

# A08: Interfacility Transfers

Rob Evans

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## Introduction

Interfacility transfers (IFT) are common events that can range from prescheduled conveyances of stable patients to complex, multi-leg transfers of critically ill patients. A common framing bias exists, where transfer events are viewed as lower acuity than out of hospital events. In many cases, patients are being transferred to receive a medically necessary intervention that is not provided at the sending facility. In emergent cases, patients are undergoing transfer to receive a critical intervention at the receiving facility and all efforts should be directed towards achieving that goal in a timely fashion.

## Essentials

- Careful planning is key to conducting a successful interfacility transfer, particularly in more complex patients.
- Patients must be positively identified using two separate data points (e.g., name, date of birth, personal health number) prior to being transferred between facilities. Verbal acknowledgement from facility staff alone is insufficient to meet this requirement. See [BCEHS Standard Operating Procedure OPS 270.1](#) for additional information.
- Provide care within the scope of practice for the responsible paramedic or EMR crew.
- In some cases, the sending facility will provide escorts if the patient requires interventions that are beyond the scope of practice of the responding paramedic or EMR crew.
- Ensure escorts (if present) are briefed and that all equipment and personnel are safely restrained prior to conveyance.
- Ensure all lines and tubes are secured prior to patient movement.

## Additional Treatment Information

- In patients undergoing air conveyance, package the patient on the appropriate lifting device (generally a Ferno #9 stretcher with a cushion).
- Escalate any questions regarding air conveyance or airport rendezvous to the Critical Care Paramedic Advisor via CliniCall (1-833-829-4099).
- Ensure all equipment and patient belongings are secured safely in accordance with current policy.
- Family escorts may be considered on a case by case basis at the discretion of BCEHS.
- Complete documentation is required for all interfacility transfers.

## Referral Information

In general, IFT destinations or clinical pathways will be predetermined through consultation with the sending physician and the Patient Transfer Network (PTN). Any concerns relating to appropriate destination or clinical pathway should be [escalated through CliniCall](#).

## General Information

- A number of medications that fall outside paramedic or EMR scope may be either discontinued or have infusions completed prior to transfer.
- [This chart](#) lists medications and devices approved by paramedic and EMR level according to the EMALB.

## Interventions

### First Responder

- Not relevant for this guideline

**Emergency Medical Responder – All FR interventions, plus:**

- Provide care within scope of practice
- [OnCall consultation](#) required prior to conveyance if there are questions regarding patient care or if the patient meets non-medical conveyance criteria.

**Critical Care Paramedic – All FR, EMR, PCP, and ACP interventions, plus:**

- [OnCall consultation](#) required prior to administration of Schedule 2 interventions in accordance with current BCEHS policy.

