

HOSPITAL GUIDELINES FOR ACUTE CARE INTERFACILITY TRANSFER VIA AMBULANCE

I. PURPOSE

This policy describes options for interfacility transfer between acute care hospitals and the procedures required to arrange transport. Transport options vary in terms of accompanying personnel, scope of practice provided and timeliness of availability.

Transports from other facilities (e.g. nursing homes, clinics, or other facilities that are not licensed to provide acute inpatient care) are not an acute care interfacility transfer.

II. TRANSPORT OPTIONS FOR ACUTE CARE INTERFACILITY TRANSFER

It is the responsibility of the transferring hospital/facility to select the transport option appropriate for the patient's condition.

A. Emergency Paramedic Ambulance Transport (Interfacility Emergency Response)

To be used for patient transfer between two acute care hospitals that requires critical timely interventions or evaluation at another hospital when that care is not available at the sending hospital.

1. Interfacility Emergency Response Capabilities

- a. The emergency ambulance provider for the area in which the hospital is located will respond for these transports as an emergency response.
- b. Provides paramedic level service with a single paramedic providing care in the ambulance. Refer to scope of practice matrix on page three.
 - i. Protocols for any patient treatment administered by paramedics during the transport are determined by Contra Costa EMS policy and procedures.
 - ii. When patient needs exceed paramedic scope of practice or when care may require more than one person, sending facility must provide additional personnel or equipment.
- c. Arrival at the sending facility is generally within ten minutes. Patient should be ready for transport when ambulance arrives.

2. Examples would include:

- a. Critical trauma care
- b. Cardiac interventional care
- c. Obstetric care - patients in active labor (excluding those with imminent or possible precipitous delivery)
- d. Other clinical situations which require specialty emergent care not available at the sending facility (e.g. vascular surgery)

B. Other Acute Care Transports

The timeliness and availability of other acute care transfers that do not involve a 9-1-1 paramedic ambulance response (Interfacility Emergency Response) are not within Contra Costa EMS oversight or control.

1. EMT-I Ambulance

- Provides EMT-I level service with a single EMT-I providing care in the ambulance. Refer to scope of practice matrix on page three.
- Arrival time based on availability.
- Numerous private EMT-I ambulance providers are available to provide this service.
- Generally used for routine interfacility transport of patients with minimal care needs.



- Level of care may be enhanced by personnel and equipment provided by sending facility for needs beyond EMT-I scope of practice.

2. Critical Care Transport Paramedic Ambulance (CCT-P)

- Provides paramedic level service with an extended paramedic scope of practice (CCT-P). Refer to scope of practice matrix on page three.
- Arrival time based on availability.
- Provides one CCT Paramedic as caregiver.
- Private ambulance agencies may provide this care.
- Guidelines for any treatment administered by paramedics are determined by Contra Costa EMS policy and procedures.
- Generally used for routine interfacility transport of patients whose needs are not highly complex and are within the available scope of practice.

3. Critical Care Transport Ambulance with RN Staffing

- Provides advanced care for patients with complex medical needs.
- The scope of practice of nursing or physician personnel is determined by the ambulance provider agency.
- Arrival time based on availability.
- Numerous private ambulance providers offer this level of service.
- Specialty transports for pediatric and obstetric patients are also available.

4. Air Ambulance

- Provides RN level of care for patients with complex medical needs.
- Arrival time based on availability.
- In situations where receiving hospital is distant, may provide most rapid mode of transport.

III. PROCEDURES TO ARRANGE ACUTE CARE INTERFACILITY TRANSFER

A. Interfacility Emergency Response (Emergency Paramedic Ambulance Transport) – For a patient who requires emergency transfer (needing immediate care or intervention at the receiving facility – e.g. critical trauma or ST-elevation myocardial infarction):

- 1. Assure appropriate indication for use.** Emergency ambulance transport utilizes 9-1-1 resources and is reserved for truly emergent cases.
- 2. Arrange for transfer** with receiving facility personnel.
- 3. Assess patient needs in transport to determine if patient needs exceed paramedic scope of care.** If beyond paramedic scope, hospital will need to provide personnel and equipment to accompany patient (e.g. if IV pump needed, blood transfusion in progress, management of paralytic agents for intubated patient).
- 4. Have records (and staff and equipment, if necessary) prepared for transport.** The ambulance will generally arrive within 10 minutes of request and patient should be ready for transport. If delays occur, the 9-1-1 ambulance may be reassigned for other emergency needs. If additional records are not available, they can be faxed or transported separately.
- 5. Call 9-1-1 to request “Interfacility Emergency Response.”** Exception: For San Ramon Medical Center, contact San Ramon Valley Fire Protection District Communication Center.

***NOTE: This information in the above section is contained in the INTERFACILITY EMERGENCY RESPONSE worksheet**

B. All other interfacility transfers (e.g. hospital to non-acute care setting): Determine transport option and contact private ambulance provider.

