

Education Outline for Safe Patient Handoff to EMS – Interfacility Transfer

Introduction to Interfacility Transfer (IFT):

A regional workgroup was established in 2022 to address gaps in hospital to EMS handoff with clear medical direction.

Purpose statement: Improve patient safety during EMS transfer of trauma patients to a higher level of care by provision of clear medical direction as communicated by effective handoff communication between the hospital and EMS using written and verbal reports.

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Why are implementing this:

- There is lots of evidence that good patient handoffs improve patient safety (IHI, JC). Our focus is the patient.
- Several cases were reviewed in R6 where handoffs did not occur and impacted patient care. Gap identified at RPSRO- hospital to EMS handoff is not standard practice even though this is best practice.
- The RPSRO believed it was worth the effort to figure out how to provide EMS with the essential info they need for transfer patients safely. Rural hospitals in R6 transfer a lot of patients making this a high impact, high volume initiative.

What are we implementing:

- EMS Interfacility Transfer (IFT) form. The original is on the WMRMCC website – Trauma Network/ RTAC Education page [IFT form](#)
- Verbal, handoff communication between the Hospital staff and EMS prior to transfer using the IFT form as an outline of key information.

When is the IFT handoff used?

- Complete the handoff for every ED to ED transfer of a trauma patient to a higher level of care. (Some hospitals are using the form for all transfers – that is great and the ultimate goal).

Discuss the process the committee went through to develop and test the form/process:

- Interdisciplinary IFT subcommittee was formed. Stakeholders on the committee -EMS, ED Physicians, hospital staff/nurses, TPMs.
- Met for over a year. Multiple revisions to form. Education and discussion at the RTAC and STAC (State Trauma Advisory Committee).
- Revisions were made after 2 regional trials.
 - Trial #1 August 2022: Holland, Gerber, Zeeland, Shelby
 - Trial #2 January 2023 Holland, Shelby, Ludington
- In April, 2023, the RTN voted to support regional adoption of the form/process

Goals of the form and handoff process:

- Ensures that key communication for medical care during transport occurs. The transferring physician is the responsible physician for care during transport (they may confer with receiving hospital but it is the transferring physician should ensure medical direction during transfer).
- The form
 - Designed for Hospital staff to communicate to EMS.
 - Communicates key “need to know” information to EMS on one page.
 - Provides consistency in the handoff process.
 - Can be used as a template for verbal handoff – it is not a replacement for verbal communication.
 - If there are no specific physicians’ orders such as medications, vent settings, IVs, spinal precautions, the physician does not need to sign.
- Provides consistent information on the same recognizable form
 - Only the committee approved form on the WMRMCC is recommended.

<ul style="list-style-type: none">○ Any changes to the form should be discussed and approved by the IFT committee.
<p>How- Suggested process to implement the form and process in your hospital:</p> <ul style="list-style-type: none">● Each ED should review their own process and lean where they can.<ul style="list-style-type: none">○ Ensure an organized transfer packet. Who is responsible for maintaining these?○ Staff know where the form/packet is stored?○ Decide if your organization will save a copy of the form for the EMR? (recommended)○ Form:<ul style="list-style-type: none">▪ Discuss the various components of the form.▪ Determine who completes it? Can support staff assist the RN and physician with the form completion or process?▪ What orders should physicians communicate (anything that is outside EMS protocols)? How are physician orders and signatures are obtained?▪ Can some of the form be completed prior to patient arrival?○ Education your staff and physicians. Consider Stroke, STEMI, and ICU if your hospital is using this handoff for more than just ED to ED trauma transfers.○ Follow-up, audit to ensure handoff is occurring appropriately and every time.
<p>Regional Audits and Follow Up - How will the RTAC IFT committee audit the implementation?</p> <ul style="list-style-type: none">● Audit 2 separate weeks within the 6-month window to coincide with the RTN Inventory: Jan-June and July-Dec. Report results in the Inventory<ul style="list-style-type: none">• # of transfers to higher level of care• # of IFT forms completed• Sample for completeness• Interview 10 staff, physicians, EMS• Are the completed forms from the approved (unaltered) form on the WMRMCC website?
<p>Audits</p> <p>The results of the regional audits will be reported on several Regional Documents and reported to the Region 6 RPSRO and RTAC.</p> <ul style="list-style-type: none">● The bi-annual Inventory Report - this is reviewed by the RPSRO.● The Regional Quarterly Report - this is reviewed by STAC and posted on the state website.● The RPSRO and RTAC meetings.● The first audit will begin in August or September 2023.

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Questions? Please reach out to any of these committee members:

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