EMERGENCY NURSES ASSOCIATION

Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

Interfacility Transfer of Emergency Care Patients

Description

Regionalization of specialty services, such as trauma, cardiac, or stroke, and care capabilities may necessitate the transfer of patients from one facility to another.[1] An interfacility transfer is defined as transfer or physical movement of a patient from one facility to another.[2] The patient may require resources for specialty care, a higher level of care, or definitive care. Transfer of the patient out of the hospital presents a potential risk to patient and staff safety.[3] Common risks associated with transport include clinical deterioration of the patient, adverse events, transport delays, miscommunication, equipment failure, and crashes of surface or air medical transport.[3] Physician colleagues from the American College of Emergency Physicians (ACEP) endorse the principle that "The optimal health and well-being of the patient should be the principal goal of transfer".[4(p1)] 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 the Emergency Medical Treatment and Active Labor Act (EMTALA) regulations has been demonstrated to help mitigate the risks of transport.[4] 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), estimated transport and arrival times, costs, community impact, patient preference, and health policy (e.g., state and federal regulations).[5]

ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. Emergency nurses advocate for and facilitate patient transfers where they promote patient well-being and optimal patient outcomes.

2. Emergency nurses understand and adhere to federal regulations, including patient stabilization within the capability of the facility and patient consent.

3. Interfacility transfers are accomplished by trained, qualified, competent personnel, using appropriate equipment and medical oversight to ensure appropriate level of care and patient safety.

4. Transfer protocols and/or interfacility transfer agreements are in place whenever possible to promote a safe handoff.

5. Emergency nurses advocate for further research and collaborate with other professional organizations and care providers to examine transfer risks and identify improved patient care strategies.

6. The collection of quality measures and the use of performance improvement activities related to the interfacility transfer of patients are essential to ongoing system evaluation and data-informed modification of practices to enhance patient outcomes.

Background

Interfacility transport is necessary to transfer critically ill or injured patients and those requiring specialty care to a facility where specialized healthcare services are available.[1] Providing clinical care commensurate with the needs of patients during transfer is crucial for patient safety, continuity of patient care, optimal outcomes, and 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 providers, and physicians, and this may contribute to increased risk for patients during interfacility transport due to inappropriate team identification.[2,5,6] Thus, interfacility transfers must be completed by teams with the requisite training to manage patients in out-of-hospital environments.[6] This may necessitate additional or advanced education to assist or cover for other providers during a transport.[6] Optimally, specialized transport teams provide interfacility transportation for patients requiring the highest levels of care. The Air and Surface Transport Nurses Association (ASTNA) has established competencies to ensure that nurses are adequately prepared to provide exceptional patient care in the often austere transport environment with limited resources.[7]

Costs associated with the interfacility transfer are variable and related to the use of ground or air ambulance. Debate exists concerning cost containment and transparency for interfacility patient transport. To date, no clear guidelines exist pertaining to team selection or mode of transport-related to patient condition.[1] Swickard, Winkelman, Reimer and Musil concluded that using the Transport Triage Tool (TTT) in the future may provide guidance for transferring departments concerning team selection for critical care transport team and mode of transport selection for air versus ground.[8] The TTT is based on a model from the American Association of Critical Care Nurses (AACN)Synergy Model for Patient Care.[9] The AACN Synergy Model matches the characteristics of the patient with the competencies of the nurse. Development of a standardized triage tool for transport creates an environment for collaboration among many specialty organizations, such as ASTNA, the Commission on Accreditation of Medical Transport Systems (CAMTS), and ENA, to define team composition.

Collaboration among peer groups and specialty organizations is essential for patient safety and future research in regard to patient transport. The *Inter Facility Transport Toolkit for the Pediatric Patient* was collaboratively developed by pediatric groups from ENA and the Society for Trauma Nurses and represents an example of providing education and resources for the pediatric population. The toolkit outlines an algorithm for successful implementation of the transfer process. It also emphasizes continued quality and safety initiatives, such as weighing children and recording the weight only in kilograms, which are essential in the transport environment.[10]

In summary, interfacility transport of patients is a complex process with many variables. Ongoing collaboration among peer groups and specialty organizations is essential to ensure patient safety and

effective use of resources, especially where scarce. ENA endorses continued research, training, and education concerning the interfacility transfer of all patients.

Resources

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