



MUKWONAGO FIRE DEPARTMENT
OPERATING PROCEDURES

Inter-facility Transports		Approved by: Chief Jeffrey R. Stien	
SOG #13	Draft Date: 02/08/16	Revision Date:	Effective Date: 02/25/16

PURPOSE: To establish proper procedure for staffing, responding, transporting and documenting inter-facility transports.

SCOPE: This procedure is to be followed by all officers and members of this department. Authority to deviate from this procedure rests with the Chief of the department or designee who will be responsible for the results of any deviation.

1. Staffing

1. A software program will be used for scheduling crews for responding to all non-emergency and emergency incidents while on a scheduled shift as specified in Policy #11.
2. Staffing can be accomplished, but not limited to the following options:
 - a. Staffing is accomplished by using staff assigned to the regular ambulance schedule in conjunction with the transfer type as determined by the Critical Care Qualifying Statements Matrix
 - b. Staffing is assigned to a specific crew for inter-facility transfers.
3. At a minimum we have one CCEMT-P scheduled on shift 24/7; we plan on scheduling two (this refers to CCEMT-P personnel only, not our EMT-P and lower EMS levels that are scheduled). Every attempt is made to keep at least one of the two available at all times in case the critical care transport comes in; with that we never drain our 911 system completely to handle a transfer, if that happens we delay the inter-facility or we turn the call back to them to find another transport.
4. Per DHS 110.34 (5) at no time will MFD deplete all of its EMS resources for the purpose of inter-facility transfers. MFD can staff two ambulances at any time and will assure that a minimum of one staffed ambulance will be available for our 911 responses at all times. MFD will not handle more than one inter-facility transfer at a time. We typically have a 30 minute window to respond to area

hospitals for inter-facility transports. MFD realizes that its top priority is serving the citizens in the communities that we serve, everything else is secondary. Should a transfer happen while we are on multiple 911 responses in our area we simply notify dispatch to call the facility that the transfer originates from stating that we cannot handle the call at that time.

2. Medical Control

1. Waukesha Memorial Hospital ER (ProHealth Care) will provide our day to day medical control

3. Request for an inter-facility transfer

1. Mukwonago-ER will contact dispatch and request MFD for an inter-facility transfer and will provide the following information:
 - a.Type of transfer
 - b.Transfer hospital
 2. MFD will acknowledge page and advise if we can take the transfer or pass on the request based on staffing, MFD will always be available for a primary 911 call. MFD has 30 minutes from the time of request to having an ambulance on site.
 3. The Full time medic, or the Duty Officer if the FT medic is already on a call, will contact the Charge Nurse at the Mukwonago-ER and gather the following answers, as listed on the Critical Care Qualifying Statements form and information:
 - a.Age
 - b.Medications
 - c. Drips
 - d.IV status
 - e.Cardiac monitor status
 - f. Vent needed
 - g.Room number
 - h.Transport hospital and room
 4. The appropriate crew will be determined and make up will be determined as listed above in staffing. If the inter-facility scheduled crew does not meet the requirements the crew will be assigned from the on shift company. The FT Medic or Duty Officer will contact the station and determine which crew is available on site and assign the most appropriate crew for the level of call. MFD will send the lowest level of care staff that meets the requirement for transfer so that the highest level of care is still available for the 911 area.
 5. The Full time medic will inform the Duty Officer of the crew sent for the transfer, via text or phone call.
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6. The ambulance will respond non-emergency to the Mukwonago-ER unless otherwise warranted
 7. The crew will report to the nurse and gather appropriate paperwork and report for transport. There is no Physician authorization form need for transfers from Mukwonago-ER to Waukesha Memorial Hospital or Oconomowoc Memorial Hospital. All other transfers require the Physician Authorization form is completed and attached to the EMS report. There is a consent form included in the patient paperwork but is not required by MFD for our paperwork but is available by request.
4. Completion of transfer
 1. Patient is delivered to appropriate room and report given to the receiving nurse
 2. EMS report is completed and includes proper coding for transfer, detailed pre-arrival treatment and care given enroute, supply sheet completed and attached, report is downloaded in WARDS and submitted to the receiving hospital.

5. Special Note Facility 911 versus Inter-facility

1. Independent Living Facility- Congregate Housing Facility

A group residence, usually for older persons, which encourages independence and community living. The tenants may need some medical or social assistance, but not enough to require hospitalization or nursing home care. Congregate housing can also be used by head-injured patients, spinal cord-injured patients, recovering alcoholics, and others

2. Intermediate care facility (ICF) a health related facility designed to provide custodial care for individuals unable to care for themselves because of mental or physical infirmity; not considered by the government to be a medical facility, it can receive no reimbursement under Medicare, generally receiving the bulk of its financing under Medicaid. Federal regulations require that an ICF have a registered nurse as director of nursing and a licensed nurse on duty at least 8 hours a day; other staffing requirements vary from state to state.

3. Skilled nursing facility (SNF) a type of NURSING HOME recognized by the Medicare and Medicaid systems as meeting long term health care needs for individuals who have the potential to function independently after a limited period of care. A multidisciplinary team guides health care and rehabilitative services, including skilled nursing CARE.

4. Urgent Care, Oncology, Regularly staffed medical facility (Dialysis)

5. If MFD is requested for a 911 call and once on location if the patient can be transported at a level that does not exceed scope of practice of our 911 level the patient can be transported and be classified as a 911 call and transport. If the patient needs to be transported at our inter-facility level then the individual can be transferred as long as the primary 911 call can be covered and the call will be classified as an inter-facility call and the report will reflect that information. That call will then counts as an inter-facility transport.

Once MFD accepts the inter-facility we must complete the transport
