



# Position Statement

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## Interfacility Transfer of Emergency Care Patients

### Description

Interfacility transfer — movement of a patient from a primary care facility to a hospital with the capability and resources for definitive care — may present a potential risk to patient and staff safety. Risks associated with transport include clinical deterioration, adverse events, errors in care, inadequate numbers of healthcare workers to provide complex emergency care, transport delays, miscommunication, and crashes of surface or air medical transport.<sup>1</sup> Singh et al.<sup>2</sup> studied 5,144 surface interfacility transfers and found critical events occurred “in 333 (6.5%) of all transports, or 1 critical event for every 11.6 hours of transport time” (p. 11). Data are inconclusive regarding the risks and benefits of the transfer of critically ill, intubated, or ventilated patients.<sup>1</sup> It is clear, however, that optimal patient outcomes are achieved when pediatric and trauma patient populations are cared for at the facilities best prepared to address their needs.<sup>3-5</sup> Thus, the decision to transfer includes a determination of risks versus benefits. The use of hospital policies, protocols, staff education and training, physician direction, and written transfer agreements integrating Emergency Medical Treatment and Active Labor Act (EMTALA) regulations have been demonstrated to help mitigate the risks of transport.<sup>6,7</sup> Additional considerations are related to acuity of patient, level of care needed (e.g., private vehicle, basic life support, advanced life support, specialty care transport, etc.), estimated transport and arrival times, costs, community impact, patient preference, and health policy (e.g., state and federal regulations).<sup>8</sup>

### ENA Position

It is the position of the Emergency Nurses Association that:

1. Emergency nurses advocate for and facilitate patient transfers where they promote patient well-being and optimal patient outcomes.
2. Emergency nurses know and adhere to federal, regional, and hospital regulations mandating a medical screening exam (MSE), patient stabilization within the capability of the facility, and patient consent.
3. Interfacility transfers are accomplished by qualified, competent personnel, using appropriate equipment and medical control.
4. Transfer protocols and interfacility agreements are in place to affect a systematically acceptable, safe process.
5. Patient safety and the requisite level of care are maintained throughout the interfacility transfer.
6. Emergency nurses actively engage in policy development specifically for interfacility transfer.
7. Emergency nurses advocate for further research and collaborate with Emergency Medical Services to examine transfer risks and identify improved patient-care strategies.

### Background

Interfacility transport is necessary to move critically ill or injured patients and those requiring specialty care to a facility where specialized healthcare services are available.<sup>2</sup> Providing clinical care commensurate with the needs of patients during transfer is crucial for risk reduction. However, the composition of interfacility transport teams can vary across regions. Teams may include any combination of emergency medical technicians, paramedics, registered nurses, respiratory therapists, advanced practice nurses, and physicians, and this may contribute to the risk for patients during interfacility transport.<sup>2,9</sup>



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Thus, it is important that interfacility transfers be completed by teams with the requisite training to manage patients in out-of-hospital environments. This may necessitate additional or advanced education to assist or cover for other providers during a transport.<sup>9</sup> Optimally, specialized transport teams provide interfacility transport to patients requiring the highest levels of care. In some instances, interfacility transfer of patients necessitates that an emergency nurse serve as a transport nurse and accompany an emergency medical services team to provide patient care.

Recommended education to prepare emergency nurses for the role of transport nurse include: relevant Advanced Life Support (ALS) courses, Trauma Nursing Core Course (TNCC), and Emergency Nursing Pediatric Course (ENPC). Educational content related to the Certified Transport Registered Nurse® (CTRN) also may help provide the emergency nurse with the specific knowledge for safe, efficient, and effective patient care during interfacility transport.

