



PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER

<b>General Order Number:</b> 05-25	<b>Effective Date:</b> January 2010
<b>Division:</b> Emergency Medical	
<b>Chapter:</b> Inter-Facility Transports	
<b>By Order of the Fire Chief:</b> Marc S. Bashoor	<b>Revision Date:</b> N/A

## POLICY

This General Order establishes a uniform response to local hospital-based emergency department requests for emergency inter-facility patient transports provided by the Prince Georges County Fire/EMS Department.

Prince Georges County Fire/EMS Department is often requested to assist local hospital-based emergency departments by providing emergency inter-facility transport of patients. The demand for this type of service is increasing, and it affects the Prince Georges County Fire/EMS Department's ability to respond to other medical emergencies based on current deployment strategies. This policy is established to ensure that Prince Georges County Fire/EMS Department is able to provide its primary public safety emergency treatment and transport service, and does not compete with commercial ambulance services that specialize in inter-facility transport of patients.

This policy also ensures that Prince Georges County Fire/EMS Department complies with the Maryland Institute for Emergency Medical Services Systems (MIEMSS) requirements established in its *Inter-hospital Transfer Guidelines Manual*, and the 1986 federal regulation, *Emergency Medical Treatment and Active Labor Act* (EMTALA), as amended.

Licensed commercial ambulance services should always be considered the primary choice for emergency and non-emergency inter-facility transports. A Prince Georges County Fire/EMS Department EMS unit may provide EMERGENCY inter-facility transports when **no** other services are available. When this occurs, the Prince Georges County Fire/EMS Department will comply with the *Emergency Medical Treatment and Active Labor Act* (EMTALA), as amended, Code of Maryland Regulations (COMAR) Title 30 and MIEMSS *Inter-hospital Transfer Guidelines Manual* to provide this service.

## DEFINITIONS

**Emergency Inter-Facility Transport** – A transport conducted when a patient has an emergency or life-threatening condition and requires specialized procedures or treatments that the transferring facility cannot provide.

**EMS Unit** – A transport capable ambulance designated as either a BLS (basic life support) ambulance, or an ALS (advanced life support) Medic Unit.

**Emergency Medical Treatment and Active Labor Act (EMTALA)** – A federal law enacted in 1986 as part of the Consolidated Omnibus Budget and Reconciliation Act (COBRA), to ensure that patients with emergency medical conditions are assessed and treated at any hospital providing



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emergency services, without consideration of ability to pay. EMTALA has significant impact on the operations of pre-hospital emergency medical services systems.

**Inter-Facility Transport** – The transfer of a patient from one local hospital-based emergency department to another, to obtain a higher level of care for the patient.

**Licensed Commercial Ambulance Service** - As regulated by Code of Maryland Regulations (COMAR) Title 30, a private sector, commercial business licensed by MIEMSS to provide BLS and/or ALS emergency and/or non-emergency inter-facility transport of patients, on a for-profit basis.

**Local Hospital-based Emergency Department** – An emergency department physically located in one of the (currently five) local hospitals or free standing medical centers (i.e. Bowie Health Center) situated within the borders of Prince George's County.

**Non-Emergency Inter-Facility Transport** - The transfer of a patient conducted solely for patient or physician convenience, or for hospital preference.

**Receiving Facility** – A local, hospital-based emergency department whose physician agrees to accept the transfer of a patient.

**Receiving Facility Physician** – The physician at a receiving facility who agrees to accept the patient, and assumes medical care for the patient from the transferring physician.

**Transferring Facility** – A local hospital-based emergency department whose physician requests that one of his or her patients be transferred to another facility.

**Transferring Facility Physician** – The attending physician of a patient at a transferring facility who initiates and assumes responsibility for the inter-facility transport.

### **PROCEDURES / RESPONSIBILITIES**

#### **1. Emergency Inter-Facility Transport**

##### **Transferring Facility Physician**

- The transferring physician must contact the appropriate EMS Duty Officer via Public Safety Communications (PSC) to request an **emergency inter-facility transport**. (If contact is made to a Fire/EMS Station or Supervisor directly, he or she must be advised to contact the PSC supervisor immediately.)
- The transferring physician must complete and sign the **Inter-Facility Transport Authorization Form** (Attachment XX).
- Provide direction to the EMS transport crew regarding patient care requirements during the transport.



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- The transferring facility must make every effort to transfer patient care within 15 minutes of the arrival of EMS to the emergency department.

### Public Safety Communications

- The PSC Supervisor must immediately contact the EMS Duty Officer and refer to the **transferring facility**.
- If the EMS Duty Officer is unavailable, the PSC Supervisor will act on behalf of the EMS Duty Officer, using the procedures below to approve or deny the request.

### EMS Duty Officer

- The EMS Duty Officer must contact the **transferring facility physician** and use the **Inter-Facility Transport Approval Checklist** (Attachment 1) as a decision tool to approve or deny the request.
- Requests for inter-facility transports for reasons of patient or physician convenience, for hospital preference, or for other non-life-threatening reasons **will be denied**.
- The EMS Duty Officer must consider current status of EMS unit deployment before granting a request for emergency inter-facility transports.
- Determination will be made, in conjunction with the Transferring Physician, as to which level of EMS transport is available and required.
- The EMS Duty Officer will then contact the PSC Supervisor and request that the most appropriate EMS unit be dispatched to complete the transport.
- All criteria in the **Inter-Facility Transport Approval Checklist** must be met before an EMS unit is dispatched.
- The EMS Duty Officer must complete the Emergency Transport Tracking Tool for the purposes of quality assurance.

