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Inter-facility Patient Transfers

Purpose: The purpose of this protocol is to establish a uniform procedure for inter-facility transfers. Providers of inter-facility transfers must have MCA privileges in the MCA in which the transfer begins or ends unless otherwise indicated (per MCA selection).

MCA Approval for Inter-Facility Transfer Resource Expansion

☐ Inter-facility transfers initiated within the MCA may be carried out by providers that hold MCA privileges in an MCA other than the sending or receiving MCA.

The MCA is responsible for establishing guidelines and communications for this process and maintain a roster of providers . Providers will provide care under their originating MCA protocols unless otherwise specified.

1. Responsibility:
   - A. Patient transfer is a physician-to-physician referral. The transferring physician is responsible for securing the acceptance of the patient by an appropriate physician at the receiving facility prior to the transportation. The name of the accepting physician must be included with the transfer orders.
   - B. It is the responsibility of the transferring facility to:
     - a. Perform a screening examination.
     - b. Determine if transfer to another facility is in the patient's best interest.
     - c. Initiate appropriate stabilization measures prior to transfer.
   - C. During transport, the transferring physician is responsible for patient care until arrival of the patient at the receiving facility.
   - D. It is the transferring physician's responsibility to know and understand the training and capabilities of the transporting EMS personnel.
   - E. BLS may transport the following (per MCA selection)
     - a. IV fluids without medications added on dial-a-flow or gravity run – peripheral site.

MCA Approval for BLS care during Interfacility transfer

- ☐ IV Fluids on a pump
- ☐ IV Antibiotics that have been infusing for at least 15 minutes prior to departure.
- ☐ IV Lipids/TPN
- ☐ PCA Pump

F. Additional/Accompanying Staff (Non-EMS personnel) assigned for transfer by physician:
    a. The transferring physician is responsible for ensuring the qualification of accompanying staff.
    b. Accompanying staff will render care to the patient under the order of the transferring physician.
    c. It is the responsibility of the transferring facility to arrange for the return of staff, equipment, and medications.

2. Transportation
    A. Pre-transport
        a. Care initiated by the transferring facility that requires continuation during transport, along with additional treatment(s) will be determined by the transferring physician.
        b. Orders for treatment shall be provided in writing to the EMS personnel prior to initiation of the transport by the transferring Physician.
            1. A mutually agreed upon primary form of communication with the transferring physician for the duration of the transfer.
        c. Ordered medications not contained within the EMS System Medication Box must be supplied by the transferring hospital.
        d. EMS personnel must be trained in all the equipment, procedures, and medications being used in the patient's care during the transfer. see **ENHANCE PARAMEDIC INTERFACILITY CARE/CRITICAL CARE PROTOCOL**
        e. Patient care, procedures, equipment, or medications that exceed EMS personnel training require additional/accompanying staff (see section 1.F. above).
        f. EMS personnel have the right to decline transport that is outside their scope of practice and/or training when additional/accompanying staff is unavailable.
        g. 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 appropriate transfer documents.
    B. During Transport
        a. Hospital supplied medications not used during transport must be appropriately tracked, wasted and documented.
            1. All controlled substances and Propofol must have a documented chain of custody.
        b. The concentration and administration rates of all medications being administered will be documented on the patient care record.
        c. Interventions performed en route, and who performed them, will be documented on the patient care record.

d. Intervention beyond the written orders provided by the transferring Physician, require contact with the transferring Physician.

e. Order of operation for care and communication when unable to contact the transferring physician.
    1. Follow Medical Control approved Protocols under which the EMS agency has Medical Control privileges and initiate contact with:
        a. Receiving physician
        b. On-line Medical Control Physician from the sending facility.
        c. On-line Medical Control Physician from the receiving facility
        d. Closest appropriate on-line Medical Control facility.

3. Special Treatments

A. Interfacility High Flow Nasal Oxygen (HFNO) (per MCA selection)

Interfacility High Flow Nasal Oxygen Included?
■ Yes ☐ No

a. See **Interfacility High Flow Nasal Oxygen-Procedure Protocol**
b. Ensure adequate supply of oxygen is available for transport.
    1. Calculate amount of oxygen needed prior to departure.
    2. Must have minimally two times the amount of oxygen calculated.

