

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Guidelines for Interfacility Transfer of Patients to a Trauma Center		Policy Number 1404	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2015	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: June 1, 2015	
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- I. PURPOSE: To establish guidelines for the transfer of a trauma patient from a hospital in Ventura County to a Level II trauma center.
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.
- III. DEFINITIONS:
  - A. **EMERGENT** Transfer: A process by which a patient with potential life-or-limb threatening traumatic injuries is transferred to a trauma center. The patient requires an immediate procedure at a trauma center, and a delay in transfer will result in deterioration of the patient's condition, and the treating physician requests immediate transport to a trauma center.
    1. Trauma Call Continuation: A process by which a patient with potential life-or-limb threatening traumatic injuries who has been taken to the emergency department by ALS ambulance is transferred to a trauma center. The patient requires an immediate procedure at a trauma center, the ALS ambulance is still on the premises, and the treating physician requests immediate transport to a designated trauma center.
  - B. **URGENT** Transfer: A process by which a patient with time-critical traumatic injuries is transferred to a trauma center. The patient requires a timely procedure at a trauma center, and a lengthy delay will result in deterioration of the patient's condition, and the treating physician requests prompt transport to a trauma center.
- IV. POLICY: The following criteria will be used as a guideline for the transfer of a trauma patient to a trauma center.

- A. For patients who are in the emergency department at a community hospital and have one or more of the following injuries, if the referring physician requests transfer to a trauma center, the trauma center will immediately accept the patient.
1. Carotid or vertebral arterial injury
  2. Torn thoracic aorta or great vessel
  3. Cardiac rupture
  4. Bilateral pulmonary contusion with PaO<sub>2</sub> to FiO<sub>2</sub> ratio less than 200
  5. Major abdominal vascular injury
  6. Grade IV, V or VI liver injuries
  7. Grade III, IV or V spleen injuries
  8. Unstable pelvic fracture
  9. Fracture or dislocation with neurovascular compromise
  10. Penetrating injury or open fracture of the skull
  11. Glasgow Coma Scale score <14 or lateralizing neurologic signs
  12. Unstable spinal fracture or spinal cord deficit
  13. >2 unilateral rib fractures or bilateral rib fractures with pulmonary contusion
  14. Open long bone fracture
  15. Significant torso injury with advanced co-morbid disease (such as coronary artery disease, chronic obstructive pulmonary disease, type 1 diabetes mellitus, or immunosuppression)
  16. Amputations or partial amputations of any portion of the hand<sup>1</sup>
  17. Injury to the globe at risk for vision loss<sup>2</sup>
- B. Ventura County Level II Trauma Centers:
1. Agree to immediately accept from Ventura County community hospitals, patients with conditions included in the guidelines above.
  2. Will publish a point-of-contact phone number for an individual authorized to accept the transfer of a patient with a condition included in the guidelines above, or to request consultation with a trauma surgeon.
  3. Will establish a written interfacility transfer agreement with every hospital in Ventura County.
  4. Immediately post on ReddiNet and notify EMS Administrator on-call when there is no capacity to accept trauma patients due to:
    - a. Diversion for internal disaster
    - b. CT scanner(s) non-operational

- c. Primary and back-up trauma surgeons in operating rooms with trauma patients
- C. Community Hospitals:
  - 1. Are not required to transfer patients with conditions included in the guidelines above to a trauma center when resources and capabilities for providing care exist at their facility.
  - 2. Will enter into a written interfacility transfer agreement with every trauma center in Ventura County.
- D. **EMERGENT** Transfers
  - 1. **EMERGENT** transfers are indicated for patients with life-or-limb threatening injuries in need of emergency procedures at a trauma center. Criteria **MUST** include at least one of the following:
    - a. Indications for an immediate neurosurgical procedure.
    - b. Penetrating gunshot wounds to head or torso.
    - c. Penetrating or blunt injury with shock.
    - d. Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes).
    - e. Pregnancy with indications for an immediate Cesarean section.
  - 2. For **EMERGENT** transfers, trauma centers will:
    - a. Publish a single phone number (“hotline”), that is answered 24/7, for an individual authorized to accept the transfer of patients who have a condition as described in Section D.1 of this policy.
    - b. Immediately upon initial notification by a transferring physician, accept in transfer all patients who have a condition as described in Section D.1 of this policy.
  - 3. For **EMERGENT** transfers, community hospitals will:
    - a. Assemble and maintain a “Emergency Transfer Pack” in the emergency department to contain all of the following:
      - 1. Checklist with phone numbers of Ventura County trauma centers.
      - 2. Patient consent/transfer forms.
      - 3. Treatment summary sheet.
      - 4. Ventura County EMS “Emergency Trauma Patient Transfer QI Form.”