### Fire/EMS Personnel

- The EMS unit will proceed to the transferring facility, unless otherwise advised by the EMS Duty Officer via PSC.
- Fire/EMS personnel will report directly to the **transferring facility physician**.
- Fire/EMS personnel shall review the **Inter-Facility Transport Authorization Form**, (Attachment 2) with the transferring facility physician, and obtain his/her signature. (Contained within the electronic patient care report.)
- Fire/EMS personnel should obtain direction from the **transferring facility physician** regarding patient care requirements during the transport
- Begin documentation of patient care and demographics within the electronic patient care report.
- Fire/EMS personnel will make every effort to begin patient transfer within 15 minutes of their arrival at the emergency department.
- If a significant delay is anticipated, personnel they must contact the EMS Duty officer for instructions



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- Patient care must only be provided within the scope of practice of the EMS provider, according to the *Maryland Medical Protocols for Emergency Medical Services Providers* and the *MIEMSS Inter-hospital Transfer Guidelines Manual*.
- Only attending hospital personnel from the **transferring facility** may deliver any required medical care that is outside of the scope of practice of the EMS personnel tending to the patient.

### 2. Non-Emergency Inter-Facility Transport

- The Prince George's County Fire and EMS Department will **not** provide **non-emergency inter-facility transport** services using front-line apparatus that is currently in service or utilizing personnel that is on duty and counting towards "minimum staffing" within the Emergency Operations Command.
- Allowances will be made to accommodate employee or members of the Department in need of this type of assistance. However, these requests must be made in advance and only with the approval of the Emergency Operations Commander, or his designee.

### 3. Performance Evaluation

The EMS Quality Assurance Coordinator specifically is responsible for developing and maintaining a quality assurance process for the inter-facility transport services provided by the Prince George's County Fire and EMS Department under this policy.

The AEMS office will assess the performance indicators below, at a minimum, on a continual basis:

- The number of requests received for emergency inter-facility transports correlated to the number of requests approved for emergency inter-facility transports.
- The number of patients transported who were originally pre-hospital patients transported by the Fire/EMS Department.
- The number of patients who were **not** prepared for transport as promised by the transferring physician.
- The number of transports that were not actually emergent, in nature, and that should have been referred to a licensed commercial ambulance service.

The AEMS office is responsible for reviewing the execution of this Policy, and for submitting quality assurance recommendations regarding this Policy to the EMS Major and the Medical Director via the chain of command on at least an annual basis.

### REFERENCES

MIEMSS Inter-hospital Transfer Guidelines Manual

Maryland Medical Protocols for Emergency Medical Services Providers



**FORMS / ATTACHMENTS**

**Attachment #1** - Inter-Facility Transport Approval Checklist

**Attachment #2** - Inter-Facility Transport Authorization

## INTER-FACILITY TRANSPORT APPROVAL CHECKLIST

Transferring Hospital: \_\_\_\_\_ Transferring Physician: \_\_\_\_\_

Receiving Hospital: \_\_\_\_\_ Receiving Physician: \_\_\_\_\_

### Criteria for Transport Approval

- ☐ The patient's condition must be considered by the transferring physician to be emergent (i.e., life threatening). This condition may warrant a response (i.e. the use of emergency lights and sirens) to the transferring and receiving facilities.
- ☐ For trauma referrals, the patient's condition must meet the criteria for inter-facility referral under the MIEMSS *Interhospital Transfer Guidelines Manual*.
- ☐ For medical referrals, the patient must require a specialized procedure or treatment that the transferring facility cannot provide.
- ☐ An alternate means of inter-facility transport (e.g., licensed commercial ambulance, helicopter, receiving hospital's transport team, transferring hospital's transport team) is not readily available.

### Criteria for Dispatch

- ☐ A receiving physician must agree to accept this patient at his or her facility.
- ☐ The transferring physician must provide medical stabilization of the patient in order to minimize the risks of transport to the patient.
- ☐ The transferring physician must provide the appropriate level of qualified personnel needed during the transport, in order to maintain an acceptable level of care for this patient.
- ☐ The transferring physician must agree to be the on-line medical control physician for the inter-facility transport.
- ☐ The patient must be ready to leave the ER within 15 minutes of the arrival of the ALS ambulance.
- ☐ All required medications, fluids and specialized equipment needed for the transport must be provided by the transferring facility.
- ☐ Copies of all of the patient's medical records must be provided by the transferring facility.

<input type="checkbox"/> Approved	Incident # _____	EMS Unit # _____
<input type="checkbox"/> Denied		

EMS Supervisor: _____	Date/Time: _____
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## INTER-FACILITY TRANSPORT AUTHORIZATION

### REQUIREMENTS

- ☐ This patient is acutely ill or injured and is considered to be serious or life-threatening condition justifying an emergency transport.
- ☐ The patient requires a special medical procedure or treatment that the hospital is unable to provide, or
- ☐ This patient meets one of the trauma referral criteria listed in the MIEMSS Interhospital Transfer Guidelines Manual.
- ☐ An alternate means of emergency inter-facility transport is not readily available.
- ☐ The transferring facility must provide a physician, registered nurse, or other specialist to accompany the patient and be responsible for the administration of definitive patient care.
- ☐ The transferring facility must provide the medication, fluids and any specialized equipment that may be required for use on the patient during the transport, as well as copies of all patient records.
- ☐ The transferring physician agrees to be the on-line medical control physician during the transport.

### TRANSFERRING PHYSICIAN'S VERIFICATION

I hereby verify that \_\_\_\_\_ is in need of an EMERGENCY  
Patient's Name

INTER-FACILITY TRANSPORT and authorize the Prince George's County Fire/EMS

Department to transport this patient to \_\_\_\_\_ to the care of  
Receiving Facility  
\_\_\_\_\_  
Receiving Physician

Physician's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Physician's Name (Printed): \_\_\_\_\_

TripTix Barcode