Medication Custody Form

Patient Name _____

EMS Staff Receiving Medication _____ (**Name**) _____ (**Signature**)

Hospital Staff Sending Medication _____ (**Name**) _____ (**Signature**)

Medication	Amount Received From Hospital	Administered	Wasted

EMS Staff Wasting Medication _____ (**Name**) _____ (**Signature**)

Hospital Staff Witnessing Waste _____ (**Name**) _____ (**Signature**)

Enhanced Paramedic Inter-Facility Patient Transfers and Critical Care Interfacility Patient Transports (MCA Optional Protocol)

Paramedic Use Only

Purpose: To expand the Scope of Practice for ALS EMS providers in the performance of Interfacility Patient Transfers through the requirement of additional education and training.

☐ Medical Control Authorities choosing to adopt this supplement may do so by selecting this check box. Adopting this supplement changes or clarifies the referenced protocol or procedure in some way. This supplement supersedes, clarifies, or has authority over the referenced protocol.

MCAs must submit training curriculum to MDHHS.
MCAs will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster to MDHHS.

☐ **Enhanced Paramedic Inter-Facility Transfers**

☐ **Critical Care Inter-Facility Transfers**

ENHANCED PARAMEDIC INTER-FACILITY PATIENT TRANSFERS

A. Training:

Only personnel trained under an approved MDHHS and MCA Expanded Scope curriculum may utilize the listed medications or procedures included in this addendum during interfacility transfers without additional/accompanying staff. See **Inter-Facility Patient Transfer Protocol.**

B. Medications:

1. The following medications/fluids (to a maximum of two simultaneously) may be continued during transport by MCA approved ALS personnel. These medications may require the use of an IV infusion pump which will be supplied by the sending facility or the ALS provider. The medications may be monitored by the attending paramedic only and may NOT be titrated or started as a new infusion. Should complications arise, infusions must be discontinued, and medical control contacted. Paramedics must receive training in the use of these medications (per MCA Selection)

Enhanced Paramedic Interfacility Medications (Per MCA Selection)

- ☐ Amiodarone
- ☐ Antibiotics
- ☐ Antifungals
- ☐ Antihistamines
- ☐ Antivirals
- ☐ Beta Agonists
- ☐ Beta Blockers
- ☐ Blood
- ☐ Calcium Channel Blockers
- ☐ Calcium Gluconate
- ☐ Collids/Crystalloids/Lipids
- ☐ Electrolytes
- ☐ Glycoprotein IIa/IIIB Inhibitors
- ☐ Heparin
- ☐ Insulin Pumps (closed systems)
- ☐ Lidocaine
- ☐ Magnesium Sulfate
- ☐ Nexium (esomeprazole)
- ☐ Nitroglycerin
- ☐ Nitroprusside
- ☐ NSAIDs
- ☐ Oxytocin (Pitocin)
- ☐ PCA Pumps (closed systems)
- ☐ Pepcid (famotidine)
- ☐ Potassium (up to 20 mEq)
- ☐ Protonix (pantoprazole)
- ☐ Sodium Bicarbonate
- ☐ TPN (Total Parenteral Nutrition)
- ☐ Tranexamic Acid (TXA)
- ☐ Vitamins
- ☐ Zantac (ranitidine)

2. Medications used from an ALS medication bag will be recorded by the paramedic, per the appropriate medication usage form. Upon arrival at the receiving facility the medication box will be exchanged per protocol. If the receiving facility is outside the West Michigan Regional Drug Bag Exchange program participation area, replacement of the medication box is the responsibility of the sending facility.

3. EMS documentation of the interfacility transfer must include the interventions performed en-route and documentation of personnel involved in specific patient care activities.

C. Skills:

☐ **Chest Tubes/Chest Drainage Units: [C]**

Paramedics in the participating medical control authority may monitor an existing chest tube during transport. The chest tube shall be placed by the sending facility and any necessary equipment will be provided by the sending facility.

☐ **Pressors: [P]**

Paramedics in the participating medical control authority may maintain an existing infusion of a pressor medication. Any pressor infusion must be delivered via an IV pump. Agencies and sending facilities should collaborate with regards to equipment necessary for maintenance of pressor infusions. Paramedics may titrate pressor medications based on the parameters in written orders obtained from the sending facility.

