

HEMS MCA
System Protocol
Transfer of Care (Hand-off)

Date: September 2017
Revised Date:4/7/2026

Section: 8-33 (S3)

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.

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.

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).

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

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3. EMS provider verbal report responsibilities
 - a. Identify the next direct caregiver. “Are you the nurse that will be caring for the patient?”
 - b. Provide a succinct, relevant, complete report in 45-60 seconds
 - c. Utilize CHEATED acronym to guide report and documentation.
 - i. C – Chief Complaint. Why was EMS called?
 - ii. H – History. Medical/surgical history, allergies, medications, Advance Directive
 - iii. E – Examination. Relevant physical exam findings
 - iv. A – Assessment and field diagnosis. What is perceived to be wrong with patient?
 - v. T – Treatment provided. What did you do for the patient?
 - vi. E – Evaluation. Response to treatment. Did patient get better/ worse during transport?
 - vii. D – Disposition. Document transfer of care to the medical facility/care provider.
 - d. Share any changes since the initial report.
 - e. Include additional information that may help the ED team.
 - f. Show gratitude and appreciation for the work of the ED team.
 - g. 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 upon arrival.
5. Hospital provider verbal report responsibilities (See Transfer of Care Information Form)
 - a. Make yourself available to receive report in a timely manner.
 - b. Signal readiness to receive report.
 - c. Offer focused, respectful attention, allowing complete provider report without interruption.
 - d. Show gratitude and respect for the work of the EMS team
 - e. Summarize and “speak-back” key aspects of priority information
 - f. Ask questions to clarify information
6. Patient Care Report
 - a. 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 **Documentation and Patient Care Records and EPCR-PCR and Transfer of Care**).

MCA Name: HEMS, Inc (WW/DR)

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- b. The ePCR, Field Note or e-Bridge report will include at least the minimum data required by protocol such as demographics, chief complaint, vital signs and treatment.
- c. See 13.6 Patient Field Note for the approved HEMS field note format.

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:
 - a. assure optimal transfer of care
 - b. resolve instances of offload delays and/or extended offload delays
 - c. 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.
- 6. When on hospital property, the EMS provider cannot transport to another hospital without physician notifications and medical screening exam from the current location.
 - a. Physician name who performed medical screening must be documented in the narrative.
 - b. Contact and document the receiving facility and accepting physician prior to leaving the hospital.