



Policy 616: Interfacility Transfers

Revision 12/10/19
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- I. Purpose
 - A. To provide guidelines for ALS Interfacility transfers within Santa Cruz County.
- II. Philosophy
 - A. The Exclusive Operating Ambulance service (herein the County Ambulance Service) has the exclusive rights and responsibility to provide ALS 911 ambulance services and ALS interfacility transportation of hospitalized or emergency department patients to another medical facility.
 - B. Whenever possible, patients transported by ground using the County Ambulance service should remain in Santa Cruz County, provided those services are available.
 - C. Hospitals are encouraged to establish and maintain relationships and contracts with ambulance providers that provide BLS or CCT-RN not otherwise covered by this policy.
 - D. This policy:
 - 1. Applies only to interfacility transfers between two acute care hospitals
 - 2. Does not apply to BLS or CCT transfers
- III. Definitions
 - A. *Advanced Life Support (ALS) Transport*: An ambulance staffed with a minimum of 1 Paramedic and 1 EMT with a scope of practice as defined by Policy 208: *EMS Responder Scope of Practice*. An ALS ambulance is capable of providing certain lifesaving medications, interpret cardiac monitors, start IV lines, provide IV fluids, intubate and provide Bag Valve Mask Ventilation. ALS ambulances are not capable of monitoring the infusion of many medications or any blood products, nor do they have ventilator capability.
 - B. *Basic Life Support (BLS) Transport*: An ambulance staffed with a minimum of 2 Emergency Medical Technicians with a scope of practice as defined by Policy 208: *EMS Responder Scope of Practice*. Generally, a BLS ambulance can observe a patient and provide first aid interventions as needed. BLS ambulances are not authorized to initiate or monitor medications, start and maintain IV lines or observe a cardiac monitor. A saline or heparin locked IV or central catheter without any medications is considered BLS level.
 - C. *Closest Appropriate Facility*: Time closest hospital with the needed capability not available at the sending facility that has formally accepted the patient.
 - D. *Critical Care Transport-RN*: A critical Care transport ambulance is staffed with at least 1 registered nurse who is authorized under medical direction to provide most lifesaving



medications, intubate and ventilate, and initiate and monitor most infusions and blood products.

- E. *Emergency Transfer*: Patients with emergency medical conditions requiring time sensitive specialty receiving center care such as acute stroke thrombectomy, STEMI cardiac catheterization, trauma services or emergency intensive pediatric care that require time sensitive interventions, procedures and/or expertise not available at the sending facility in order to avoid additional mortality or morbidity.
- F. *In Extremis*: Patients at or near the point of death as defined in Policy 621 *Patient Acuity Guidelines*.
- G. *Interfacility Transfer*: The transport of a patient between two healthcare facilities.
- H. *Non-Urgent Transfer*: Patient with medical conditions that could be provided by the sending facility but are being transferred for patient preference, insurance reasons, or mental health evaluation. No period of delay is expected to create additional mortality or morbidity.
- I. *Trauma Re-triage*: Trauma patients with Physiologic and/or Anatomic criteria as defined in Policy 627 *Emergency Department Trauma Re-Triage*.
- J. *Urgent Transfer*: Patients with urgent medical conditions that require time sensitive interventions and/or expertise not available at the sending facility but could tolerate a delay of up to 4 hours without expected additional mortality or morbidity.

IV. Guidelines for requesting County Ambulance Interfacility Transfer Services:

- A. Emergency transfers
 - 1. The medical condition meets Emergency Transfer criteria as defined herein.
 - 2. The patient requires or may potentially require ALS expertise or interventions during the course of the transfer and:
 - a) The care cannot otherwise be provided by a BLS ambulance.
 - b) The patient does not require, or may not potentially require, CCT-RN interventions or expertise during the course of the transfer
 - 3. In most cases, the receiving hospital is the closest appropriate facility.
 - 4. Response time is immediate, including the use of a 911 ambulance
- B. Urgent Transfers
 - 1. The medical condition meets Urgent Transfer criteria as defined herein.
 - 2. The patient requires or may potentially require ALS expertise or interventions during the course of the transfer and:
 - a) The care cannot otherwise be provided by a BLS ambulance.



