INTERFACILITY TRANSFER PROCEDURE

Indication

- Interfacility transfer of patients from Marin County healthcare facilities

Procedure

- Transporting personnel will operate under the medical direction of the transferring physician in compliance with the County of Marin, State, and Federal laws, through direct contact or standing orders, in a safe and timely manner as permitted by their scope of practice

- The transferring facility will have confirmed acceptance by receiving facility prior to the transferring unit transferring the patient. 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 transferring physician to assure the appropriate level of care during transfer

- The transferring physician will provide the following information:
  - Patient name
  - Diagnosis/level of acuity
  - Isolation precautions
  - Destination
  - Transfer date and time
  - Accepting unit
  - Accepting physician
  - Special equipment with patient
  - Orders for specific treatments to be conducted in transport and contact information for the transferring physician
  - Additional personnel attending patient or required for transport
  - Pertinent medical records
  - Insurance information, if available
  - Contact information for family/designated decision maker

- The following communication is required by each transporting unit:
  - For patients being transported to receiving hospital emergency departments:
    - Ringdown report and early notifications as required based on patient condition

  - For patients transported to other hospital departments or facilities:
    - Patient remains stable without change in status- no communication necessary
    - Patient unstable or change in status- contact transferring or another specified physician; if unavailable, request another physician in that facility or contact Marin County online medical control

- In addition to the procedures describe elsewhere in Marin County EMS protocols, upon completion of proper training and with provider agency medical director approval, specified personnel may perform the following procedures under the direction of the transferring physician:
  - **EMT**
    - Monitor 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

  - Transfer patients who have 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, clamp PleurX drains, and/or indwelling vascular access lines, excluding arterial lines
  - Transfer patients with completely patient-controlled devices including CPAP/BiPAP, medication pumps, etc. requiring no monitoring or adjustment

- **Paramedic**
  - Monitor and adjust intravenous fluids containing potassium ≤40 mEq/L
  - Monitor thoracostomy tubes
  - Perform suctioning of patients not on mechanical ventilators with stomal intubation
  - Monitor patients with nitroglycerin paste initiated prior to transport

- Additional clarification on level of service in **Appendix A**

SPECIAL CONSIDERATIONS

- Medical emergencies which are immediately life-threatening events (cardiac arrest, new stroke symptoms, uncontrolled hemorrhage, etc) should utilize zone provider/911 resources
- In the event ALS interventions are required beyond the orders of the sending physician, paramedic caregivers shall follow patient care protocols and request an EM number from Sheriff's County Communications and a Marin County Patient Care Record as specified in 7006 must be completed
- For *emergent transfers* with CCT service requirements, when no provider is able to fulfill transfer request within the required ETA and further delay would cause significant risk of increased morbidity or mortality, under the direction of the transferring physician a facility caregiver (RN, NP, PA or physician; RT if continuous respiratory assistance is required) may attend to patient during transport utilizing the highest level ambulance available as a last resort.
  - All transporting team members shall provide care within their own scope of practice with ultimate responsibility for patient care in transport held by the orders of the transferring physician
  - All advanced monitoring equipment or medications anticipated to be required during transport which 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

- **Documentation- Essential Elements**
  - Patient Care Records as specified in 7006 must be completed by ambulance personnel
  - Interfacility transfers with hospital contact will be reviewed by hospitals receiving the calls
  - Statistic on total numbers of ALS level transfer calls per month will be maintained by each provider and submitted to the EMS Agency on request (transfers with Paramedic, RN and/or MD)
  - Training records for procedures authorized in this policy shall be maintained by participating agencies
  - An EMS Event Form must be completed for any transport utilizing non-permitted ambulances, non-certified EMS providers or utilizing sending facility personnel as caregivers

Appendix A
Guideline for determining level of service

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			✓