## Resources

Air & Surface Transport Nurses Association (ASTNA). (2010). *Role of the registered nurse in the out-of-hospital environment*. Retrieved from <http://www.astna.org/documents/RoleoftheRNintheOut-of-HospitalEnvironment.pdf>

Air & Surface Transport Nurses Association (ASTNA). (2011). *Position paper: Transport nurse safety in the transport environment*. Retrieved from [www.astna.org/PDF/ASTNASafetyPaper.pdf](http://www.astna.org/PDF/ASTNASafetyPaper.pdf)

Emergency Nurses Association (ENA). (n.d.). *Inter facility transfer toolkit for the pediatric patient*. Retrieved from [https://www.ena.org/docs/default-source/resource-library/practice-resources/toolkits/interfacility-transport-toolkit-for-the-pediatric-patient.pdf?sfvrsn=c017863d\\_6](https://www.ena.org/docs/default-source/resource-library/practice-resources/toolkits/interfacility-transport-toolkit-for-the-pediatric-patient.pdf?sfvrsn=c017863d_6)

Board of Certification for Emergency Nursing (BCEN). (2015). *Get certified - CFRN®*. Retrieved from <http://www.bcercertifications.org/Get-Certified/CFRN.aspx>

Board of Certification for Emergency Nursing (BCEN). (2015). *Get certified - CTRN®*. Retrieved from <http://www.bcercertifications.org/Get-Certified/CTRN.aspx>

Emergency Nurses Association (ENA). (2013). *Position statement: Patient handoff/transfer*. Retrieved from [https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/patienthandofftransfer.pdf?sfvrsn=e2c42cb6\\_10](https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/patienthandofftransfer.pdf?sfvrsn=e2c42cb6_10)

## References

1. Singh, J. M., & MacDonald, R. D. (2009). Pro/con debate: Do the benefits of regionalized critical care delivery outweigh the risks of interfacility patient transport? *Critical Care*, 13(4), 219. doi:10.1186/cc7883
2. Singh, J. M., MacDonald, R. D., & Aghari, M. (2014). Critical events during land-based interfacility transport. *Annals of Emergency Medicine*, 64(1), 9–15. doi:10.1016/j.annemergmed.2013.12.009
3. Gregory, C. J., Nasrollahzadeh, F., Dharmar, M., Parsapour, K., & Marcin, J. P. (2008). Comparison of critically ill and injured children transferred from referring hospitals versus in-house admissions. *Pediatrics*, 121(4), e906–e911. doi:10.1542/peds.2007-2089
4. Orr, R. A., Felmet, K. A., Han, Y., McCloskey, K. A., Dragotta, M. A., Bills, D. M., . . . Watson, R. S. (2009). Pediatric specialized transport teams are associated with improved outcomes. *Pediatrics*, 124, 40–48. doi:10.1542/peds.2008-0515
5. Rotondo, M. F., Cribari, C., & Smith, R. S. (Eds.). (2014). *Resources for optimal care of the injured patient 2014*. Retrieved from the American College of Surgeons website: <https://www.facs.org/~media/files/quality%20programs/trauma/vrc%20resources/resources%20for%20optimal%20care%202014%20v11.ashx>
6. Hammond, B. B., & Zimmermann, P. G. (Eds.). (2012). Basic emergency issues. In *Sheehy's manual of emergency care* (7th ed., pp. 3-10). St. Louis, MO: Mosby Elsevier.
7. American College of Emergency Physicians. (2014). *Appropriate interhospital transfer*. Retrieved from [http://www.acep.org/Clinical---Practice-Management/Appropriate-Interhospital-Patient-Transfer/?\\_taxonomyid=117952](http://www.acep.org/Clinical---Practice-Management/Appropriate-Interhospital-Patient-Transfer/?_taxonomyid=117952)



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8. Chen, J., Awasthi, A., Shechter, S., Atkins, D., Lemke, L., Fisher, L., & Dodek, P. (2013). Using operations research to plan improvement of the transport of critically ill patients. *Prehospital Emergency Care*, 17(4), 466–474. doi:10.3109/10903127.2013.811561
9. Mathison, D. J., Berg, E., & Beaver, M. (2013). Variations in interfacility transport: Approach to call intake, team composition, and mode of transport. *Clinical Pediatric Emergency Medicine*, 14(3), 193–205. doi:<http://dx.doi.org/10.1016/j.cpem.2013.08.004>

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