

KITTITAS COUNTY EMERGENCY MEDICAL SERVICES				
OPERATING PROCEDURE	EFFECTIVE DATE: August 11, 2011	NUMBER: 4	SUPERSEDES DATE: November 4, 2004	PAGE: 1

SUBJECT: INTERFACILITY TRANSFER

I. STANDARD

- A. All interfacility trauma, *cardiac and stroke* patient transfers via ground or air shall be provided by an appropriate licensed or verified service with personnel and equipment to meet the patient's needs.
- B. Immediately upon determination that a patient's needs exceed the scope of practice and/or protocols, Emergency Medical Service personnel shall advise the facility that they do not have the resources to provide the transfer per WAC.

II. PURPOSE

- A. To provide a procedure that will achieve the goal of transferring high-risk trauma and medical patients without adverse impact to clinical outcomes.
- B. To identify procedures for interfacility transfers by prehospital providers for emergency medical and trauma patients.
- C. To comply with the South Central Region Patient Care Procedures #4 Guidelines and the Washington Administrative Code for EMS and Trauma Systems.

III. PROCEDURES

- A. *Medical responsibility during transport should be arranged at the time of the initial contact between receiving and referring physicians, and transfer orders should be written after consultation between them.*
- B. *When online medical control is not available, Prehospital Medical Program Director (MPD) protocols shall be followed during transport in the event that an emergency situation occurs that is not anticipated prior to transport.*
- C. While in route, the transporting agency should communicate patient status and estimated time of arrival to the receiving health care service. Communication with the receiving facility should be made no less than ten minutes from arrival. *Communication for critical patients should be made at least 20 minutes from arrival.*

Most recent amendments in ***bold***.

Recommended: 11/7/1996

Past amendments: 6/10/99, 12/7/2000, 1/8/2004, 11/4/2004

Recent amendments: 8/11/2011

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D. Requesting Transfer

1. KITTCOM shall be notified when a patient is ready to transfer. The following information shall be provided by the requesting Kittitas County facility.
 - ALS emergent
 - **STEMI**
 - **STROKE**
 - ALS non emergent
 - BLS
 - Chief complaint
 - Location in the hospital
 - Patient destination
 - 3 person (by request only)

2. KITTCOM shall assume transfer requests are from authorized personnel with the facility and under direction of a licensed medical provider.

Definitions per MPD:

ALS –Advanced Life Support should be provided when the patient meets one or more of the following criteria:

- Endotracheal Intubation
- IV Therapy (Not to include IV Monitor or IV Technicians in accordance with training and protocol.)
- Cardiac Monitor
- Medication Administration
- OB Patient
- Intoxicated Patient
- Unstable Trauma or Medical Patient

BLS – Basic Life Support may be provided when the patient meets the following criteria:

- Stable Patient
- No IV Therapy
- No Medications
- No Intubation

Most recent amendments in **bold**.

Recommended: 11/7/1996

Past amendments: 6/10/99, 12/7/2000, 1/8/2004, 11/4/2004

Recent amendments: 8/11/2011

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- No Cardiac Monitor

3 Person Level of Staffing (*emergency department only*) – When transporting agency cannot provide a three-person crew, sending facility needs to provide third person.

- Unstable Medical Patient
- Unstable Trauma Patient
- Unstable OB Patient / Imminent Birth
- Multiple IV Pumps
- Intubated Patient

IV. DEFINITIONS

Authorized Care – Patient care within the scope of approved level of EMS certification and / or specialized training as identified in WAC.

Most recent amendments in **bold**.

Recommended: 11/7/1996

Past amendments: 6/10/99, 12/7/2000, 1/8/2004, 11/4/2004

Recent amendments: 8/11/2011