

Policy and Procedures

Title: Interfacility Transports

Date issued / last revision: December 7, 2004

Date effective: Immediately

Interfacility Transports

Statement:

It is the intent of Cooperstown Medical Transport (CMT), Inc. to provide quality healthcare to our patients.

Purpose:

This policy is to establish guidelines for the uniformity of interfacility transports.

Scope:

This policy applies to all CMT health care providers that transfer a patient out of a facility.

Policy:

1. Arrive at the sending facility at least 10 minutes prior to the scheduled transport time.
2. Bring all needed equipment to the patient that will be needed until arrival back at the ambulance.
 - a. This may include:
 - i. Oxygen
 - ii. Cardiac Monitor
 - iii. Monitor stand
 - iv. Suction
3. Arrive at the nurse's station prior to the scheduled transport time.
4. Present and introduce yourself to the sending staff
5. Receive a verbal report from nurse and/or other higher health care provider.
 - a. A verbal report should include, if applicable:
 - i. Patient's age
 - ii. Patient's weight
 - iii. Chief complaint
 - iv. History of the current problem
 - v. Allergies
 - vi. Current medications and IVs and location
 - vii. Current EKG rhythm
 - viii. Current vital signs range
 - ix. Overview of care provided to the patient
 - x. Sending physician's name
 - xi. Accepting facility's name
 - xii. Room or unit assignment, if known
 - xiii. Accepting physician's name
 - xiv. Patient's current location
 - xv. The presence or absence of a DNR

6. Receive paperwork for CMT to include:
 - a. Certificate of Medical Necessity (CMN)
 - i. You are expected, if necessary, to assist hospital staff in completing this form.
 - ii. This form must be completed prior to leaving the facility.
 - b. Demographic profile (face or cover sheet)
 - c. Written patient care transfer orders should include the following, if applicable:
 - i. Name and rate of any current IV medications or fluid administration.
 - A. Antibiotics must have been infusing for at least 15 minutes without any adverse reactions
 - ii. Type of blood or blood product infusing
 - A. Must have been infusing for at least 15 minutes without any adverse reactions
 - B. Can not initiate a second or subsequent bag of blood or blood products enroute
 - iii. Oxygen rate and delivery device
 - iv. Cardiac monitoring
 - v. Parameters for vitals sign maintenance
 - vi. Other medication administration enroute
 - A. To include criteria to administer said medication
 - B. Follow ACLS is not a valid order
 - C. Sending physician's name and signature
 - D. An RPA-C or FNP can replace a physician if they are the most senior provider in care of the patient at a hospital
 - vii. Other special orders
 - viii. Copy of the patient's DNR orders
7. Receive paperwork to be given to the receiving facility:
 - a. Check if an X-ray jacket is to be transferred.
 - i. This may include standard X-rays or in the case of a cardiac catheterization, a CD or DVD disk.
 - b. In the case of mental health transports, the provider should confirm that all appropriate committal paperwork has been completed and signed by a physician.
 - c. COBRA paperwork.
8. Present and introduce yourself and your partner(s) to the patient and any family member in attendance of the patient:
 - a. Inform the patient that you are representing CMT ambulance
 - b. Offer your name and level of care provider
 - c. Acquire signatures at this time, if possible.
 - i. SOF
 - ii. HIPAA notice receipt

- iii. ABN, if necessary
9. Maintain a professional and courteous atmosphere at all times:
- a. Communicate with the patient
 - i. Inform the patient about what is happening
 - ii. Offer to answer any questions that the patient may have
 - b. Communicate with the patient's family
 - i. Ascertain that they are aware of the destination name and location
 - A. Offer driving directions if needed
 - B. Caution against following the ambulance
10. Verify medication / IV sites and administration rates:
- a. Any discrepancy needs to be settled prior to transport
 - b. IV drip medications must be transported and administered via an infusion pump
 - c. Verify the patency of all IV sites.
11. Transfer patient onto the ambulance stretcher:
- a. Certain medical condition may preclude the patient from transferring under their own power
 - b. Use sheets or blankets to preserve the patient's dignity
12. Transfer patient care devices, if applicable:
- a. Oxygen
 - i. Can continue the patient on the current device
 - b. Cardiac Monitor
 - i. Preferred location is on the monitor stand
 - c. Pulse oximetry
 - d. IV pump
 - i. Preferred location is on the IV pole
13. Load patient into the ambulance
- a. Secure the stretcher into the locking mechanisms
 - b. Transfer oxygen to the onboard tank
 - c. Place any electrical powered devices on wall (AC) power and assure the inverter is properly functioning
14. Hospital staff to accompany patient
- a. If an RN, NP, PA, DO or MD accompanies the patient for the purpose of providing patient care, then they are, by law, responsible for all aspects of care rendered to the patient.
 - i. Whenever possible, decisions about patient care should be made with input from all parties.
 - ii. Remember that although licensed health care providers are responsible for patient care enroute, many may have very little ambulance transport experience and may require assistance from our staff.

- iii. The crew's ALS provider shall be in the back with the patient to provide assistance as needed.

15. Changes enroute

- a. All changes in patient condition must be thoroughly documented
- b. Written transfer orders should be followed unless care given is under standing orders or on-line medical direction is sought.
 - i. If on-line medical direction is sought, then it should be obtained in the following order:
 - A. First attempt to use AAREMS Medical Control facility
 - B. Second: sending facility Physician
 - C. Third: receiving physician
 - D. Last: Any Medical Control facility

16. Arrival at receiving hospital

- a. Follow facility specific preferences on radio report advising changes and pending arrival
- b. When unloading the patient, reverse procedures in #13 above
- c. Secure vehicle as needed
- d. Stop at or advise triage / admitting

17. Transfer of care to hospital staff personnel as needed

- a. Transfer patient to hospital bed / stretcher as soon as possible (reverse steps #11 and #12)
- b. Give patient report and hand over necessary paperwork, X-rays, etc. to assure continuity of patient care
- c. Obtain hospital receiving staff signature

18. Return to service

- a. Whenever possible replace linen at the receiving hospital
- b. Assure all sending facility and CMT patient care equipment is placed on the stretcher prior to leaving the patients room.
- c. Call clear with dispatch prior to leaving the facility