

Manitoulin-Sudbury District Services Board POLICY & PROCEDURES MANUAL	
Section: G. Emergency Medical Services	Effective Date: February 8, 2012
Topic: 4. Operations Directives	Replaces: September 14, 2011
Subject: 5. Transfer Prioritization	
Policy No. G.4.5.	Page 1 of 4

PURPOSE

To provide a process whereby inter-facility transfers are prioritized according to both the needs of the patient being transferred and need for EMS coverage across the communities served. Furthermore, this procedure aims to reaffirm the process required during the completion of inter-facility transfers.

APPLICATION

Paramedics, EMA's, Management, Hospital Staff, Central Ambulance Communications Centre (CACC)

This policy will be applied for the transfer of non-emergent patients during a decrease in EMS resources which has the potential to leave large gaps in EMS Balanced Emergency Coverage.

PROCEDURE

It is well understood that within the regionalized health care system of the province of Ontario, patients may be required to seek diagnostic and specialist care outside of their local hospital. It is also understood that in rural Northern Ontario, transferring the patient said care often becomes a task of the EMS provider due to lack of an alternative form of transportation. Providing for urgent or emergent patient transportation is a part of the EMS core mandate and as such must be taken seriously.

Realizing that there is a fine balance between providing transportation for the known stable patient and maintaining balanced coverage for the potential medical emergency, every party involved in the decision making has a serious role to play. The following provides for a summary of the roles of each stakeholder in this process.

Sending Facility

As the ones making the decision to call for the utilization of ambulance resources to complete an inter-facility transfer, the sending facility must become cognisant of the present EMS coverage situation. With an increase in call volumes and greater inability to meet response times, EMS providers now expect that the sending facility become mindful of what effect their actions have on the community as a whole when requesting a transfer of patients.

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Senior EMS Management

Ultimately senior EMS management must make decisions based on the best interests of the communities as a whole. A balanced approach to doing business must be sought and direction must be provided if an imbalance occurs. It is becoming increasingly difficult to keep up with the demand of providing emergency medical services; therefore Senior EMS Management must involve the hospitals in processes allowing them to make informed transport timing decisions in an effort to seek relief of the current aforementioned demands. Being able to balance both urgent and non urgent responses is the ultimate goal.

CACC

The Central Ambulance Communications Centre (CACC) is responsible to process both emergency and non-emergency requests for service from the sending facility. This is completed by using the inter-institutional call screening instruments and protocols approved by the Ministry of Health and Long Term Care, Emergency Health Services Branch, **Manual of Practice (MOP)**.

In accordance with **Policy Section 1 for Ambulance Communications:**

“The Ambulance Communications Officer (ACO) will dispatch ambulance services in a manner that:

- a) Delivers rapid and accurate response to requests for emergency ambulance service; and*
- b) Coordinates non-emergency medically necessary requests for ambulance service in accordance with the deployment plans and in a manner which does not compromise emergency coverage; and*
- c) Re-establishes emergency coverage whenever compromised.”*

The CACC ACO is responsible to monitor all phases of ambulance response and is ultimately accountable for the control of the ambulance for the duration of that call. The CACC is the only stakeholder that has general oversight on ambulance resource coverage for a large geographical area.

The following is the process that CACC generally undertakes when booking an emergency inter-facility transfer.

1. Determine the patient priority from a line of questioning as mandated by MOHLTC with the Dispatch Priority Card Index II (DPCI II).
 - a. Critically ill patients who are ready for immediate pick up are prioritized as Urgent, Code 4.
 - b. Patients where the medical condition requires prompt attention and are ready for immediate pick up (or within 6 hours) are prioritized Code 3. Code 3 transfers may be **delayed** up to one hour if the patient condition can tolerate a delay as confirmed by the sending facility.

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2. Assign the ambulance as per the established priority in conjunction with the determined allowable wait time
3. In situations where resources are at a minimum level, CACC will notify the EMS Field Superintendent, and will facilitate communication between the sending facility physician and EMS Field Superintendent on a recorded phone line as required.

Paramedics

Performing patient care for the duration of the transfer, Paramedics must ensure that they are doing so to the standard of care listed in the applicable legislation. The following provides for a step by step process of what is required.

1. Upon receipt of an inter-facility transfer from the local CACC, Paramedics will note the priority of the call and travel to the sending facility as per the priority established by the CACC. The Paramedics will also note the administrative particulars, any relevant patient information, and information pertaining to the destination.
2. On arrival at the sending facility the ambulance crew will confirm the availability of an escort, if required, as per policy G.4.29.
3. As per BLS Standards, Paramedics will perform a primary assessment of **each** patient including an assessment of patient vital signs. Additionally, communication with sending facility staff, relevant patient information, medications, and past medical history will help to determine an ambulance transport priority for the patient.
4. Should the Paramedic assessment of priority be **greater** than that designated by the CACC, and the patient is of urgent or emergent priority, the Paramedics will notify the CACC immediately and the transfer should be completed as quickly as possible.
5. Should the Paramedic assessment of priority be **lower** than that designated by the CACC, the Paramedics will load the patient onto their stretcher and perform the transfer as per previous direction from CACC. Through the process listed in the CACC section, CACC has already determined the ability to perform the transfer at this time.
6. Upon booking on to the receiving facility, the Paramedics will travel at the priority that they established on the basis of their assessment and information gathering.
7. The Paramedic attendant will complete an Incident Report with the particulars surrounding any inter-facility transfer that has a **lowered** transport priority. Detailed in the remarks section will be the specific rationale for their determination of a lower priority.

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Field Superintendent

The EMS Field Superintendent, as the front line manager has an obligation to ensure the most efficient utilization of resources in order to maintain balanced emergency coverage.

1. In circumstances where resources are stretched to the minimum level (minimum car count) and a sending facility is indicating that a patient must be transported immediately, the Field Superintendent will contact the sending facility physician to confirm that need. This will be facilitated through CACC on a recorded telephone line.
2. The Field Superintendent will detail the current allocation of resources to the sending physician and will ask, ***“With our present EMS coverage already depleted, can this transfer take place once we have improved ability to respond to emergency calls?”*** The Field Superintendent should be prepared to give an estimation of when they expect that the coverage situation would be improved.
3. If the sending physician indicates that there is no room for delay, the Field Superintendent will ask and document the following pertinent information.
 - a. **Where exactly is this patient going?**
 - b. **Who is this patient going to see?**
 - c. **Do they have a booked appointment time?**
4. Lastly, the Field Superintendent will confirm the need for immediate transport and will ensure that the sending physician understands the risk associated with performing this transfer.

Base Hospital

The following cases will be reviewed by the Base Hospital

1. If transfer priority is felt to be incorrect by either the sending facility or the EMS Provider.
2. Any cases with patient outcome concerns where a delay in patient transfer was arranged under this policy.

As previously indicated it is imperative that all parties understand the risk associated with performing inter-facility transfers under times of limited resources. All parties have an obligation as health care providers to help offset that risk whenever possible.

REFERENCE

Manitoulin-Sudbury District Services Board, *Long Distance Transfers*, Policy and Procedure G. 4.29