- b. Have policies, procedures, and a quality improvement system in place to track and review all **EMERGENT** transfers and Trauma Call Continuations.
    - c. Maintain an ambulance arrival to emergency department (ED) departure time of no longer than ten minutes.
    - d. Establish policies and procedures to make personnel available, when needed, to accompany the patient during the transfer to the trauma center.
  4. For **EMERGENT** transfers, Ventura County Fire Communications Center (FCC) will:
    - a. Respond to an **EMERGENT** transfer request by immediately dispatching the closest available ALS ambulance to the requesting hospital.
    - b. Consider Trauma Call Continuation transfers to be a follow-up to the original incident, and will link the trauma transfer fire incident number to the original 911 fire incident number.
  5. For **EMERGENT** transfers, ambulance companies will:
    - a. Respond immediately upon request.
    - b. For “Trauma Call Continuation” requests, immediately transport the patient to a trauma center with the same ALS personnel and vehicle that originally transported the patient to the community hospital.
    - c. Not be required to consider **EMERGENT** transports as an “interfacility transport” as it pertains to ambulance contract compliance.
- E. **URGENT** Transfers
  1. **URGENT** transfers are indicated for patients with time-critical injuries in need of timely procedures at a trauma center.
  2. For **URGENT** transfers, trauma centers will:
    - a. Publish a single phone number, that is answered 24/7, for a community hospital to request an urgent trauma transfer. Additionally, this line may be used to request additional consultation with a trauma surgeon if needed
  3. For **URGENT** transfers, community hospitals will:
    - a. Maintain an ambulance arrival to emergency department (ED) departure time of no longer than twenty minutes.

4. For **URGENT** transfers, ambulance companies will:
  - a. Arrive at the requesting ED no later than thirty minutes from the time the request was received.

V. PROCEDURE:

A. **EMERGENT** Transfers

1. After discussion with the patient, the transferring hospital will:
  - a. Call the trauma hotline of the closest trauma center to notify of the transfer.
  - b. Call FCC, advise they have an **EMERGENT** transfer, and request an ambulance. If the patient's clinical condition warrants, the transferring hospital will call FCC *before* calling the trauma center's hotline.
  - c. Complete transfer consent and treatment summary.
  - d. Prepare copies of the ED triage assessment form and demographic information form.
2. Upon request for an **EMERGENT** transfer, the dispatch center will dispatch the closest ALS ambulance and verbalize "MEDxxx E MERGENCY Trauma Transfer from [transferring hospital]". The trauma center will be denoted in the incident comments, which will display on the mobile data computer (MDC). If a unit does not have an operational MDC, the transferring hospital will advise the responding ambulance personnel of the destination trauma center.
3. Upon notification, the ambulance will respond Code (lights and siren).
4. FCC will track ambulance dispatch, enroute, on scene, en-route hospital, at hospital, and available times.
5. The patient shall be emergently transferred without delay. Every effort will be made to limit ambulance on-scene time in the transferring hospital ED to ten minutes.
  - a. All forms should be completed prior to ambulance arrival.
  - b. Any diagnostic test or radiologic study results may either be relayed to the trauma center at a later time, or if time permits, copied and sent with the patient to the trauma center.
  - c. Intravenous drips may be discontinued or remain on the ED pump.
  - d. The transporting paramedic will contact the trauma base hospital enroute and provide updated patient information.

