be caring for the patient?”
- Provide a succinct, relevant, complete report in 45-60 seconds
- Utilize CHEATED acronym to guide report and documentation.
 - C – Chief Complaint. Why was EMS called?
 - H – History. Medical/surgical history, allergies, medications, Advance Directive
 - E – Examination. Relevant physical exam findings
 - A – Assessment and field diagnosis. What is perceived to be wrong with patient?
 - T – Treatment provided. What did you do for the patient?
 - E – Evaluation. Response to treatment. Did patient get better/ worse during transport?
 - D – Disposition. Document transfer of care to the medical facility/care provider.

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- Share any changes since the initial report.
- Include additional information that may help the ED team.
- Show gratitude and appreciation for the work of the ED team.

The signal for EMS provider report end is the question: “Are there any questions?”

4. EMS personnel shall provide continuity of treatments upon arrival at the ED. If a change in patient condition or other situation arises in which EMS personnel believes additional care is required, EMS will notify ED staff on arrival.

5. Hospital provider verbal report responsibilities (See Transfer of Care Information Form)

- Make yourself available to receive report in a timely manner
- Signal readiness to receive report.
- Offer focused, respectful attention, allowing complete provider report without interruption.
- Show gratitude and respect for the work of the EMS team
- Summarize and “speak-back” key aspects of priority information
- Ask questions to clarify information

6. Patient Care Report

- A Patient Care Report (PCR) will be completed and provided to the ED staff for each patient transport via HEMS approved documentation delivery methods, i.e. email, fax, or paper report. (Reference HEMS protocol **Patient Care Record, Electronic Documentation & EMS Information System**).
- The PCR or Field Note will include at least the minimum data required by protocol.

VI. Collaborative management of delays in transfer of care

EMS/ED/Hospital responsibilities:

1. ED personnel will work with the EMS personnel and/or EMS supervisor to:
 - assure optimal transfer of care
 - resolve instances of offload delays and/or extended offload delays
 - provide, as requested, communication of reason(s) offload delays
2. When a delay in transfer of care occurs EMS personnel will make face-to-face contact with the ED supervisory staff, regarding ED bed availability timing and to inquire for potential offload delay reason.
3. EMS personnel will notify their EMS supervisor when wait times are ≥ 20 minutes and they have not received satisfactory resolution from ED supervisory staff.
4. EMS supervisor, once notified by EMS personnel, will make contact with the ED supervisory staff to communicate urgent need to release ambulance resources.
5. ED supervisory staff will provide situational awareness to Hospital/ED administration of periods of high ED demand associated with unusual or escalating offload delay situations.