

SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL SERVICES AGENCY
PREHOSPITAL POLICY

Policy Reference No: 166
Effective Date: 03/01/2012
Review Date: 03/01/2015

SUBJECT: INTERFACILITY TRANSFERS OF TRAUMA PATIENTS

I. PURPOSE

To establish standards for consistent, timely, proper, and efficient movement of trauma patients between hospitals in and out of San Luis Obispo County.

II. AUTHORITY

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Chapter 7

III. POLICY

- A. Trauma centers shall have written interfacility transfer agreements with local referring hospitals.
- B. Interfacility transfer agreements shall, at a minimum, detail the following components:
 - 1. Criteria for transfer of a trauma patient
 - 2. Transferring physician responsibilities
 - 3. Logistics for transfer, evaluation and monitoring of patient
 - 4. Receiving physician responsibilities
 - 5. Compliance with relevant laws and regulations, such as EMTALA
- C. Trauma patients may be transferred between and from trauma centers providing that any transfer shall be, as determined by the trauma center physician, medically prudent and in accordance with San Luis Obispo County EMS Agency policies.
- D. Trauma centers shall have written consultation and transfer agreements with the following facilities (if services are not available at the trauma center):
 - 1. Burn center
 - 2. Pediatric intensive care unit
 - 3. Rehabilitation center
 - 4. Hospitals with the following surgical services for adult and pediatric trauma patients (if not available at the trauma center):

- a) Cardiothoracic
 - b) Pediatric
 - c) Reimplantation/microsurgery capability
 - d) Spinal cord injury
- E. Hospitals shall establish pre-transfer protocols to identify trauma patients necessitating transfer.
- F. Injured patients in hemodynamically unstable condition but who need transfer to a higher level trauma center may appropriately undergo operative control of ongoing hemorrhage before transfer if a qualified surgeon and operating room resources are promptly available at the referring hospital.
- G. Timeliness of Transfer
- 1. Trauma patients arriving at non-trauma center hospitals meeting the prehospital physiologic and/or anatomic trauma triage criteria shall be immediately evaluated by an ED physician.
 - 2. Referring hospitals should coordinate early with EMS transport providers to facilitate the rapid transfer of a patient to a trauma center.
 - 3. Once the decision has been made to transfer, the referring hospital shall immediately contact the receiving trauma center ED physician with a notice of intent to transfer a trauma patient and ETA, although transfer may occur at a later time in order to stabilize patient.
- H. All health care organizations within the trauma system shall facilitate the transfer and return of an organization member
- I. System Evaluation
- 1. The Trauma System Committee (TSC) shall review interfacility transports of trauma patients as part of its trauma system performance improvement program.
 - 2. Non-trauma center hospitals caring for trauma patients shall:
 - a) Provide the necessary information to the trauma center and the EMS Agency for inclusion in the trauma registry system
 - b) Participate in TSC and trauma center quality improvement activities for those trauma patients in their care