CONTRA COSTA EMS PROVIDER SCOPE OF PRACTICE FOR INTERFACILITY TRANSFER MATRIX

SKILL	EMT-I SCOPE OF PRACTICE	EMERGENCY AMBULANCE PARAMEDIC SCOPE OF PRACTICE (Includes EMT-I scope)	CRITICAL CARE TRANSPORT - PARAMEDIC SCOPE OF PRACTICE (CCT-P)
LIFE SUPPORT	CPR	CPR plus ACLS within scope	CPR plus ACLS within scope
AIRWAY MANAGEMENT	Oropharyngeal airway Nasopharyngeal airway Suction devices Oxygen delivery via nasal cannula or simple mask only Bag-valve-mask	Endotracheal intubation Esophageal (King) airway Pediatric intubation (patients > 40 kg ONLY) Airway visualization with laryngoscope and foreign body removal with forceps	Same as emergency ambulance paramedic plus Ventilators (automatic transport)
IV FLUIDS AND MANAGEMENT	May monitor peripheral lines containing plain isotonic or glucose solutions with no medications added . EMT-I's are restricted to monitoring, maintaining present rate, or turning off flow of IV fluid	Administer and adjust rate of glucose or isotonic balanced saline solutions. May monitor and adjust IV solutions containing potassium (20 mEq/L or less).	Administer and adjust rate of glucose or isotonic balanced saline solutions May monitor and adjust IV solutions containing potassium, heparin, and/or NTG May use an infusion pump to administer the above
MONITORING	Cannot provide cardiac monitoring. May monitor NG and gastrostomy tubes, saline or heparin locks, foley catheters or established tracheostomy tubes. Central venous access lines may be present but no infusions except if via patient-controlled device. Cannot transport patients with arterial lines or chest tubes	Continuous ECG monitoring Chest tube monitoring Pulse oximetry IV line monitoring, not including arterial lines	Continuous ECG monitoring Chest tube monitoring Pulse oximetry IV line monitoring, not including arterial lines Tubes monitoring including foleys, suprapubic catheters, and other indwelling GI tubes
BASIC PROCEDURES	First aid CPR Obtain vital signs, pupillary status, assess level of consciousness Use stretchers and immobilization devices May assist patient in use of patient-operated, physician prescribed devices	Defibrillation Synchronized cardioversion Valsalva maneuver Cardiac pacing Venous blood sample draws Blood glucose monitoring	Same as emergency ambulance paramedic
INVASIVE PROCEDURES	None	Needle thoracostomy	Same as emergency ambulance paramedic
MEDICATIONS	Glucose paste only	Adenosine Albuterol Amiodarone Atropine Calcium Chloride Dextrose (10% or 50%) Diphenhydramine Dopamine Epinephrine Glucagon Glucose paste Midazolam Morphine sulfate Naloxone Nitroglycerin (sublingual) Sodium Bicarbonate Does not include Blood or Blood Products	Same as emergency ambulance paramedic, plus: IV Heparin, Nitroglycerin or Potassium Chloride Continuous infusions of Lidocaine, Midazolam, Morphine Sulfate, Sodium Bicarbonate or Amiodarone. Total Parenteral Nutrition Glycoprotein Inhibitors Blood and Blood Products

INTERFACILITY EMERGENCY RESPONSE - REQUEST PROCEDURE

Contra Costa County Emergency Medical Services

1 Determine Appropriate Indication*

*Appropriate indication – patient needs immediate intervention at receiving facility that is not available at sending facility. Clinical settings other than critical trauma or STEMI may also occur.

Critical Trauma Criteria | Patients with need for immediate neurosurgical intervention
Patients with penetrating gunshot wounds to head or torso
Patients with penetrating wounds by an mechanism who present with or develop shock
Patients with vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes)

STEMI | ST-elevation MI identified by 12-lead ECG requiring transfer for PCI or Cardiac Surgery

Obstetric Care | Patients in active labor (excluding those with imminent or possible precipitous delivery)

Other | Other clinical situations which require specialty emergent care not available at the sending facility (e.g. vascular surgery)

2 Contact Receiving Facility for Transfer Acceptance

Critical Trauma – Closest Trauma Centers

STEMI Centers

Adult | John Muir Walnut Creek.....925-941-5005
Alameda County (Highland)...510-437-4800
Sutter Eden Medical Center.....510-889-5105

Name/ _____
Phone #s _____

Pediatric | Children's Hospital Oakland...510-428-3240

3 Assess Patient Care Needs / Determine Scope of Care Required

Assure secure airway, assess need for additional staff, equipment or medication

Paramedic scope of practice

Adenosine	Epinephrine (no infusion)
Albuterol	Glucagon
Amiodarone	Midazolam
Atropine	Morphine
Calcium chloride	Naloxone
Dextrose	NTG (sublingual only)
Diphenhydramine	Sodium Bicarbonate
Monitor chest tube, foley catheter	Pulse oximetry, ECG monitoring, external cardiac pacing
Adult endotracheal intubation (no RSI)	

Common items beyond paramedic scope

IV pump/TPN/continuous medication infusions
Any IV pressor/inotropic agents
Intravenous NTG or glycoprotein inhibitor
Paralytic agents
Blood transfusion / blood products
Arterial line
Pediatric intubation (below 40 kg)
Ventilators
If any of these items required, additional RN or physician staff needed.

4 Prepare for Transport

Have records, additional staff and equipment ready for transport. Additional records not available immediately can be faxed or transported separately. Expect arrival of transport unit within 10 minutes once 9-1-1 call made and be ready to transfer care to EMS crew at time of arrival.

5 Contact 9-1-1 (Exception: San Ramon)

- If 9-1-1 called, initial police agency dispatcher will transfer to the fire dispatch agency.
- Request **"Interfacility Emergency Response"** from fire dispatch.
- For San Ramon Regional Medical Center, contact San Ramon Valley Fire Protection District dispatch at 925-838-6691.