

INTERHOSPITAL/INTERFACILITY TRANSPORT

- I. Patients are to be treated during transport in accordance with existing standing medical orders and policies and procedures.
- II. EMS personnel are to maintain ongoing care of the patient until responsibility is assumed by equal or higher level personnel at the receiving facility.
- III. Interhospital/interfacility transports do not need to be called into OLMC. If there are any questions concerning the patient to be transported or concerns over medical care enroute, contact OLMC.
- IV. OLMC must be contacted in the following circumstances:
 - A. Acute deterioration in patient status enroute that requires intervention;
 - B. Medical-legal issues needing immediate clarification and documentation;
 - C. Concerns between transferring/transporting physician orders and standing medical orders or policies and procedures;
- V. Documentation should be followed as per routine policy for any patient care provided by EMS personnel. Where a transport team is involved and no care is being provided by EMS personnel, a brief description of chief complaint and reason for transport is required.
- VI. Interhospital/interfacility transfers of patients requiring skills for which EMS personnel are not trained to perform (excluding home care devices) shall require appropriate personnel to be in attendance of the patient throughout the transport.
- VII. 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 in attendance.

The EMS Medical Directors of the Region XI EMS System assumes no responsibility for providing the additional EMS personnel; nor when present responsibility for their actions, as this is the transferring physician's domain.

It is recognized that, in the interest of patient care and rapid transport, EMS ambulance service providers may act as agents of the transferring physician and provide access to other healthcare personnel (such as nurses, specialized equipment technicians, respiratory therapists, etc.) to assist in patient transports requiring skills which EMS personnel are not trained or licensed to provide. In this situation, the ambulance service provider must amend its system plan/provider proposal with its respective Resource Hospitals and receive written approval from the Illinois Department of Public Health through the EMS Medical Director. This amendment must be submitted and approved prior to utilization of any other healthcare personnel. The amendment must describe the roles and responsibilities of these other healthcare personnel as well as their lines of authority.

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