PURPOSE

To establish a uniform guideline for the inter-health facility and critical care transfer of a patient from one health facility to another. Patient transfer is a physician-to-physician referral. Responsibility for the patient during transport lies with the transferring physician until the patient arrives at the receiving facility. The transferring physician is responsible for securing acceptance of the patient by an appropriate physician at the receiving facility prior to the transportation.

AUTHORITY

Public Act 368, of 1978 (the public health code); as amended.

LEGAL APPLICATION

All State and Federal guidelines/laws shall be followed when the transfer of patients occur between health facilities within the Macomb County Medical Control Authority or any other medical control authority.

APPLICABLE

To all pre-hospital, advanced and basic life support providers, licensed and approved to operate within the jurisdiction of the Macomb County Medical Control Authority; out of county pre-hospital life support providers with transfer agreements with Macomb County health facilities; all health facilities licensed by the State of Michigan to operate within the jurisdiction of Macomb County.

PROTOCOL

I. INTER-FACILITY TRANSFER

RESPONSIBILITY OF TRANSFERRING FACILITY

A. The transferring facility is responsible for performing a screening examination, determine if transfer to another facility is in the patient's best interest, and initiate appropriate stabilization measures prior to transfer.

   The transferring physician is responsible for securing the acceptance of the patient by an appropriate physician at the receiving facility. In addition, the transferring physician shall remain available and is responsible for the patient until the patient arrives and is accepted at the receiving facility. The name of the accepting physician shall be included with the transfer orders.

B. If the transferring physician elects to transfer the patient in care of paramedics, the physician must provide written orders to the paramedic prior to transfer. The orders must be consistent with the paramedic's training and abilities.

C. It is the responsibility of the transferring facility to provide arrangements for the return of staff and equipment following the transfer.
D. It is the transferring physician's responsibility to know and understand the training and capabilities of the transporting ambulance personnel.

E. The transferring physician will determine the method and level of transport and any additional treatment(s), if any, that will be provided during the course of transport.

F. Orders for treatment shall be provided in writing to the ambulance personnel by the transferring physician, prior to the start of transport. Medications not contained within the EMS system medication box must be supplied by the transferring hospital.

G. If the ambulance personnel are not trained in all equipment, medications being used in the patient's care, appropriately trained staff must accompany the patient throughout transport. The decision to send health facility staff with medication and orders shall rest with the transferring physician, who shall determine what additional staff may be required and make arrangements to have staff present during the transfer. 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.

H. If additional staff accompanies the patient, the transferring physician is responsible for ensuring their qualifications. This staff will render care to the patient under the orders of the transferring physician. It will be the responsibility of the transferring facility to provide arrangements for the return of staff, equipment, and medications.

I. The following information should accompany the patient, but not delay the transfer in acute situations:
    a. Copies of pertinent hospital records
    b. Written orders during transport
    c. Any other pertinent information including appropriate transfer documents.

RESPONSIBILITY OF THE TRANSFERRING AGENCY

A. The staffing of the ambulance shall follow current Michigan Department of Community Health EMS and trauma system guidelines. The level of staffing shall be commensurate with the level of licensure for the ambulance. If transfer is above the level of training of the ambulance provider, the transferring facility is responsible for ensuring that the transferring vehicle is appropriately staffed. All Critical Care Inter-Facility transports shall be conducted with an advanced life support vehicle with at least one (1) paramedic trained under the critical care curriculum.

B. Interventions performed en-route will be documented on the patient care record.

C. If applicable, the concentration and administration rates of all medications being administered will be documented on the patient care record.

D. If applicable, hospital supplied medications not used during transport must be returned to the originating facility or appropriately wasted and documented in compliance with FDA guidelines at the receiving facility.

E. In the event that a patient's condition warrants intervention beyond the written physician orders provided by the transferring physician, the EMS personnel will contact the transferring physician. If that is not possible, the EMS personnel will follow local medical control protocols and initiate contact with the on-line medical control physician from either the sending or receiving facility or, if not able to contact those facilities, the closest appropriate on-line medical control facility.

F. In the event that the patient's condition changes during the transfer and additional medication is required, the transferring agency staff must request these medications by telephone or radio communications with the sending physician.
    a. Drugs used from the box shall be administered by physician directive or in accordance with Macomb County Medical Control Authority treatment protocols.
    b. Drug/Trauma box exchange shall be in accordance with the medication drug/trauma box exchange protocol.

G. 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.

H. Quality assurance of all transfer forms shall be done on a periodic basis by the transferring agency, and documentation submitted to the PSRO.

