

Marquette County EMS Medical Control Authority

Inter-facility and Critical Care Patient Transfer Protocol

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Purpose: The purpose of this policy is to establish a uniform procedure for inter-facility transfers. Patient transfer is 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 to initiate appropriate stabilization measures prior to transfer.

Responsibility for the patient during transport lies with the transferring physician until the patient arrives at the receiving facility. Inter-facility transfers must begin or end at a facility with the medical control authority for this policy and procedure to apply.

The Critical Care Transport protocol establishes minimum requirements for critical care patient inter-facility transports utilizing licensed EMS personnel and vehicles.

All inter-facility transfers will meet the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA), Section 1395dd, subsection (c) 1 and (c) 2 regarding patient stabilization and appropriate transfers.

I. Inter-facility Transfer Procedure

1. The transferring physician is responsible for securing the acceptance of the patient by an appropriate physician at the receiving facility.
2. 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.
3. Additional health care personnel (i.e. Neonatal Team) 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.
4. If the transferring physician elects to transfer the patient in the care of paramedics, the physician must provide written orders to the paramedic prior to transfer. The orders must be consistent with the ALS staff training and abilities. The paramedic has the right to decline transport if he/she is convinced patient care is outside their scope of practice and training or, alternatively, to insist a hospital staff member accompany them on the transfer.
5. Infusing medications may require the use of a programmable pump to be supplied by the transporting service or transferring facility. Paramedics must have received training in the use of both the medication(s) and the pump.
6. Should questions or problems arise during transfer, the crew may contact the transferring physician. If this is not possible or in event of an emergency, the

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appropriate protocol should be followed and the receiving Medical Control contacted for direction.

7. Any medications used from the ALS Drug Box will be recorded by the Paramedic on the appropriate forms.
8. The following information should accompany the patient (**Do not delay the transfer in acute situations. Documentation may be sent electronically, fax, etc.**):
 - a. Copies of pertinent hospital records
 - b. Written orders during transport
 - c. Any other pertinent information including appropriate transfer documents
9. Documentation must include the interventions performed en-route and by whom the intervention was performed, and condition of patient upon transfer to the receiving facility.

II. Critical Care Patient Inter-Facility Transport

1. Vehicle and Staffing Policy
 - a. MDCIS Vehicle License:
 1. All critical care patient transports must be licensed as transporting ALS vehicles.
 - b. Equipment
 1. The following minimum equipment will be carried by an ALS vehicle while it is providing critical care 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. Pulse Oximeter
 - b. Portable ventilator or staff capable of providing ventilatory support
 - c. Portable Infusion Pump(s)
 - d. Pressure infusion bag(s)
 - c. Staffing
 1. All critical care patient inter-facility transports will be staffed in accordance with at least one (1) licensed paramedic trained in all equipment and medications to be used and one EMT.
 2. 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 appropriate licensed health professional designated by a physician and after a physician-patient relationship has been established as prescribed (PA 368, Section 20921(5)).

III. Transport Procedure

1. Pre-Transport

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- a. The transferring physician will determine the method and level of transport and any additional treatments (if any) that will be provided during the course of transport.
 - b. Orders for treatment, including medications and ventilator settings, etc., shall be provided to EMS personnel in writing by the transferring physician prior to initiation of the transport.
 - c. Ordered medications not contained within the EMS system medication box must be supplied by the transferring hospital.
 - d. EMS personnel must be trained in all the equipment being used in the patient's care or appropriately trained staff must accompany the patient.
 - e. Should the patient require care and/or equipment above and beyond the normal scope of practice and training of the EMS personnel, the transferring facility shall provide appropriate staff or consider other appropriate means of medical transportation.
2. During Transport
- a. Hospital supplied medications not used during transport must be returned to the originating facility or appropriately wasted and documented in compliance with Marquette County EMS Medical Control Authority Pharmacy and Drug Box protocol.
 - b. All medications being administered will be documented as required.
 - c. In the event that a patient's condition warrants intervention beyond the written physician orders provided by the transferring physician, the paramedic will contact the transferring physician. If that is not possible, the Paramedic will follow Marquette County EMS Medical Control protocols and will continue to attempt contact with the on-line medical control physician from either the sending or receiving facility or if not able, the closest on-line medical control.

AUTHENTICATION AND APPROVAL

Marquette County EMS Medical Director
Original Approval: 09/10/02

Date