

	SYSTEMS		S-008
	INTERFACILITY TRANSFERS – LEVELS OF CARE		
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I. PURPOSE

To provide guidelines for ambulance transport of patients between acute care hospitals

II. AUTHORITY: Health and Safety Code, Division 2.5, Section 1798.172.

III. POLICY

- A. A patient whose emergency medical condition has not been stabilized should not be transferred from a hospital which is capable of providing the required care.
- B. Unstable patients shall be transferred only when the reason for the transfer is to medically facilitate the patient's care. The transport of unstable patients must have the concurrence of both the transferring and receiving physicians that the transfer is appropriate.
- C. It is the responsibility of the transferring physician, in consultation with the receiving physician, to determine the appropriate mode of transportation and the appropriate medical personnel (Emergency Medical Technician (EMT), Paramedic, Registered Nurse (RN), Physician, etc.) to provide care during transport.
- D. Medical personnel providing interfacility transport shall have the capabilities and skills reasonably necessary to provide for the specific needs of the patient during the transport.
- E. Prehospital personnel involved in the interfacility transportation of patients shall adhere to pertinent County and State policies, procedures, and protocols pertaining to the scope of practice of prehospital personnel.
- F. Hospitals with basic or comprehensive emergency departments shall comply with all applicable statutes and regulations regarding the medical screening examination, evaluation, and transfer of patients that present to that hospital's emergency department.
- G. The levels of ambulance services available for the interfacility transport of patients include:

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1. Basic Life Support (BLS) Ambulance:
 - a. The ambulance is staffed with at least two EMTs.
 - b. The patient is anticipated to require no more than BLS skills during the transport.
 - c. Patient care may not exceed the EMT Scope of Practice.
 - d. The patient must be considered “stable” prior to the transport.
 - e. If an accepting facility has already been arranged by the sending facility, the ambulance crew shall honor this arrangement unless an overriding medical condition exists or develops during transport.
 - f. If the patient’s condition deteriorates during the transport, the ambulance crew shall immediately proceed to the most accessible and appropriate facility staffed, equipped, and prepared to administer care to appropriate to the needs of the patient.
2. Critical Care Transport (including air medical ambulances):
 - a. The ambulance is staffed with clinical personnel (RN, Respiratory Therapist, Physician, etc.) appropriate to the requirements of the patient as determined by the transferring physician in consultation with the receiving physician.
 - b. Unstable patients and those requiring clinical skills beyond the EMT Scope of Practice shall be transported via critical care transport.
 - c. When nursing personnel are utilized during the transport, written orders from the transferring physician or other responsible physician covering medical and nursing activities shall accompany the patient.
 - d. If an accepting facility has already been arranged by the sending facility, the ambulance crew shall honor this arrangement unless an overriding medical condition exists or develops during transport.
3. Paramedic/9-1-1 system Ambulance:
 - a. Paramedic/ 9-1-1 system personnel may be used to transport patients ONLY as a last resort when alternative forms of transportation are unavailable, or when the delay in obtaining alternative transport would pose an imminent threat to the patient’s health and safety.
 - b. Hospital personnel accessing the Emergency Medical Services (EMS) system for such transports shall note that, by accessing the EMS system, they may deplete the EMS resources of their local community.
 - c. In such situations, Paramedic /9-1-1 system personnel shall be given as thorough and complete a patient report as is possible by sending hospital staff and will transport the patient IMMEDIATELY.
 - d. Paramedic /9-1-1 system personnel should NOT be made to wait at the sending hospital for the completion of medical procedures or preparing records, imaging, or other medical documents. 9-1-1 system personnel will not be expected to wait longer than ten minutes while a patient is being prepared for transport by the sending facility. After ten minutes, 9-1-1 system personnel may notify their dispatch center and return to service.

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- e. Interfacility transfers utilizing Paramedic /9-1-1 system personnel shall remain under Base Hospital (not sending hospital) medical direction and control. Additional hospital resources (e.g., physicians, nurses, etc.) may be requested, when in the judgment of the Base Hospital, additional resources are needed. Paramedics will operate within the County of San Diego Paramedic scope of practice and in accordance with all other County policies and procedures during interfacility transfers.
- f. If an accepting facility has already been arranged by the sending facility, the Paramedic/9-1-1 system personnel shall honor this arrangement unless an overriding medical condition exists or develops during transport. In this event, the ambulance crew shall immediately proceed to the most accessible and appropriate facility staffed, equipped, and prepared to administer care to appropriate to the needs of the patient. The Base Hospital shall be advised of the sending/receiving arrangement.
- g. The Prehospital Audit Committee (PAC) will review significant events and/or trends when Paramedic /9-1-1 system personnel have been utilized for interfacility transfers to ensure that 9-1-1 system personnel are being utilized appropriately. Issues identified by PAC will be referred to the County of San Diego, Emergency Medical Services (CoSD EMS) for further action.