

Virginia Beach Department of Emergency Medical Services

Standard Operating Guideline - Operations

Hospital Inter-Facility Transfers

PURPOSE

To provide guidelines for the use of Virginia Beach EMS (VBEMS) resources to conduct inter-facility transfers of critical patients from/to hospitals located in Virginia Beach.

SCOPE

Virginia Beach EMS resources may be requested to support inter-facility transfers from Sentara hospitals in Virginia Beach for patients deemed emergent or critical by the emergency department physician. This Guideline outlines the process for supervisors to use to determine if VBEMS can support the inter-facility transfer request.

DEFINITIONS

- **Inter-facility Transfer (IFT):** The transfer of an emergent or critical patient from Sentara Virginia Beach General Hospital (SVBGH), Sentara Princess Anne Hospital (SPAH) or Sentara Independence Hospital (SIH) to another appropriate hospital based on needed care for the patient.

GUIDELINE

1. The primary mission of the VBEMS is to respond to calls received via the 911 call response system. Occasionally, VBEMS will be requested by Sentara hospitals to support inter-facility transfers from emergency departments to other hospital emergency departments (exceptions below) based on the patient's need for a specific service or level of care not provided by the requesting hospital. The approval for an inter-facility transfer may be approved by an EMS Shift Supervisor only if there are enough resources and the request was received via the required procedure (outlined below).
2. The following rulesets shall be applied in determining the use of VBEMS resources for an emergent inter-facility transfer:
 - a. The Attending ED physician deems the patient requires emergent transport; AND
 - b. The Attending ED physician deems the specialty transport team or private ambulance service are not available (or delay in transport will be detrimental to patient outcome); AND

- c. The patient will be ready for transport within 15 minutes of the request to Virginia Beach EMS; AND
- d. The patient must be sent for specialty care, or to a higher level of care at one of the following facilities: SPAH, SVBGH, SLH, SNGH, and CHKD; AND
- e. The receiving facility must be willing to accept the patient transfer; AND
- f. The transfer must be from an emergency department to another emergency department or directly to an emergency procedure and/or capability (CATH lab, interventional radiology, L&D, etc.).

Transfers will not be conducted by Virginia Beach EMS for direct admit to patient rooms, ICUs, etc.

3. A patient that requires a skill or medication outside the scope of the TEMS prehospital patient care protocols may not be transported by Virginia Beach EMS unless the sending facility is also sending a licensed care provider with the patient (i.e. RN, specialty care provider).
4. Virginia Beach EMS providers may not transport patients that are on IV pump dependent medications without a licensed care provider from the sending facility.
5. Patients on healthcare facility ventilators cannot be transported by Virginia Beach EMS on a ventilator unless the sending facility provides a licensed care provider to attend to the ventilator. Additionally, the VBEMS AIC must be a Paramedic (RSI preferred).
6. If a hospital care provider is being sent with the transport, all efforts should be made to return the care provider once the transport is concluded. It may not be possible for the transporting ambulance to directly return the licensed care provider if demands necessitate other actions; this should be coordinated closely with the shift supervisor.
7. The following are acceptable for Virginia Beach EMS transports without a licensed care provider (i.e. RN) from the sending facility:
 - a. Advanced airways (with ventilations maintained via bag-valve device, CPAP or Oxylator)
 - b. Patients requiring suction
 - c. Patients with NG/OG tubes
 - d. Patients requiring continual 12-lead monitoring
 - e. Patients with urinary catheters
 - f. Patients with central/PICC lines (no medication administration outside Paramedic protocols)
 - g. Patients with their own managed medical device (i.e. single med pump, LVAD, ventilator) from home

8. The following shall be used by EMS supervisors when authorizing inter-facility transfers:
- a. Medical Transport's dispatch center is the point of contact for ALL inter-facility transfer requests for VBEMS. Any call received from any other source should be directed to the Medical Transport dispatching center.
 - b. VBEMS should not normally accept an IFT request for any call that has a commercial ambulance response time of 30 minutes or less.
 - c. ALS providers should be certified to the Paramedic level, if feasible.
 - d. Contact Dispatch to create a case for an "Emergency Inter-facility Transfer." The Nature Code for the case should be "TRAN" and the modifier should be "Emergency Transport."

ORDERED:



EMS Deputy Chief

2/13/2020

Date

Effective Date: 2/13/2020

Revised: