

HEMS
System Protocols
INTERFACILITY PATIENT TRANSFERS

Date: March 29, 2019
Update December 9, 2021, June 9, 2022

Section 8-15

Interfacility Patient Transfers

Purpose:

The purpose of this protocol is to establish a uniform procedure for interfacility patient transfers. Patient transfers are 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 initiate appropriate stabilization measures prior to transfer.

General/Responsibility:

- A. It is the transferring physician's responsibility to know and understand the training and capabilities of the transporting EMS personnel. During transport, the transferring physician is responsible for patient care until arrival of the patient at the receiving facility.
- B. The transferring physician is responsible for securing the acceptance of the patient by an appropriate physician at the receiving facility.
- C. Interfacility transfers must begin or end at a facility within the service's licensed geographic service area.
- D. Only transports in which time critical treatment is anticipated at the receiving facility are eligible for emergent transport. Emergent transport decisions are made at the discretion of the transporting crew and will be reviewed by the transporting agency. The sending physician may be a good resource for information as to the urgency of arrival at the receiving facility but the decision for emergent transport rests with the crew considering patient condition, anticipated treatment, and weather and traffic conditions. Emergent interfacility transport is rarely necessary.
- E. Care initiated by the transferring facility may need to be continued during transport. The transferring physician will determine the treatment to be provided during the period of the patient transport, and what, if any, staff will be necessary to accompany the patient en route.
- F. Additional health care personnel may accompany the patient under the direction of the transferring physician, who is responsible for ensuring their qualifications. This person(s) shall be responsible for the direct patient care during transport and will render care to the patient under the orders of the transferring physician. All medications anticipated in these situations will be provided by the transferring facility and be under control of the accompanying hospital staff. It will be the responsibility of the transferring facility to provide arrangements for the return of staff, equipment, and medications.
- G. When transported by EMS alone, EMS Personnel are to receive written orders for interfacility patient care from the referring physician provided those orders are consistent with the training of the paramedic and protocol. These orders are to include the name of the accepting physician. If the patient's condition changes to the point that the sending facilities orders did not meet the needs of the patient, the patient will become the responsibility of the EMS system. Appropriate treatment will be performed based on the HEMS MCA protocols or from an on-line medical direction.

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- H. The following information should accompany the patient (but not delay the transfer in acute situations):
 - 1. Copies of pertinent hospital records
 - 2. X-rays or electronic copies of radiographs performed at the sending facility (disc)
 - 3. Copies of all test results and lab reports
 - 4. Written orders during transport
 - 5. Any other pertinent information
- I. EMS documentation of the interfacility transfer must include the interventions performed en route and documentation of personnel involved in specific patient care activities.
- J. EMS personnel must be knowledgeable of applicable protocols and trained in all the equipment and medications being used in the patient's care or appropriately trained staff must accompany the patient.
- K. EMS Personnel have the right to decline transport if he/she is uncomfortable with the orders or, alternatively, to suggest an alternative form of transport, i.e., ALS/MICU/CCT or air medical, or suggest hospital staff member accompany them on the transfer.

Basic Life Support Transfer:

BLS units may only transport patients who are being transported with an IV of crystalloid solution without any additives.

ALS Expanded Scope of Practice Transfer:

All Vehicles conducting ALS Expanded Scope of Practice Interfacility Patient Transports must be licensed by MDHHS as transporting Advanced Life Support (ALS) vehicles.

ALS Expanded Scope of Practice transports require 1 Paramedic current with Expanded Scope of Practice training and **one Specialist (Alternate Staffing may apply for EMS agencies with MCA approved application)**. The trained Expanded Scope of Practice Paramedic must be in the patient compartment while transporting the patient.

The following medications/procedures may be *continued* during transport by an ALS unit staffed with a Paramedic current with Expanded Scope of Practice training:

- A. The following medications/fluids (to a maximum of two simultaneously) may be continued during transport by a Paramedic with, agency Physician Director approved, Expanded Scope of Practice training which includes the medications listed. These medications may require the use of an IV infusion pump which will be supplied by the ALS provider. The medications maybe monitored by the attending Paramedic only and may NOT be titrated or started as a new infusion. Should complications arise, infusions must be discontinued, and medical control contacted.
 - a. Acetylcysteine
 - b. Amiodarone
 - c. Antibiotics
 - d. Blood
 - e. Cardizem (Diltiazem)
 - f. Esomeprazole (Nexium) and
 - g. Pantoprazole (Protonix)
 - h. Famotidine (Pepcid) and Ranitidine (Zantac)
 - i. Furosemide
 - j. Glycoprotein IIb/IIIa Inhibitors (Aggrastat (tirofiban), Integrilin (eptifibatide, Reopro (abciximab))

