



Transfer of Patient Care to Receiving Facility

Purpose: To create a professional standardized approach to optimize communication between pre-hospital providers (EMS) and emergency department personnel when providing care for ill or injured patients. In addition, to decrease medical errors related to miscommunication between EMS and emergency department personnel.

Procedure:

1. Patient is brought into the designated room. EMS will give handoff report ONE time, at the patient side, to appropriate hospital personnel.
2. When patient requires emergent attention to airway, breathing, or circulation, transfer of patient care may occur prior to the formal handoff report.
3. Once an expeditious initial patient assessment is complete, a formal “**EMS Timeout**” handoff report will occur.
4. **EMS Timeout** is called by the hospital team leader. Each facility is to identify who has this task (Attending, Senior Resident, Charge Nurse, etc.)
ALL participants in the room are expected to stop and listen to the EMS handoff report.
ALL lifesaving interventions such as CPR, bag mask ventilation, etc., continues.
5. EMS delivers uninterrupted patient report, which should be no more than 30-45 seconds, when appropriate.
6. When EMS completes the handoff report, the EMS personnel will:
 - Answer questions.
 - Hospital team lead, or appropriate designee, will sign EMS patient care record (PCR) with legal signature, including full name and credentials.
7. Verbal EMS transfer of care report shall be treated as part of the health care record and must be professional, accurate, and consistent with information included in the final submitted EMS electronic, or written patient care report.