B. Trauma Call Continuation

1. Upon determination of a Trauma Call Continuation, and after discussion with the patient, the community hospital will:
  - a. Direct the ambulance personnel to prepare to continue the transport to the trauma center.
  - b. Notify the designated trauma center ED of the immediate re-triage of a trauma patient, and communicate the patient's apparent injuries or reason for the re-triage, after the call is continued and the patient is enroute to the trauma center.
2. Upon notification of Trauma Call Continuation, the ambulance personnel will notify FCC of their assignment to a Trauma Call Continuation. FCC will link the trauma transfer to the original 911 incident and continue tracking enroute hospital (departure from community hospital), at hospital (arrival at trauma center) and available times.
3. When the transferring physician determines the patient is ready and directs ambulance personnel to continue the transport, the ambulance will emergently transport the patient to the trauma center. The transporting paramedic will contact the trauma base hospital enroute and provide updated patient information.

C. **URGENT** Transfers

1. After discussion with the patient, the transferring hospital will:
  - a. Call the trauma hotline for the closest trauma center to request an urgent trauma transfer. This call may be used to request additional consultation with the trauma surgeon if needed.
  - b. Call the transport provider to request an ambulance.
  - c. Complete transfer consent and treatment summary.
  - d. Prepare copies of the ED triage assessment form.
  - e. Limit ambulance on-scene time in the transferring hospital ED to twenty minutes.
2. Upon request for an Urgent transfer, the transport provider will dispatch an ambulance to arrive no later than thirty minutes after the request.

- D. For all **EMERGENT** transfers, the transferring hospital will submit a completed Emergency Trauma Patient Transfer QI Form to the Ventura County EMS Agency within 72 hours. The transfer will be reviewed for appropriate and timely care and

to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS Trauma Operational Review Committee.

<sup>1</sup>For patients with isolated traumatic amputations or partial amputations of any portion of the hand, a community hospital may elect to transfer the patient to a Ventura County trauma center for potential replantation surgery. In these circumstances, the community hospital shall contact Los Robles Hospital and Medical Center (LRHMC) to determine the availability of a hand surgeon trained in microvascular replantation surgery. If a specialty hand surgeon is available the patient shall be preferentially transferred to LRHMC.

<sup>2</sup>Patients with isolated eye injuries needing transfer to a trauma center for potential ophthalmologic surgery shall be preferentially transferred to Ventura County Medical Center.



**EMERGENT Trauma Transfer  
QI Form**  
**Form: Ventura County EMS Agency Policy 1404**

**(ALL FIELDS MUST BE COMPLETED)**

**Date of Incident:** \_\_\_\_\_

**Sending Hospital:**

- SVH     SJPVH     SJRMC     OVCH     CMH     SPH

**Treating Physician:** \_\_\_\_\_

**Patient arrived at sending ED at \_\_\_\_\_ (time of ED arrival)**

- Brought by EMS: Fire Incident Number \_\_\_\_\_  
 Brought by POV or Walk-In

**Destination Trauma Center:**

- LRHMC  
 VCMC  
 Other: \_\_\_\_\_

**Patient Transfer Process:**

- Ambulance with paramedic ONLY  
 Ambulance with accompanying healthcare personnel  
 Trauma Call Continuation

**Which of the following Policy 1404 criteria applies?**

- Indications for an immediate neurosurgical procedure  
 Penetrating gunshot wound to head or torso  
 Penetrating wound by any mechanism and presents with or develops shock.  
 Blunt injury and shock  
 Vascular injury that cannot be stabilized and is at risk of hemorrhagic shock or loss of limb acutely  
 Pregnancy with indications for immediate Cesarean section

**Comments:**


Within 72 hours of transfer, fax or scan/email to VCEMS: Fax--(805) 981-5300 Email--katy.haddock@ventura.org