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| j. Heparin | o. Octreotide |
| k. Levetiracetam | p. Potassium Drip |
| l. Lidocaine | q. Tissue Plasminogen Activator (tPA) |
| m. Magnesium for electrolyte replacement | r. Sodium Bicarbonate |
| n. Nitroglycerin –See Nitroglycerin | |
- B. Blood products may be continued as ordered by the sending facility. Only blood products anticipated to be continued or monitored during the transport are appropriate. If the patient has an adverse reaction to the blood products the infusion must be discontinued. See **Blood Product Administration** Protocol.
- C. Stable Patients on ventilators or bi-pap may be transported if meeting the criteria described in **Transport of Ventilator Dependent Patients**.
- D. Patients with chest tubes in place will generally require MICU/CCT transport. Patients with chest tubes maintained adequately with Heimlich valves alone may be transported by ALS. The Heimlich valve must be supplied by the sending facility. Patients with chest tubes that require water seal drainage should be transported with hospital staff (RN) or by alternate transportation, i.e., MICU/CCT or air medical.
- E. Should questions or problems arise during transfer the crew may contact the sending physicians. If this is not possible or in event of an emergency the appropriate protocol should be followed, and Medical Control contacted for direction.
- F. Any medications used from an ALS Medication Box will be recorded by the Paramedic per the appropriate medication usage form. Upon arrival at the receiving facility the medication box will be exchanged per protocol. If the receiving facility is outside the HEMS MCA or Southeastern Michigan Regional Medication Box cooperative area, replacement of the medication box is the responsibility of the sending facility or per appropriate Medication Box Exchange Procedure.
- G. Hospital supplied medications not used during transport must be appropriately tracked, wasted, and documented. All controlled substances must have a documented chain of custody.
- H. Patients who are hemodynamically or otherwise unstable as well as patients receiving paralytics, vasopressors, or other medications not listed above are beyond the scope of ALS Expanded Scope of Practice Transfer and will require trained personnel to accompany the ALS unit or require the use of MICU/Critical Care Transport, or air medical. If the Paramedic considers a patient unstable, he/she may request hospital staff to accompany the patient or have the sending site consider alternate transport.

ALS Expanded Scope of Practice Training/Education

- A. ALS Expanded Scope of Practice Training/Education is required for all ALS personnel with an ALS Agency providing ALS Expanded Scope of Practice level transfers.
- B. The curriculum and documentation of Expanded Scope Paramedic initial and annual refresher

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education, as well as Agency Physician Director approval of trained paramedics, must be submitted to the MCA with the annual license renewal package and at the request of the MCA.

Critical Care Transfer:

A Critical Care Transport is defined as the transport of any patient who requires treatment above the scope of practice of either a normally trained Paramedic or a Paramedic with Expanded Scope education for interfacility transports. Critical Care transport includes hemodynamically unstable patients, sedated patients on ventilators, neonatal isolette, balloon pumps, patients requiring vasopressors, paralytics, or other medications or treatment not specified in protocol.

- A. All Vehicles conducting Critical Care Inter-Facility Patient Transports must be licensed as transporting Advanced Life Support (ALS) vehicles.
- B. Equipment: The following is the minimum equipment that will be carried by an ALS unit while providing Critical Care Interfacility Patient Transport, in addition to the equipment required by Part 209, P.A.368 of 1978, as amended, and local medical control authority protocols:
 - a. Waveform Capnography
 - b. Portable Ventilator
 - c. Portable Infusion Pump(s)
 - d. Pressure Infusion Bag(s)
- C. Critical Care Transports require 2 Paramedics, one of which is current with Critical Care training. The trained paramedic must be in the patient compartment while transporting the patient.
- D. The above requirement for staffing does not apply to the transportation of a patient by an ambulance if the patient is accompanied in the patient compartment of the ambulance by an appropriately licensed health professional designated by a physician and after a physician-patient relationship has been established as prescribed. (PA 368, Section 20921(5)).

Critical Care Physician Director/ Training/Education & Quality Improvement

- A. Critical Care Inter-Facility Patient Transport Physician Director/Training/Education & Quality Improvement
 - 1. Ambulance services that utilize this protocol must designate a Critical Care Inter-Facility Patient Transport Physician Director.
 - 2. The Critical Care Inter Facility Patient Transport Physician Director will be responsible for:
 - a. Oversight of a quality improvement program for Critical Care Interfacility Patient Transports
 - b. Oversight of the training/education curriculum for EMS personnel trained under this protocol.
- B. The Critical Care training curriculum, inclusive of the Expanded Scope ALS training, must meet or exceed the MDHHS Critical Care Patient Inter-Facility Transport Curriculum that is current at the time of training, and be approved by the Agency's Critical Care Physician Director and HEMS MCA in advance of training implementation.

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- C. Documentation of Critical Care initial and annual refresher education, including the curriculum used and a list of the trained Paramedics approved by the Agency Physician Director, must be submitted to HEMS MCA with the annual license renewal package and at the request of the MCA.

Medication Custody Form

Patient Name _____

EMS Staff Receiving Medication

Name

Signature

Hospital Staff Sending Medication

Name

Signature

Medication	Amount Received From Hospital	Administered	Wasted

EMS Staff Wasting Medication

Name

Signature

Hospital Staff Witnessing Waste

Name

Signature