
INTERFACILITY TRANSFERS

PURPOSE

To provide policy and direction for interfacility transfers originating or terminating in Marin County.

RELATED POLICIES

4604 Trauma Re-Triage, 5200 Medical Mutual Aid

AUTHORITY

Health & Safety Code 1797.200, 1797.218, 1797.222; Marin County Code of Ordinances, Chapter 7.60, "Ambulance Transportation Services"

DEFINITIONS

1. **Certificate of Operation** – annual certificate issued by the Marin County EMS Agency to a private ambulance company doing business in Marin that has met all regulatory requirements.
2. **Emergent Transfer** – A patient transfer that requires immediate transportation by ambulance to another facility for a higher level of care (e.g., STEMI, stroke, trauma, etc.). Typically facilitated by local 911 ALS resources.
3. **Interfacility Transfer** – The transfer of a patient by ambulance from one healthcare facility to another healthcare facility.
4. **Permitted Ambulance** – An ambulance with a current inspection permit from the Marin County EMS Agency.
5. **Permitted Ambulance Service Provider** – A private ambulance service provider with a current Certificate of Operation on file with the Marin County EMS Agency.
6. **Rapid Re-Triage** – An emergent transfer of a trauma patient from an Emergency Department to a designated Trauma Center.
7. **Specialty Care Transfer** – A patient transfer that utilizes a hospital-based specialty team (NICU, PICU, ECMO, Stroke) for patient care.

POLICY

Interfacility transfers may only be conducted by established local fire department ambulance service providers and permitted private ambulance service providers. Non-permitted ambulance providers are only authorized to facilitate interfacility transfers that originate outside of Marin County and terminate in Marin County. Interfacility transfers requiring ALS or CCT level of care must utilize a vehicle staffed, equipped, and permitted for that level of care.

Unless otherwise directed, transporting personnel shall operate under the medical direction of the sending physician in compliance with the County of Marin, State, and Federal laws, through direct contact or standing orders, and in a manner permitted by their scope of practice.

A list of current permitted ambulance service providers shall be maintained on the Marin EMS Agency website at: www.MarinEMS.org

PROCEDURE

The sending facility shall have confirmed acceptance by receiving facility prior to the transfer. The transferring unit must receive an appropriate patient status report from the transferring physician and/or RN. If transferring personnel do not agree with or are unable to provide the level requested, they will confer with the sending physician to assure the appropriate level of care during transfer.

The standard scope of practice allows for:

- **EMT**

- Monitoring of intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's Lactate. Monitor, maintain, and adjust if necessary, in order to maintain a preset rate of flow and turn off the flow of intravenous fluid.
- Monitoring of nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes with or without simple oxygen masks and humidification, wound-vac devices, Jackson-Pratt drains, clamped PleurX drains, and/or indwelling vascular access lines, excluding arterial lines.
- Transporting patients with completely patient-controlled devices including CPAP/BiPAP, medication pumps, etc. requiring no monitoring or adjustment during transport.

- **Paramedic**

- Monitoring and adjustment of intravenous fluids containing potassium ≤ 40 mEq/L.
- Monitoring of thoracostomy tubes.
- Performing suctioning of patients not on mechanical ventilators with stomal intubation.
- Monitoring of patients with nitroglycerin paste initiated prior to transport.

Emergent Transfers

An emergent interfacility transfer such as the rapid re-triage of a trauma patient or confirmed STEMI patient shall be facilitated by a local ALS fire department ambulance provider. Private ambulance providers may be utilized for emergent transfers only if there is no local ALS fire department provider available or the level of care is above the ALS level.

Specialty Team Transports

For purposes of this policy and the Marin County Ambulance Regulations, a specialty team transport is not required to be conducted in a permitted ambulance so long as the ambulance provider possesses a current Certificate of Operation for Marin County and all patient care is delivered by the hospital-based specialty team.

Any provider conducting a specialty team transport originating in Marin County must comply with data reporting requirements described in the current Ambulance Regulations.

Use of Air Ambulance Resources

Only hospitals with an approved on-site helipad may directly receive interfacility transfers by air ambulance.

When coordinating an outgoing interfacility transfer requiring the use of an air ambulance, the sending facility shall contact the Fire/EMS Communication Center to dispatch appropriate fire department units to secure the emergency landing zone.

It is the responsibility of the air medical provider or sending facility staff to make ground transportation arrangements at the sending facility. Every attempt shall be made to utilize a non 911 provider for the transport of patients and crew to and from the landing site.

Special Considerations

- For emergent transfers with CCT service requirements, when no provider is able to fulfill the transfer request within the required ETA and further delay would cause a significant risk of increased morbidity or mortality, under the direction of the sending physician, a sending facility caregiver (RN, NP, PA, Physician or RT) may attend to the patient during transport utilizing the highest level ambulance available as a last resort.
- Transporting team members shall provide care within their own scope of practice.
- All advanced monitoring equipment or medications anticipated to be required during transport that are not already present in the ambulance inventory must be brought with the caregiver.
- An EMS Event Form must be completed following any such transport.

Local Disasters

In the case of a disaster where no permitted ambulance service provider is available, non-permitted ambulances from non-permitted ambulance service providers may be used to transfer patients.

Appendix A

Guideline for determining level of service (BLS-ALS-CCT)

| Condition | BLS | ALS | CCT |
|---|-----|-----|-----|
| Oxygen by mask or cannula | ✓ | | |
| IV fluids running (Normal Saline, Lactated Ringers, Dextrose) | ✓ | | |
| Confuse/disoriented but stable LOC | ✓ | | |
| Patient-controlled devices (medication pump, CPAP/BiPAP) | ✓ | | |
| Tracheostomy not requiring suctioning | ✓ | | |
| Central IV line, clamped | ✓ | | |
| Medical devices including nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes with or without simple oxygen masks and humidification, wound-vac devices, Jackson-Pratt drains, clamped PleurX drains, and/or indwelling vascular access lines, excluding arterial lines | ✓ | | |
| Tracheostomy requiring suctioning | | ✓ | |
| Pre-established IV containing potassium or nitroglycerin paste | | ✓ | |
| Cardiac/pulse oximetry/capnography monitoring | | ✓ | |
| Monitoring thoracostomy tubes | | ✓ | |
| Medications in paramedic scope | | ✓ | |
| Paramedic level interventions | | ✓ | |
| Continuous respiratory assistance/mechanically vented | | | ✓ |
| Medications outside paramedic scope or mechanical IV pump | | | ✓ |
| Invasive monitoring including IABP, ICP, CVP, or PA lines | | | ✓ |
| Arterial line in place | | | ✓ |
| Blood or blood products | | | ✓ |
| Medical devices not managed by patient outside paramedic scope | | | ✓ |