

REGION 11 CHICAGO EMS SYSTEM POLICY

Title: Interfacility Transfer

Section: Transportation

Approved: EMS Medical Directors Consortium

Effective: December 6, 2023

INTERFACILITY TRANSFER

I. PURPOSE

To define the EMS responsibilities for patient transport in an interfacility transfer.

II. DEFINITION

- A. <u>Interfacility Transfer</u>: Any transfer, after initial assessment and stabilization, from and to a health care facility. Examples would include hospital to hospital; clinic to hospital; hospital to rehabilitation; and hospital to long-term care.
- B. <u>EMTALA (Emergency Medical Treatment and Labor Act):</u> Federal law that requires hospitals with Emergency Departments to provide emergency medical care to everyone who needs it, regardless of ability to pay or insurance status and governs how patients may be transferred from one hospital to another.

III. POLICY

A. Patient Care

- 1. Federal legislation clearly requires the transferring facility and physician to be responsible for arranging the proper mode and level of transport with the appropriate level of EMS personnel.
- 2. In Region 11, EMS personnel must follow the EMS Protocols, Policies, and Procedures that are approved by the EMS Medical Director and are credentialed at their level of licensure.
- 3. Once patient care is initiated, EMS personnel are to maintain ongoing patient care until responsibility is assumed by equal or higher level personnel at the receiving facility.

B. Scope of Practice

- Interfacility transfers of patients that require medication or equipment outside of the defined Region 11 EMT or Paramedic <u>EMS Scope of Practice Policy</u> shall require appropriate facility staff to accompany the patient during transport.
- 2. Additional healthcare personnel assisting in the transport of a patient in an ambulance that are not employed by the EMS provider agency, including but not limited to a Registered Nurse, Physician or technician are acting under the responsibility and liability of the transferring facility.

C. Level of Care

1. BLS (Basic Life Support) - Basic emergency care including oxygen, monitoring of



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vital signs and saline lock.

- ALS (Advanced Life Support) Advanced emergency care including oxygen, monitoring of vital signs, intravenous fluids, intravenous medication including pain medications, cardiac rhythm monitoring, advanced airway management and capnography monitoring, advanced assessment and interpretation skills, cardiac arrest management.
- 3. **CCT (Critical Care Transport)** Advanced scope of paramedic care including ventilator management, vasoactive and continuous infusion medication management, blood product management, chest tube management, central and arterial line management.

D. Hospital Communication

- 1. Transports to the Emergency Department require a pre-notification call.
- 2. Online Medical Control must be contacted in the following circumstances:
 - a. Acute deterioration in patient status enroute;
 - b. Medical-legal issues needing immediate clarification;
 - c. Concerns between transferring physician orders and established Region 11 Policies, Protocols and Procedures.

E. Documentation

- 1. Follow the <u>Medical Records Documentation and Reporting Policy</u> for any patient care provided by EMS personnel.
- 2. When a transport team is involved and no patient care is provided by EMS personnel, a brief description of the reason for transport is required.