

THE UNIVERSITY OF CONNECTICUT HEALTH CENTER
JOHN DEMPSEY HOSPITAL
HOSPITAL ADMINISTRATIVE MANUAL

SECTION: PATIENT CARE NUMBER: 08-005
SUBJECT: INTERFACILITY TRANSFER: GUIDELINES PAGE: 1 of 6
FOR THE SAFE TRANSFER OF INPATIENTS
BETWEEN ACUTE CARE FACILITIES

POLICY:

- 1.) If at all possible, all tests and procedures that need to be done outside of the main hospital should be done on an outpatient basis.
- 2.) The attending physician is responsible for determining whether an interfacility transfer is necessary, and the level of care required during transport. Physicians considering patient transfer should exercise conservative judgment, always deciding in favor of patient safety. The transferring physician must determine whether the patient is medically fit to transfer and, when indicated, will take steps to stabilize the patient's condition prior to transfer.
- 3.) Interfacility transfer of patients between acute care hospitals will be completed based upon the determination of the medical needs of the patient and with the cooperation of both the sending and receiving hospital/office practice/department.
- 4.) Interfacility transfers will be done in a safe and timely manner and in compliance with state and federal laws and guidelines.
- 5.) Any inpatient who is being transferred to another facility will be transported by ambulance or helicopter.
- 6.) No transfer will be made without the consent of the receiving physician and hospital/department.
- 7.) The transferring physician is responsible for contacting and consulting with the receiving physician, if applicable.
- 8.) Air transportation is indicated for high acuity patients if timing is critical and/or hospital staff are not available. Refer to Helicopter Protocol (HAM 08-011).
- 9.) Attempts will be made to obtain approval from the patient's insurance carrier for the transport to the receiving hospital/department, as well as the treatment scheduled to be done. Emergent care will not be delayed if insurance authorization is not obtained prior to transfer.
- 10.) Transport personnel are not authorized to, and will not provide services beyond their scope of practice. Any medication or device for which the transporting paramedic has not been authorized shall require the sending institution to accompany the patient.

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- 11.) If the patient is receiving intravenous solution or medication through an electronic infusion device, the sending institution must request that only EMT-Paramedic (EMT-P) personnel trained and authorized to monitor both the medication and the equipment accompany the patient. A demonstration of the electronic infusion device should take place.
- 12.) The list of medications approved for use by paramedics is called the North Central Connecticut Regional Paramedic Medications list. The ambulance provider can help determine whether the patient's medication is included on the Medication List and can therefore be administered by the paramedic during transport. If the patient's medication is not included on the Medication List, the patient must be accompanied by an RN.
- 13.) Hospital staff should confirm with the ambulance provider call-taker the medications that are to accompany the patient. In the event that a patient is to be transported with a medication not listed on the Paramedic Medications List, the ambulance's on-duty supervisor should be consulted to ensure that the medication is approved for paramedic level transport. Once at the bedside, the hospital staff should confirm with the transporting paramedic that (1) the medicine is within their scope of practice and (2) that the paramedic is comfortable with the device or medication they will be transporting.
- 14.) If the care needs of the patient exceed the scope of practice of the available EMS personnel, the transferring physician will arrange for the patient to be accompanied by a Licensed Independent Practitioner (LIP) and/or RN along with any other personnel, equipment or supplies necessary for patient care. Refer to Table 1.—Guidelines for Determining the Level of Transfer.
- 15.) The patient will be transferred in a vehicle that is staffed with personnel and equipment appropriate to the patient's needs. Please refer to Table 1 – Guidelines for Determining Level of Transfer.
- 16.) All patients undergoing Cardiac Monitoring must be transported with a monitor, unless there is a specific physician order to temporarily suspend monitoring.
- 17.) A W-10/Clinical Resume is required for any patient transport, even if the patient will be returning to John Dempsey Hospital after the treatment has been completed at the alternate facility.
- 18.) Department of Corrections patients will be transferred in accordance with this policy as well as any correctional policies.

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- 19.) Handoff communication must occur prior to any patient transfer as outlined in the Report/Handoff protocol (HAM 08-059).
- 20.) Documentation in the medical record must reflect who was spoken to and the time report was given.
- 21.) Please refer to Table 2 for Interfacility Transfer Nursing Guidelines.

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TABLE 1

GUIDELINES FOR DETERMINING LEVEL OF TRANSFER

Determination of level of transfer required. (X = Minimum level of service required)	Basic Life Support (EMT)	Advanced Life Support (Paramedic)	RN	Respiratory Therapist	Physician or LIP
Vital Signs stable	X				
Oxygen by mask or cannula	X				
Peripheral IV present (no infusions, saline-locked)	X				
Foley catheter present	X				
Tracheostomy tube	X				
Restraints	X				
IV fluids running (no additives)		X (or EMT-I)			
Peripheral Intravenous medications (running or anticipated) on the North Central Connecticut Regional Paramedic Medications list		X			
Central IV line in use		X			
NG or gastrostomy tube present with or without suction		X			
Endotracheal tube in place – continuous assistance is not needed		X			
Endotracheal tube with continuous assistance		X			
Cardiac monitoring		X			
CPAP		X			
Total Parenteral Nutrition		X			
Tracheostomy with ventilatory support		X			
Ventilator Dependent (hemodynamically stable with low risk of deterioration)		X			

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Determination of level of transfer required. (X = Minimum level of service required)	Basic Life Support (EMT)	Advanced Life Support (Paramedic)	RN	Respiratory Therapist	Physician or LIP
Ventilator Dependent (hemodynamically stable/unstable with medium to high risk of deterioration): includes patient transfer from one ICU to another or current endotracheal / nasotracheal intubation, 2 providers necessary; 2 nd provider may be an EMT-P, EMT of any level, RN, or LIP		X	X		
Blood Administration			X		
Chest tube			X		
IV Medications not on the approved North Central Connecticut Regional Paramedic Medications list			X		
Blakemore tube in place			X		
Pulmonary artery catheter in use			X		X**
Arterial Line in place			X		X**
Temporary pacemaker in place			X		X**
Intracranial pressure (ICP) monitoring			X		X**
Intraaortic balloon pump in place			X		X**
Ventriculostomy drain in place			X	X*	X**
BIPAP				X	

*** RN and/or Respiratory Therapy should accompany patient on transport**
****LIP may or may not be necessary during transport, and will depend on patient acuity/condition.**

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TABLE 2

Interfacility Transfer Nursing Guidelines

- Verify that there is a written order for the transfer
- Verify that there is a signed consent form in the medical record
- Explain the rationale for the transfer to the patient, when it will occur and who will accompany the transfer of the patient
- Verify that the patient's family/significant other is aware of the transfer
- Verify that the patient is wearing an identification bracelet containing at least 2 identifiers
- Patient allergy bracelet in place, if applicable
- Ensure that needed equipment and supplies are available to accompany the patient during transport. If the patient is in isolation, protective supplies should be made available
- Obtain and document a set of vital signs prior to transfer. Identify any changed from baseline that must be reported to the receiving facility
- Ensure that the patient has a stable airway; anticipate any potential concerns with oxygenation or respirations during transfer
- Ensure that the patient's needs for elimination are met prior to transfer
- If an IV is in place, ensure that it is patent and that there are sufficient IV fluids remaining for the duration of the transfer
- Ensure patient's comfort; anticipate need for pain medication that may be needed prior to or during transfer
- Give scheduled medications and treatments prior to transfer (If within acceptable time limits) or hold until the patient's return. Contact the physician or LIP if there are questions about whether to administer these before transfer
- Verify that appropriate documentation (W-10/Clinical Resume) accompanies the patient

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