I. Quality assurance shall be performed on all patients on who requests for use of additional medication has occurred.

RESPONSIBILITY OF RECEIVING FACILITY

A. The receiving physician or his/her designee shall document the receipt of any unused medications transported with the patient, which were prescribed by the transferring physician and notify the transferring facility of the unused medications.

II. CRITICAL CARE TRANSFER

PURPOSE

To establish a uniform guideline to facilitate inter-facility transfers of critically sick and injured patients with Advanced Life Support vehicles.

AUTHORITY

Public Act 368, of 1978 (the Public Health Code); as amended.

APPLICABLE

To all pre-hospital life support agencies licensed and approved to operate within the jurisdiction of the Macomb County Medical Control Authority who operate Advanced Life Support Ambulances as Specialty Care Inter-Facility transfer units; out of county pre-hospital life support providers with transfer agreements with Macomb County health facilities; all health facilities licensed by the State of Michigan to operate within the jurisdiction of Macomb County.

RESPONSIBILITY OF TRANSFERRING FACILITY

A. Patient transfer is a physician-to-physician referral. Responsibility for the patient during transport lies with the transferring physician until the patient arrives at the receiving facility.

B. It is the responsibility of the transferring facility to:

1. Perform a screening examination.
2. Determine if transfer to another facility is in the patient's best interest.
3. Initiate appropriate stabilization measures prior to transfer.
4. Copies of x-rays / CT scans as appropriate.

C. The transferring physician is responsible for securing the acceptance of the patient by an appropriate physician at the receiving facility. In addition, the transferring physician shall remain available and is responsible for the patient until the patient arrives and is accepted at the receiving facility. The name of the accepting physician shall be included with the transfer orders.

D. If unanticipated events occur during patient transport, and contact with the transferring physician is not possible, then on-line Medical Control will serve as a safety net.

E. It is the transferring physician's responsibility to know and understand the training and capabilities of the transporting EMS personnel. The transferring physician shall request the appropriate licensed and adequately equipped vehicles for transferring patient. The decision

to send health facility staff with medication and orders shall rest with the transferring physician, who shall determine what additional staff may be required and make arrangements to have that staff present during the transfer. 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. All medications anticipated in these situations will be provided by the transferring facility and will be under the control of accompanying staff. The health facility staff person is responsible for the direct patient care during the transport and will render care to the patient under the orders of the transferring physician.

F. If the transferring physician elects to transfer the patient in the care of critical care paramedics, the physician must provide written orders to the critical care paramedic prior to transfer. The orders must be consistent with the critical care paramedic's training and abilities. The critical care 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.

G. EMS personnel (critical care paramedics) must be trained in all the equipment being used in the patient's care or appropriately trained staff must accompany the patient from the sending facility.

H. The following information should accompany the patient (but not delay the transfer in acute situations):

1. Copies of pertinent hospital records.
2. Written orders during transport.
3. Any other pertinent information including the appropriate transfer documents.

I. The transferring physician shall determine what additional treatment, if any, is to be provided during transport. All orders for treatment, including medications, ventilator settings, etc., shall be provided in written form to the transferring critical care paramedic prior to initialization of transport by the transferring physician. Any medications providing by the transferring hospital that are not used during transport shall be returned to the transferring facility or wasted and documented in compliance with F.D.A. guidelines at the receiving facility.

RESPONSIBILITY OF THE TRANSFERRING AGENCY

A. All vehicles conducting Specialty Care Inter-Facility patient transports must be licensed transporting Advanced Life Support (ALS) vehicles.

B. The following minimum equipment will be carried by an ALS vehicle while it is providing Specialty Care Inter-Facility patient transport, in addition to the equipment required by Part 209, P.A. 368 of 1978, as amended, and MCA protocols:

1. Portable ventilator capable of providing mechanical ventilation at minimum in the following modes:
    a. Assist control (A/C)
    b. Synchronized intermittent mandatory ventilation (SIMV)
    c. Continuous positive airway pressure (CPAP)

    The portable ventilator shall also at minimum have the following features:

    a. Adjustable inspiration/expiration ratio (I/E)
    b. Adjustable oxygen concentration (FiO_2)
    c. High pressure alarm setting
    d. Low pressure alarm setting
    e. Apnea backup alarm and function.
    f. Portable with battery capacity for a minimum 3 hrs of runtime.

