SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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INTERFACILITY TRANSFERS

I. PURPOSE

A. Define the San Francisco EMS Agency requirements pertaining to interfacility transfers by ambulances
B. Establish procedures to arrange, facilitate, and track interfacility transfers
C. Identify appropriate level of care and method of transport within the San Francisco EMS System

II. AUTHORITY

A. California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.206, 1797.222, 1798.170, and 1798.172
B. California Code of Regulations, Title 22, Sections 100063, 100145, 100147, 100172, 100175, and 100266

III. POLICY

A. Hospitals shall comply with all applicable Federal, State, and Local laws, regulations, and policies governing the access, treatment, and transfer of patients.
B. Hospitals shall develop written policies governing patient transfers and ensuring compliance with all applicable laws, regulations, and policies.
C. Hospitals shall develop written transfer agreements with facilities offering specialty care services not available internally.
   1. All hospitals within the City and County of San Francisco will develop a written transfer agreement with a local EMS designated Trauma Center and an EMS designated Pediatric Trauma Center to facilitate the rapid transfer of critical trauma patients to a local Trauma Center.
   2. All hospitals within the City and County of San Francisco shall develop a written transfer agreement with a hospital that has a California Children's Services certified Pediatric Intensive Care Unit if such services are not available internally.
   3. All hospitals within the City and County of San Francisco shall develop a written transfer agreement with an EMS designated Burn Center if such services are not available internally.
D. No transfer will take place without the transferring physician ensuring that:
   1. The patient received an appropriate medical screening examination and medical treatment within the transferring facility's capacity that minimizes the risks to the patient's health;
   2. There is an accepting physician;

3. The accepting facility has the capacity to care for the patient and has consented to receive the patient;
4. All available medical records regarding the patient's diagnosis and care have been made available to the accepting facility;
5. The patient has no emergency medical condition or has a stabilized emergency medical condition;
6. An appropriate method of transport is arranged;
7. There will be attendance by appropriately licensed or certified personnel with the essential equipment and medications needed to ensure appropriate treatment during transport.

E. The transferring physician is responsible for approving the category of qualifications of transporting personnel

1. Determining level of care necessary for transport will be done in accordance with IV, E.
2. When determining the necessary qualifications, consideration must be given to the length of time the patient is expected to be in the care of the transporting personnel, the patient's condition at the time of transfer, and the likelihood of the patient's condition deteriorating during the transport
3. When a reasonable possibility exists that a patient may deteriorate during the transport, the transferring physician will require the attendance of personnel capable of caring for the patient in the event of such deterioration.

F. The transferring physician remains responsible for the patient until such time as the patient arrives at and is accepted by the intended receiving facility and receiving physician.

1. Medical control of prehospital personnel remains with the EMS Agency Medical Director and the Base Hospital Physician.
2. Prehospital personnel will not exceed their scope of practice while caring for patients during interfacility transfers.
3. Registered Nurses accompanying patients on transports will operate under the medical control of the transferring physician.

G. The primary provider of emergency response to 911 requests in San Francisco shall not do interfacility transport except when:

1. A helicopter has landed and has an unstable patient requiring emergent transport to a hospital and the pre-arranged ground transport has failed to provide service.
    a) Helicopters shall not leave the sending facility without pre-arranged ground transport from the landing site to the intended receiving hospital.
2. A critical trauma patient requires emergent transport to a local Trauma Center in accordance with a written transfer agreement.
3. An unstable patient requires emergent transport from an Emergency Department to another facility that can provide specialty care the sending hospital cannot, and delay in receiving such care poses an imminent threat to the patient's health.

H. All incidents under section G require an Unusual Occurrence report be filed with the EMS Agency within 24 hours of the incident.

1. Responsibility for filing the report rests with the sending physician except in the case of helicopters, in which case the helicopter crew is responsible.

IV. PROCEDURE

A. Sending hospital, under the direction of the transferring physician, shall arrange for appropriate method of transportation.

1. Basic Life Support ambulance (BLS) – to transfer stable patients between acute care facilities or to sub-acute care facilities (including home).
2. Advanced Life Support ambulances (ALS) – to transfer stable patients that require cardiac monitoring or may require intervention that is within the paramedic scope of practice and for non-life threatening conditions.
    a) In the event of sudden, unexpected patient deterioration the paramedic in attendance will treat the patient according to existing ALS protocols and/or Base Physician direction.
3. Critical Care Transport (RN) – for transferring stable patients requiring continuous therapy not included in the paramedic scope of practice, patients who have a reasonable expectation of deterioration during the transport, or unstable patients requiring transfer for specialty care.
4. Critical Care Transport-Paramedic (CCT-P) - for transferring stable patients requiring continuous therapy not included in the paramedic basic scope of practice, patients who have a reasonable expectation of deterioration during the transport, or unstable patients requiring transfer for specialty care.
5. In the event an unstable patient or a patient requiring CCT level care requires immediate transport and the only available ambulance is either BLS or ALS, the transferring physician must accompany the patient (or designate a qualified individual to accompany the patient) with all essential equipment and medications.

B. Sending hospital will transfer care to the transport personnel and provide all documentation needed to continue care of the patient at the receiving facility.

1. Transfer of care includes a verbal report to the transporting personnel from the transferring physician or nurse caring for the patient at the time of transport.
2. Transporting personnel will be provided with patient information necessary to continue care of the patient and complete any required patient care reports.

C. Transporting personnel will assume and continue care of patient until such time as patient care is transferred to the receiving facility staff along with all documents necessary to continue care of the patient.

1. Transporting personnel will provide advanced notification via radio while enroute to the receiving facility if:
    a) The patient is a transfer for higher level of care; and
    b) The patient's destination is the receiving facility's Emergency Department.
2. Transfer of care includes a verbal report to the receiving facility staff assigned to care for the patient.

D. Patient belongings, supplies, and equipment shall only be transported with the patient in such amounts that can be safely secured in the ambulance.

1. Transport personnel will not assume responsibility for controlled substances or medications in unsealed packages.

E. Guidelines for determining level of care

1. The following table identifies the minimum level of care required for the type of care needed or equipment required during transport.

Equipment or Care Required	BLS	ALS	CCT - RN	CCT-P
Stable patient requires no special care, may have NG tube, Foley catheter, gastrostomy tube, or patient controlled device that requires no intervention from transporting personnel	♦			
Stable patient requires cardiac monitoring or may need paramedic level intervention, with no reasonable expectation that patient condition will deteriorate		♦		
Stable patient requiring care outside paramedic scope of practice, patient whose condition has a reasonable expectation of deteriorating, or an unstable patient			♦	♦
Oxygen by mask or cannula	♦			
Continuous ventilatory assistance required			♦	♦
Accompanied by RT or RN from hospital		♦		
Peripheral IV (or heparin/saline lock) without additives	♦			
D10 (as substitute for TPN)	♦			
Potassium Chloride <40 mEq/L		♦		
Peripheral IV with any drug listed in paramedic scope of practice being administered to a stable patient, infused without an IV pump		♦		
IV infusion of any drug requiring an IV pump, outside paramedic scope of practice, or to unstable patient			♦	♦
Central venous access device (capped)	♦			
Central venous access device with fluids running	♦			
Arterial access device			♦	
Pulmonary artery line in place			♦	
Intra-Aortic Balloon Pump			♦	
Intracranial pressure line in place			♦	
Temporary pacemaker			♦	
Chest tube w/o suction		♦		
w/ suction			♦	♦