TRANSFER OF CARE
Operational Policy

POLICY:

- Patient transfer of care occurs when a patient is transferred from one care provider to another
- Transfers of care represent a high risk for patient safety related events; this policy is designed to mitigate that risk by focusing on communication and accountability during the transfer process
- All transfers of care should attempt to utilize two-factor authentication* of patient identity

EMS Provider to EMS Provider Transfer of Care:

- ✓ A complete patient care evaluation and thorough documentation is performed by the transferring providers using the SBAT format
- ✓ The patient is appropriate for transfer of care based on anticipated patient needs, provider certification level and EMS system guidelines including the Paramedic Evaluation, Transport, Upgrade or Turn Down Operational Policy
- ✓ The most advanced EMS transferring provider is ultimately responsible for the transfer process. ALS Evaluation denotes paramedic responsibility for transfer of care
- ✓ All EMS providers are agreeable and accountable for the transfer of care

Urgent Care Centers, Physician Offices, Birthing Centers or Other Outpatient Care Clinics Transfer of Care to EMS:

- ❖ Clinic callers to 911 are expected to provide patient care information to allow the 911 operator to dispatch the appropriate resource—ideally the primary provider should be the 911 caller as circumstances allow
- ❖ The patient has been informed that the clinic has called 911 for emergency transport to a hospital and consents to the transport and destination
- ❖ The clinic provider performs a verbal transfer of care in a SBAT format to EMS in front of the patient
- ❖ EMS is allowed independent assessment and input on patient care based on the Milwaukee County OEM Standards of Care Manual including appropriateness of destination; any conflict must be reconciled with the patient's clinic provider and the patient acknowledging the patient's clinic provider has the legal authority for directing *informed* patient care. OLMC can serve as a resource for conflict resolution.
- ❖ EMS should advocate for EMS transport during patient care interactions regardless of patient's current distress level: 'your care team has recommended EMS transport to the emergency room for your continued care'.

EMS to Emergency Department Transfer of Care:

- ✓ EMS is allowed time for an appropriate verbal transfer of care report in a SBAT format to a qualified medical screening provider in a timely fashion to direct patient off-loading.
- ✓ EMS is expected to assist in the off-loading process

ED Staff Expectations of EMS Providers:

- ✓ Transport arrival notification provided as early as possible utilizing system designated alerts (STEMI, Stroke, Trauma, Sepsis, Isolation, etc.) when appropriate, ECG's as appropriate
- ✓ Verbal transfer of care report in a SBAT format (medical), DMIST format (trauma center)
- ✓ Patient transport to area as directed (triage, trauma room, L&D, etc.)
- ✓ Make available a copy of the electronic patient care record
- ✓ Placement of medical waste in appropriate receptacle/area

Verbal Report between healthcare providers should allow for a brief, quiet "time out" to convey key elements of patient care:

Situation	A brief concise statement of the problem
Background	Pertinent information that provides adequate background of the situation
Assessment	EMS or clinic working assessment, main complaint, injuries, concerns for the patient
Treatment	Treatments that have been performed, how patient responded, appropriate destination as applicable

*Two factor authentication

- Ensures proper patient information is linked to the electronic patient care record
- Ideally completed during all transfers of care
- Two factor authentication can be accomplished through the following options, listed most to least preferred:
  1. In patients able to participate in care
     a. Verbal name confirmation by the patient AND photo identification
     b. Verbal name confirmation by the patient AND medical paperwork w/photo
     c. Verbal name confirmation by the patient AND medical bracelet/paperwork
  2. In patients unable or unwilling to participate in care
     a. Verbal name confirmation by family/bystander/staff who knows the patient AND photo identification
     b. Verbal name confirmation by family/bystander/staff who knows the patient AND medical paperwork w/photo
     c. Verbal name confirmation by family/bystander/staff who knows the patient AND medical bracelet on patient
- If two factor authentication cannot be performed, the receiving ED team/registration should be notified, with highest concern for patients with altered mental status, trauma, or intoxication. Indicate tentative source for patient demographics (patient, friend, previous ePCR entry, wallet card, etc.)