Initial Date: 09/14/2023
Revised Date: 5/12/2025 Section: 8-15

Inter-facility Patient Transfers

Purpose: The purpose of this protocol is to establish a uniform procedure for inter-facility transfers. Providers of inter-facility transfers must have MCA privileges in the MCA in which the transfer begins or ends unless otherwise indicated (per MCA selection).

MCA Approval for Inter-Facility Transfer Resource Expansion

☐ Inter-facility transfers initiated within the MCA may be carried out by providers that hold MCA privileges in an MCA other than the sending or receiving MCA.

The MCA is responsible for establishing guidelines and communications for this process and maintain a roster of providers . Providers will provide care under their originating MCA protocols unless otherwise specified.

1. Responsibility:
   - A. Patient transfer is a physician-to-physician referral. The transferring physician is responsible for securing the acceptance of the patient by an appropriate physician at the receiving facility prior to the transportation. The name of the accepting physician must be included with the transfer orders.
   - B. It is the responsibility of the transferring facility to:
     - a. Perform a screening examination.
     - b. Determine if transfer to another facility is in the patient's best interest.
     - c. Initiate appropriate stabilization measures prior to transfer.
   - C. During transport, the transferring physician is responsible for patient care until arrival of the patient at the receiving facility.
   - D. It is the transferring physician's responsibility to know and understand the training and capabilities of the transporting EMS personnel.
   - E. BLS that have received training may transport the following patients with IV access (per MCA selection)

MCA Approval for BLS care during Interfacility transfer

☒ Capped peripheral/central lines without fluid or medication

☒ Isotonic IV fluids without medications on dial-a-flow (may not adjust flow rate)

☒ Isotonic IV fluids on a pump (may not adjust flow rate)
☒ IV Antibiotics that have been infusing for at least 15 minutes prior to departure (on a pump or dial-a-flow and may not adjust flow rate).

☒ IV Lipids/TPN (on a pump or dial-a-flow and may not adjust flow rate)

☒ PCA Pump

F. Additional/Accompanying Staff (Non-EMS personnel) assigned for transfer by physician:
    a. The transferring physician is responsible for ensuring the qualification of accompanying staff.
    b. Accompanying staff will render care to the patient under the order of the transferring physician.
    c. It is the responsibility of the transferring facility to arrange for the return of staff, equipment, and medications.

2. Transportation
    A. Pre-transport
        a. Care initiated by the transferring facility that requires continuation during transport, along with additional treatment(s) will be determined by the transferring physician.
        b. Orders for treatment shall be provided in writing to the EMS personnel prior to initiation of the transport by the transferring Physician.
            1. A mutually agreed upon primary form of communication with the transferring physician for the duration of the transfer.
        c. Ordered medications not contained within the EMS System Medication Box must be supplied by the transferring hospital.
        d. EMS personnel must be trained in all the equipment, procedures, and medications being used in the patient's care during the transfer.
        e. Patient care, procedures, equipment, or medications that exceed EMS personnel training require additional/accompanying staff (see section 1.F. above).
        f. EMS personnel have the right to decline transport that is outside their scope of practice and/or training when additional/accompanying staff is unavailable.

g. The following information should accompany the patient (but not delay the transfer in acute situations):
   1. Copies of pertinent hospital records
   2. Written orders during transport
   3. Any other pertinent information including appropriate transfer documents.

B. During Transport
   a. Hospital supplied medications not used during transport must be appropriately tracked, wasted and documented.
   1. All controlled substances and Propofol must have a documented chain of custody.
   b. The concentration and administration rates of all medications being administered will be documented on the patient care record.
   c. Interventions performed en route, and who performed them, will be documented on the patient care record.
   d. Intervention beyond the written orders provided by the transferring Physician, require contact with the transferring Physician.
   e. Order of operation for care and communication when unable to contact the transferring physician.
      1. Follow Medical Control approved Protocols under which the EMS agency has Medical Control privileges and initiate contact with:
         a. Receiving physician
         b. On-line Medical Control Physician from the sending facility.
         c. On-line Medical Control Physician from the receiving facility
         d. Closest appropriate on-line Medical Control facility.

3. Special Treatments

A. Interfacility High Flow Nasal Oxygen (HFNO) (per MCA selection)

Interfacility High Flow Nasal Oxygen Included?
☒ Yes ☐ No

   a. See **7.26 Interfacility High Flow Nasal Oxygen-Procedure Protocol.**
   b. Ensure adequate supply of oxygen is available for transport.
      1. Calculate amount of oxygen needed prior to departure.
      2. Must have minimally two times the amount of oxygen calculated.

Medication Custody Form

Patient Name _____

EMS Staff Receiving Medication _____ (**Name**) _____ (**Signature**)

Hospital Staff Sending Medication _____ (**Name**) _____ (**Signature**)

Medication	Amount Received From Hospital	Administered	Wasted

EMS Staff Wasting Medication _____ (**Name**) _____ (**Signature**)

Hospital Staff Witnessing Waste _____ (**Name**) _____ (**Signature**)