

JOHNSON COUNTY, KANSAS DEPARTMENT OF EMERGENCY SERVICES: MED-ACT POLICY & PROCEDURE	NUMBER 804	EFFECTIVE DATE: May 1996		
		REVISED DATE: February 13, 2023		
	Authorized by  J. Paul Davis, Chief of E.M.S.	Pg	of	Pg
SUBJECT: INTER-FACILITY PATIENT TRANSFERS		1		2

804 – INTER-FACILITY PATIENT TRANSFERS

DESCRIPTION:

This policy describes the use of MED-ACT ambulances for the transfer of patients between hospitals and facilities. At times, hospitals and emergency departments within Johnson County may request MED-ACT to provide transport of a patient to another facility for specialized care. MED-ACT will work to provide this service while maintaining its primary mission of response to out-of-hospital medical emergencies within the county.

RESPONSIBILITIES:

EMS Battalion Chiefs: shall oversee IFTs to ensure they are compliant with MED-ACT's policy and protocol. BCs will approve all IFT requests once processed by the ECC.

Emergency Communications Staff: shall receive requests for IFTs from Johnson County facilities and process them with an established protocol.

MED-ACT Personnel: shall respond to IFTs as dispatched and shall participate in the continuum of care for the patient from one facility to another. Personnel shall ensure the IFT is appropriately documented, and billing information obtained.

PROCEDURE:

Criteria:

The criteria for MED-ACT to be utilized for an interfacility transfer (IFT) are:

- The sending facility must be located within Johnson County, KS. The receiving facility must be listed in Appendix G of the Johnson County Clinical Protocol (Listed below).
- The patient must currently be of a critical care criterion at the sending facility regardless of where the patient is physically located.
- There shall be a time sensitive need for the patient to be transferred to another facility requiring transfer within two hours.
- The patient's Transfer Risk Score will be utilized to determine approval and/or priority.

Total Points	IFT Priority
>15 points	Immediate
11-15	Emergent
6-10	Delayed – Contact OMD
<6	Refer to Non-E Service

- MED-ACT Battalion Chiefs may authorize IFTs not meeting the above criteria in limited circumstance based on system status levels. (i.e. a patient requiring immediate surgical intervention from a Stand Alone ED for appendicitis who does not meet the score threshold.)

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All Inter-Facility Transfer Requests will be forwarded to an on-duty MED-ACT Battalion Chief to process utilizing the MED-ACT Interfacility Transfer Assessment Form. BCs will contact the sending facility within 10 minutes of notification by the ECC. BCs may consult with the Office of the Medical Director as needed. MED-ACT BCs will notify the ECC of the disposition of their evaluation of the IFT request and if approved, provide a unit to be dispatched. Also, if not already completed, the BC will notify the requesting facility of the IFT request disposition as well. If the IFT request is denied, the ECC will log a brief explanation and close the call.

Based on a paramedic and EMT scope of practice, there may be times when the sending facility will be required to send a hospital provide clinician (HPC) to maintain the patient's care plan during transport.

All ALS patient transfers must have a physician signed *Physician Order For Inter-Facility Patient Transfer - (MAF804A)*.

MED-ACT ambulances are to respond to IFTs in non-emergency mode with Opticom only, unless specifically directed otherwise by a MED-ACT BC.