Categorization of Interfacility Patient Transfers

Purpose: To provide categorization for use of scarce resources for interfacility transfers.

I. Utilization of EMS resources should be limited to those that are medically necessary. The lack of immediate availability of other types of transportation does not equate to medical necessity for use of an ambulance.

II. Patients being transported by EMS should utilize the minimum necessary resource that is available. Hospitals should complete the interfacility transfer form and submit it to the accepting EMS agency to assist in assigning appropriate resources.

III. Categories of Interfacility Transfer
   a. Category 1 – Patient with significant complicated medical needs. Patients may need interventions beyond standard ALS, such as specialized critical care services and/or additional facility staff to accompany the patient in the ambulance. Examples include, but are not limited to:
      i. Patients on ventilators
      ii. Patients on vasoactive medications needing titration
      iii. High risk obstetric patients with potential to deliver enroute to the receiving facility
      iv. Unstable, with multiple devices and or medications
   b. Category 2 – Stable but potentially complex patients not expected to have significant changes enroute to the receiving facility. Examples include, but are not limited to:
      i. Patients with medications on IV pumps that are not a part of the standard ALS scope, but DO NOT need titration and there is no reasonable expectation that the patient will have adverse effects from the current medications.
      ii. High risk obstetrics patients who are not expected to delivery enroute to the receiving facility.
   c. Category 3 – Stable patients that do not need any interventions beyond the ALS scope of practice. This includes IV pumps with medications that the paramedic has been trained to utilize, cardiac monitoring, and oxygen administration.
   d. Category 4 – Stable patients who are not expected to need ALS intervention enroute to the receiving facility.

IV. If traditional EMS resources are unavailable or limited, the facility may provide alternate ambulance staffing with licensed health professionals according to the **Licensed Health Professional Staffing Protocol**.

V. The transferring attending physician is responsible for assuring the appropriate level of care needed for the transfer. If the attending physician is unfamiliar with the capabilities and scope of practice of EMS personnel, consultation should occur with an emergency physician, EMS medical director or medical control authority representative.