- b) The patient does not require, or may not potentially require, CCT-RN interventions or expertise during the course of the transfer
- 3. In most cases, the receiving hospital is the closest appropriate facility. Sending facilities should make their best effort to minimize the distance of the transfer as clinically appropriate.
- 4. Response time is urgent and should occur within 4 hours
 - a) In cases where the receiving hospital is greater than 60 miles from the sending facility then the response time may be increased up to 24 hours.

C. Non-Urgent Transfers

- 1. The medical condition meets Non-Urgent Transfer criteria as defined herein.
- 2. The patient requires or may potentially require ALS expertise or interventions during the course of the transfer and:
 - a) The care cannot otherwise be provided by a BLS ambulance.
 - b) The patient does not require, or may not potentially require, CCT-RN interventions or expertise during the course of the transfer
- 3. In most cases, the receiving hospital is the closest appropriate facility.
- 4. Response time is non-urgent and should occur within 8 hours

V. Hospital Procedure for Requesting ALS transfer.

A. Steps

- 1. Arrange acceptance to the closest appropriate facility
- 2. Verify patient meets ALS criteria
- 3. Determine Urgency (Emergency, Urgent or Non-Urgent)
- 4. Notify SCR911
- 5. Prepare the patient for transfer
 - a) Patient is sufficiently resuscitated and can tolerate the transfer under ALS supervision.
 - b) Hospital records, images and transfer paperwork is signed and ready to be handed off
 - c) All infusions, including antibiotics, blood products, thrombolytics, pressors, or antihypertensives are discontinued.

VI. County Ambulance process for authorizing an ALS interfacility transfer.



- A. All requests for ALS interfacility transfer will be honored within the specified time frames
 - 1. Emergency: Immediate
 - 2. Urgent: Within 4 hours
 - 3. Non-Urgent: Within 8 hours
- B. Emergency transfer
 - 1. Allocate a 911 system ALS ambulance consistent with procedures for a scene call
- C. Urgent and Non-Urgent Transfers
 - 2. Approve if:
 - a) No other system ambulances are out of county
 - b) The system level can accommodate expected 911 traffic during the estimated period of absence of the transfer ambulance.
 - c) A Phase 1 or above condition as described in Policy 618: *Critical Ambulance Demand Mitigation* is not activated.
 - 3. Delay if:
 - a) Any of the 3 conditions above exist
 - a) Provide an estimated delay to the hospital.
- D. Notify the responding ambulance, providing the transfer category

I. Ambulance Procedure

- A. Emergency Transfers will be handled as highest priority (Code 3) responses consistent for procedures for a scene call.
- B. Urgent and Non-Urgent Transfers will be handled as moderate priority (Code 2) responses consistent for procedures for a scene call.
- C. EMS units must expedite return to Santa Cruz County upon completion of the call. Netcom should be notified when a unit is available within Santa Cruz County boundaries.

II. Special Circumstances

- A. CCT-RN transfers when helicopters can't fly
 - 1. CCT-RN transfers are typically best accommodated by a medical helicopter, however when flight is not possible the County Ambulance service may team up with the helicopter crew to temporarily convert a 911 ALS ambulance into a CCT-RN capable ambulance. In such a situation the guidelines, criteria and authorization processes herein shall apply.



- B. Area-wide emergency or disaster will void this policy. Patient transportation will be handled per the incident commander in accordance with the Multiple Casualty Management Plan (see Reference 811: *Multiple Casualty Management Plan*)
- III. Utilization review
 - A. The hospitals and ambulance service are expected to adhere to these guidelines and no requests for service will be prospectively denied unless an area wide emergency or disaster is in effect.
 - B. The EMS agency will perform periodic review of interfacility transfer requests.
 - C. Hospitals and/or the County Ambulance service may request the EMS agency to review any cases, and findings from the review will be reported to the Quality Improvement Committee.