2. Monitoring device(s) shall be capable performing the following:

    a. Invasive line monitoring (2 IBP ports)
    b. NIBP monitoring
    c. 12-Lead ECG acquisition, monitoring, and transmission.
    d. $EtCO_2$ (Capnography) monitoring
    e. SpO_2 (pulse Oximetry) monitoring
    f. Temperature monitoring

3. Portable infusion pumps (minimum 3)

4. Pressure infusion bags (minimum 2)

C. Staffing: All ALS vehicles that conduct Specialty Care Inter-Facility Patient Transports will be staffed in accordance with MCA requirements and with at least one (1) paramedic who has successfully completed the University of Maryland-Baltimore County's Critical Care Transport Program. The trained critical care paramedic must be in the patient compartment while transporting the patient.

D. If applicable, the concentration and administration rates of all medications being administered shall be documented on the patient care record.

E. Interventions performed en-route, and who performed them, will be documented on the patient care record.

F. In the event that a patient's condition warrants intervention beyond the written Physician orders provided by the transferring Physician, the critical care paramedic will contact the transferring physician (i.e. Cell Phone, VHF Radio, 800 MHz radio)**.** If that is not possible, the critical care paramedic will follow MCA treatment protocols and initiate contact with the on-line Medical Control Physician from either the sending or receiving facility, or if not able to contact those facilities, the closest appropriate on-line Medical Control facility. Any type of communication failure during a Specialty Care Inter-Facility Transfer shall be documented on an incident report form.

G. In addition to the requirements listed within this protocol, paramedics providing specialty care transfers in the Macomb County Medical Control Authority must have successfully completed the University of Maryland-Baltimore County's Critical Care Transport Program and successfully complete and maintain UMBC certification.

PHYSICIAN DIRECTOR / QUALITY IMPROVEMENT

A. Ambulance services that utilize this protocol must designate a Specialty Care Inter-facility / Patient Transport Physician Director. The Physician Director will be responsible for:

1. Oversight of a quality improvement program for Specialty care inter-facility patient transports.

2. Oversight of continuing education required for critical care paramedics who have completed the UMBC Critical Care Transport Program.

B. Ambulance services that utilize this protocol must designate a Specialty Care Inter-facility/ Patient Transport Coordinator (SCT Coordinator). The Specialty care coordinator will be responsible for:

1. Overseeing continuing education and skills check off to maintain a highly skilled and trained staff to function at their highest level.

2. Provide overall leadership and direction of the CCT staff.

3. Develop and implement an SCT department plan to include all of the following components:
   a. Training
   b. CQI/QA
   c. Recruitment and orientation
   d. Use of a MCA approved Specialty care inter-facility transfer form.

4. Communicate and collaborate with the CCT Medical Director on pertinent issues.

C. Quality assurance review shall be done on 100% of Specialty care inter-facility transfers by the transferring agency with periodic review by the CCT Medical Director.

CRITERIA FOR ACTIVATION OF A SCT AMBULANCE

A. The medical appropriateness of a SCT transport shall be decided by the transferring physician. The following list of procedures and interventions should trigger the response of a SCT transport ambulance:

1. Respiratory Failure / persons receiving mechanical ventilation
2. Post cardiac or traumatic arrest
3. Intra-aortic balloon pump and/or ventricular assist device transport
4. Patients with chest tubes
5. Patients receiving more than (3) medications via infusion pump.
6. Patients with surgical airway interventions.
7. Patients with invasive lines
8. Patients receiving medications via infusion pump not stocked in the MCA medication box.
9. Patients who may require 12-Lead ECG monitoring / transmission

RESPONSIBILITY OF RECEIVING FACILITY

A. Receiving facility physician shall document the receipt of any unused medications transported with the patient which were prescribed by the transferring physician and notify the transferring facility of the unused medications except in instances where it is agreed that the transferring service will return such medications to the transferring facility, following completion of the transfer.

DISBURSEMENT OF THE PATIENT TRANSFER FORM

A. Transferring facility – This portion of the form is completed by the transferring physician. The top white copy shall remain with the transferring facility.

B. Transferring Agency – This portion of the form is completed by the transferring personnel who is in charge of the patient during the transfer. Transferring agency shall retain the third white copy.

C. Receiving Facility - This portion of the form is completed by the receiving facility. Receiving facility shall retain the second white copy.

D. The fourth copy shall be used by the transferring agency as a pharmacy copy for exchange of Drug/Trauma boxes, if needed.

LEGAL APPLICATION

A. All State and Federal guidelines/laws shall be followed when the transfer of patients occur between health facilities within the Macomb County Medical Control Authority or any other Medical Control Authority.