



## **EMS Information Bulletin- #27**

**DATE:** July 8, 2005

**SUBJECT:** Interfacility Transport Guidelines

**TO:** EMS Services  
Hospitals and Healthcare Facilities

**FROM:** Emergency Medical Services Office  
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Attached you will find guidelines for the practice of inter-facility transports. The Emergency Medical Services Office with the assistance of the Pennsylvania Emergency Health Services Council (PEHSC), chairpersons and members of the PEHSC Medical Advisory, Nursing Advisory, EMT and Paramedic Advisory committees as well as staff and leadership from the Ambulance Association of Pennsylvania, the Hospital and Healthcare Association of Pennsylvania and the Pennsylvania Trauma Systems Foundation took part in the drafting and editing of these guidelines.

Designed as a starting point for the continued development of this important facet of the Commonwealth's EMS system, the guidelines will serve as a valuable reference to transporting and receiving facilities and the EMS agencies that provide these services. Feel free to post and distribute this information to the facilities and services in your region that utilize or provide for the inter-facility transport of patients.

Please direct any questions to [PAEMSOoffice@state.pa.us](mailto:PAEMSOoffice@state.pa.us)

**Goal:** To ensure that patients requiring inter-facility transport are transported in the appropriate vehicles with the appropriate caregivers and resources so that patient outcome is not compromised.

**Background:** In any system, the greatest points of vulnerability and system failure tend to be at the connections between the component parts of the system and the connections between one system with another. In the health care system, one of these connections is the link between hospitals and the prehospital emergency medical service (EMS) system. There is perhaps no issue that highlights the fragility of that linkage as much as inter-facility EMS transport, and particularly, transport of critically ill patients from one hospital to another by an EMS service. These guidelines are intended to assist hospital and EMS system providers to develop interfacility transport systems that address scope of practice limitations, reduce risk exposure, and, most importantly, optimize patient care.

Under the federal Emergency Medical Treatment and Labor Act (EMTALA), the transferring hospital has responsibility for the patient until the patient arrives at the receiving hospital (or is received by the receiving hospital's ambulance). EMTALA requires that any patient transfer be done by "qualified personnel utilizing appropriate transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer" (Section 1395dd(c)(2)(D)). Hospitals turn to their EMS partners to assist in these transfers, and are sometimes unaware of scope of practice and other issues that may, if not addressed through appropriate policies and procedures, compromise patient condition during transport.

**Definitions:**

*Advanced life support services (ALS services)* The advanced prehospital and interhospital emergency medical care of serious illness or injury by appropriately trained health professionals and EMT-paramedics.

*Basic life support services (BLS services)* The basic prehospital or interhospital emergency medical care and management of illness or injury performed by specially trained, certified or licensed personnel.

*Inter-facility Transport.* Any ground, air or water transport initiated at the direction of a physician, after initial assessment and stabilization, from and to a licensed health care facility.

*Specialty Care Transport (SCT)* Any transport that requires a higher level of medical direction and sophistication of care, that may be beyond the ALS practitioner scope of practice, as defined in 28 Pennsylvania Code § 1003(d), because of the patients' complex medical problems. This level of care requires specific provider knowledge and skills, and ability to handle the added challenge of the transport environment. Nurses, physicians, respiratory therapists, paramedics, and other health professionals with specialized training generally provide these services.

**Overarching principle:** *Assignment of personnel to care for the patient should be based on the acuity of the patient and the knowledge, skills, judgment, and technological expertise required to care for the patient during the interfacility transfer, to promote optimal patient care and reduce risk of deterioration of patient condition.* Patients should be transferred with as close to equivalent level of care as possible to that required by the patient within the transferring facility. Consideration should be given to sending additional personnel qualified to provide the level of care and services required by the patient on the transport if the patient has complex medical needs and/or is unstable.

**Levels of Transport:** Provider capabilities must match the patient’s current and anticipated needs. Interfacility transport policies and procedures must recognize scope of practice limitations of the professionals involved in the transports. For example:

<b>BLS</b>	<b>ALS</b>	<b>SCT</b>
Oxygen, monitoring of vital signs, saline lock, patient administered/monitored indwelling devices, basic emergency medical care	Inclusive of BLS plus, running IV, IV medications included on the approved ALS drug list as published in the <i>Pennsylvania Bulletin</i> , patients requiring advanced airway management, or on a ventilator, patients on multiple medication drips as listed on the approved ALS drug list as published in the <i>Pennsylvania Bulletin</i>	Inclusive of ALS and BLS plus, medications on the approved ALS drug list as published in the <i>Pennsylvania Bulletin</i> , or treatment modalities that may be beyond the PA Prehospital Practitioner Scope of Practice, e.g. Invasive monitoring, balloon pump, specialized patient populations

Ambulances used for interfacility transport must have the appropriate staffing and equipment to meet the needs of the patient and the requirements set forth by 28 Pennsylvania Code § 1005.10 for ambulance licensure and general operating standards.

Crewmembers should possess skills and knowledge appropriate to the level of care that the patient requires during transport.

All interfacility transports should be evaluated through both the hospital’s and EMS provider’s quality improvement process.

**Resources:**

**Title 28 Pennsylvania Code:**

<http://www.pacode.com/secure/data/028/partVIItoc.html>

**Prehospital Practitioner Scope of Practice:**

<http://www.pabulletin.com/secure/data/vol34/34-30/1372.html>

**Emergency Medical Treatment and Labor Act (EMTALA):**

<http://www.cms.hhs.gov/providers/emtala/>

<http://www.acep.org/webportal/PracticeResources/PolicyStatementsByCategory/PracticeManagement/AppropriateInterhospitalPatientTransfer.htm>

**Other Resources:**

**Pennsylvania Department of Health EMS Office**

<http://www.health.state.pa.us/ems>

**Pennsylvania Emergency Health Services Council**

<http://www.pehsc.org>

**Pennsylvania Trauma Systems Foundation**

<http://www.ptsf.org>

**The Hospital & Healthsystem Association of Pennsylvania**

<http://www.haponline.org>

**Ambulance Association of Pennsylvania**

<http://www.aa-pa.org>

**National Highway Traffic Safety Association**

[http://www.nhtsa.dot.gov/people/injury/ems/emsinter\\_facility/background.htm](http://www.nhtsa.dot.gov/people/injury/ems/emsinter_facility/background.htm)

**National Flight paramedic Association**

<http://flightparamedic.org>

**Emergency Nurses Association (search interfacility transport)**

<http://www.ena.org/search/index.asp>

**Agency for Health Care Research and Quality**

<http://www.ahcpr.gov/clinic/ptsafety/chap47.htm>

**Air & Surface Transport Nurses Association**

<http://www.astna.org/index.html>