☐ **tPA: [T]**

Paramedics in the participating medical control authority may transport patients receiving tPA, Tissue Plasminogen Activator (Alteplase, Activase), in the presence of acute ischemic stroke, myocardial infarction, pulmonary embolism, central venous catheter occlusion, arterial thrombus or embolism, or other medical indication. In long transports where tPA dosing changes, transition between hospital premixed bags may be performed in transit with written orders, and medication cross check prior to departure from the facility. Agencies and sending facilities should collaborate with regard to equipment necessary for continuation of tPA therapy.

☐ **Paralytics/Sedatives: [S]**

Paramedics may, to properly manage the mechanically ventilated patient, titrate sedative medications based on the parameters in written orders obtained from the sending facility, and may maintain paralytics as ordered. Agencies and sending facilities should collaborate with regards to equipment necessary for administration of medication infusions.

☐ **Ventilators: [V]**

Paramedics in the participating medical control authority may maintain, and adjust mechanical ventilation as ordered by a sending facility. Supply of a mechanical ventilator (agency-owned vs. hospital-owned) shall be determined by the medical control authority.

☐ **Insulin: [I]**

Paramedics in participating medical control authorities may administer insulin by subcutaneous injection, IV drip or closed system continuous infusion pump based on written orders obtained from the sending facility/attending physician.

Critical Care Patient Inter-Facility Transports

Purpose: To provide hospital facilities, physicians, and medical transport personnel with guidelines to facilitate inter-facility transportation of critically sick and injured patients within Advanced Life Support vehicles. Paramedics must complete and MDHHS approved critical care course.

1. Vehicle, Equipment and Staffing Requirements
    A. MDHHS Vehicle License. All vehicles conducting Critical Care Inter-Facility Patient Transports must be licensed as transporting Advanced Life Support (ALS) vehicles.
    B. Equipment. The following is the minimum equipment that will be carried by an ALS vehicle while it is providing Critical Care Inter-Facility Patient Transport, in addition to the equipment required by Part 209, P.A. 368 of 1978, as amended, and local medical control authority protocols:
        a. Waveform Capnography
        b. Portable Ventilator or staff capable of providing ventilatory support
        c. Portable Infusion Pump(s)
        d. Pressure infusion bag(s)
    C. Staffing
        a. All ALS vehicles that conduct Critical Care Inter-Facility Patient Transports will be staffed in accordance with local medical control requirements with at least one (1) paramedic trained in the Critical Care Inter-Facility Patient Transport curriculum. The trained paramedic must be in the patient compartment while transporting the patient.
        b. The above requirement for staffing does not apply to the transportation of a patient by an ambulance if the patient is accompanied in the patient compartment of the ambulance by an appropriately licensed health professional designated by a physician and after a physician-patient relationship has been established as prescribed. (PA 368, Section 20921(5)).

2. Critical Care Inter-Facility Patient Transport Physician Director/Quality Improvement
    A. Ambulance services that utilize this protocol must designate a Critical Care Inter-Facility Patient Transport Physician Director.
    B. The Critical Care Inter-Facility Patient Transport Physician Director will be responsible for:
        a. Oversight of a quality improvement program for Critical Care Inter-Facility Patient Transports

b. Oversight of the training curriculum for EMS personnel trained under this protocol.

3. Critical Care Inter-Facility Patient Transport Curriculum
   A. Curriculum must be submitted to MDHHS for approval prior to class implementation.
   B. Curriculum will include at a minimum, the following:
      a. Ventilators
      b. Chest Tubes and Drainage Devices
      c. Invasive Line Maintenance
      d. Equipment Training (IV Pumps, Ventilator, etc.)
      e. Thrombolytics
      f. Interpreting blood gases
      g. Blood products
      h. Cardiac Enzymes
      i. Vasoactive drugs
      j. Critical Care Patient Transport Protocol Review
      k. Paralytics
      l. Practical Lab
      m. Cardiac Physiology
      n. High Risk Pregnancy
      o. Antibiotics
      p. Pediatrics
      q. Critical Care Patient Transport Charting
      r. Critical Care Patient Transport Call: Start to Finish
      s. Critical Care Patient Transport Case Presentations
      t. Written and Practical Exam