



INTERFACILITY TRANSFER – GROUND AMBULANCE

Effective: July 1, 2019
Replaces: October 1, 2018
Review: October 2022

I. Purpose

The purpose of this policy is to establish standards for the ground ambulance transport of non-911 patients at the Basic Life Support (BLS), Advanced Life Support-Paramedic (ALS), and Critical Care Transport (CCT) levels.

II. Definitions

- A. **BLS Ambulance** – Any Santa Clara County permitted basic life support ambulance staffed with at least two Santa Clara County accredited EMTs.
- B. **ALS (Paramedic) Ambulance** – Any Santa Clara County permitted advanced life support ambulance staffed with at least one Santa Clara County accredited paramedic and one Santa Clara County accredited EMT or paramedic.
- C. **CCT Ambulance** – Any Santa Clara County permitted critical care transport ambulance with one of the following staffing configurations:
 - 1. One Santa Clara County accredited CCT-RN and two Santa Clara County accredited EMTs and/or paramedics; or
 - 2. One Santa Clara County accredited CCT-RN and one Santa Clara County accredited EMT or paramedic, if the CCT-RN has completed the Santa Clara County EMS Agency system orientation and can function at the same operational level as an accredited EMT.
- D. **Interfacility Call** – A request for patient transport originating from a health facility for transportation to another health facility.
- E. **Non-emergency Call** – A request for the transport of a patient to or from a private residence, health facility or other non-medical facility in a permitted ambulance and which is not an emergency call (BLS or ALS).
- F. **Wait and Return Call** – A request for patient transportation in which the caller requests that the ambulance crew wait for the patient at the receiving destination then return the patient to the original pick-up location; during this time, ambulance crew must remain at the patient destination and the ambulance and ambulance crew may not respond to any other calls.



III. Utilization Guidelines

- A. The 911 System shall not be used as a means for intake of interfacility transportation requests. All requests for interfacility requests shall be made directly to a private ambulance service dispatch center.
- B. The sending physician is primarily responsible for determining the appropriate level of care required for each transported patient. However, each private ambulance service dispatch center shall utilize call screening mechanisms to assist callers in selecting the most appropriate unit for every patient to be transported. The dispatch center shall also have a clear policy on which patients are to be immediately transferred to County Communications for a 911 response.
- C. The sending physician shall prearrange acceptance of the patient by another physician at the receiving facility. In the absence of such an arrangement crews shall transport the patient to the closest appropriate open emergency department.
- D. All BLS and ALS ambulance services may provide interfacility transports as long as an employee training program has been conducted. This program must include roles and responsibilities, emergency procedures, documentation, etc.
- E. Each private ambulance service shall designate at least one program coordinator who shall clinically oversee and review interfacility patient transfers. The program coordinator must possess a valid and equal or greater level of medical certification/licensure compared to the level of service to be overseen.

IV. Scope of Practice

- A. The scope of practice for EMTs and paramedics may not exceed those described by the EMS Agency.
- B. An EMT or paramedic may follow care instructions provided by the sending physician that are within the scope of practice of the EMT or paramedic and that do not conflict with standing orders established by the County EMS Agency Medical Director.
- C. A CCT-RN shall practice in accordance with orders provided by the sending physician and as authorized by the Medical Advisor (California licensed M.D. or D.O) of that private ambulance service.
- D. The sending physician or designee shall provide a verbal transfer of care report with transfer documentation to the transporting crew. Transfer documents must include the name of the sending and receiving physicians. Once this has occurred the transporting crew shall be responsible for the patient until they provide a verbal transfer of care report with transfer documentation to the accepting physician or designee at the receiving facility.



- E. A CCT-RN shall ensure that a physical copy of physician-signed transfer orders accompanies the patient. These orders must specify all care to be performed by the CCT-RN while that CCT-RN retains care of the patient.
- F. The transporting EMT, paramedic, or CCT-RN shall only transfer patient care to an equal or higher level care giver with the capability to continue the level of care provided during transport.
- G. If an ALS unit is used in place of a BLS unit, no ALS procedures are required, and the patient's condition originally warranted BLS level of care, the paramedic may transfer care to the EMT partner.
- H. In the event that a CCT unit is utilized for a 911 system response, the unit shall operate at the BLS level. Currently there is no provision for RN-level care in the 911 setting.
- I. A CCT ambulance may carry additional equipment not specified in *Santa Clara County Prehospital Care Manual Policy 302: "Minimum Inventory Requirements,"* as authorized by the individual private ambulance service medical director. The CCT-RN shall be responsible for the appropriate use of any additional equipment if carried.

V. Patient Care Records

An EMS Agency approved patient care record shall be completed for every transport.

VI. Hospital Communications

- A. Each provider shall contact the receiving facility to notify that facility of impending patient arrival. This may be accomplished by cellular phone or through the private ambulance service dispatch center.
- B. Santa Clara County EMS Radio Frequency Command 92 shall not be used for interfacility hospital notifications unless the patient is diverting to the closest, most appropriate, medical facility.

VII. Changes in Patient Condition

- A. In the event that a patient's condition deteriorates during transport to the prearranged destination, the following actions should be taken:
 - 1. A BLS ambulance shall divert to the closest most appropriate emergency department. If possible, pre-arrival hospital notification shall be made.
 - 2. An ALS ambulance paramedic may perform any ALS care within EMS Agency approved scope of practice as appropriate. Unless the paramedic is unable to manage the patient appropriately (patient is in extremis) they should not divert to another facility.
 - 3. CCT-Nurses shall follow their company protocols.



- B. A non-911 ambulance may operate with red lights and siren (RLS) if the patient's condition is such that not operating with RLS would present a clear risk to the patient's life and/or limb.

VIII. General Acute Care Hospital Requests for Service

All requests for interfacility transfers (BLS, ALS, and CCT-RN) shall be made directly to a private ambulance service dispatch center. A sending physician may order the use of red lights and siren for response and/or transport for any patient by written order.

- 1. *Santa Clara County Prehospital Policy #620: Schedule A; "Permitted Ambulance Providers"* list current Santa Clara County permitted ambulance providers and the level of services provided.
- A. A 911 ambulance may be used to immediately transfer a patient from a non-trauma facility to a Santa Clara County trauma center, if the acute trauma patient presents with any of the following:
 - 1. Systolic blood pressure (SBP) less than 90mmHg, or
 - 2. A 30mmHg decrease in SBP following two (2) liters of crystalloid solution infusion, or
 - 3. Head injury with unilateral pupil dilation, or
 - 4. Penetrating thoracic or abdominal trauma, or
 - 5. Any patient requiring immediate evaluation/resuscitation per the transferring physician
 - a. *Santa Clara County Prehospital Care Policy 620: Schedule B; "Trauma System Transfer Guidelines"*
- B. A 911 ambulance may be used to immediately transfer an acute stroke patient requiring comprehensive stroke services from a facility not able to provide necessary services to a capable facility, in the following circumstances:
 - 1. CCT-RN ambulance is not available in an appropriate amount of time given the patient's condition, and the patient requires rapid transport.
 - 2. IV thrombolytic infusion monitoring is outside the paramedic scope of practice. If infusion monitoring is necessary, facility staff (minimum RN level) will be required for the transport.
 - a. *Santa Clara County Prehospital Care Policy 620: Schedule C; "Stroke System Transfer Guidelines"*



- C. A 911 ambulance may be used to immediately transfer a “STEMI” patient requiring STEMI services from a facility not able to provide necessary services to a capable facility, in the following circumstances:
1. Non-911 paramedic or CCT-RN ambulance is not available in an appropriate amount of time given the patient’s condition, and the patient requires rapid emergency transport.
 - a. *Santa Clara County Prehospital Care Policy 620: Schedule D; “STEMI System Transfer Guidelines”*
- D. All other STEMI, stroke and trauma patients requiring transfer shall be transported via CCT ambulance. If a physician believes the patient requires immediate transport by 911 ambulance and the patient does not meet the above criteria the ED Staff shall contact the EMS Duty Chief for authorization. When this occurs the sending facility shall do the following:
1. The sending physician shall coordinate with the accepting physician prior to sending the patient. Physician to physician contact regarding the patients transferred using the 911 system can be accomplished by ED physician to ED physician contact.
 2. All calls for a 911 resource shall be made to County Communications via dedicated land line only. When requesting a 911 resource the caller should ask for a “code 3 trauma transport;” “code 3 STEMI transport” or a “code 3 stroke transport”.
 3. 911 ambulances will generally arrive within twelve (12) minutes; the sending facility will ensure the patient is ready for immediate transport at the time the call for ambulance is placed.
- E. The 911 emergency medical services system is not to be used for interfacility transfers except where authorized in section VIII, B, C and D.
1. If a request for an interfacility response is made to any Public Safety Answering Point (either by calling 911, the jurisdictions seven digit emergency number or by using the direct connect phone in the emergency department) the appropriate law enforcement, EMS, and fire service agency will be dispatched.
 2. Santa Clara County Prehospital Care Policy shall determine the patient’s destination and the role of any physician that may have ordered the transfer.
 3. All of interfacility responses will be reviewed and evaluated by the EMS Agency to determine if further reporting is required.
 4. Hospitals or other individuals that initiate interfacility transfers through the 911 EMS System may be responsible for all costs associated with the response.



IX. Discontinuation

Interfacility transports may be suspended at any time by the EMS Agency based on the needs of the 911 system. In such cases, any county permitted ambulances may be utilized for 911 system responses.

X. Wait and Return Calls/Transports Originating from Other Counties

Wait and return transports originating from other counties and conducted by non-permitted ambulance providers are authorized as follows:

1. Ambulance crew waits for the patient at the receiving destination, then return the patient to the original pick-up location; and
2. During the waiting time, the ambulance crew must remain at the patient destination; and
3. The ambulance and ambulance crew shall not respond to any other calls and/or conduct any other transports.