

	4203	Trauma Patient Interfacility Transfer
Nor-Cal EMS Policy & Procedure Manual	TRAUMA CARE SYSTEM	
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Approval: Jeffrey Kepple MD	SIGNATURE ON FILE	

AUTHORITY:

Health and Safety Code, Division 2.5, Ch. 2, Art. 7, §1317.1 to 1317.9; Ch. 6, Art. 2 §1798.170 and §1798.172. California Code of Regulations, Title 22, Division 9, Ch. 7, Art. 5, §100266.

PURPOSE:

- I. To facilitate transfer of trauma patients to a higher level trauma center for definitive/specialized care.
- II. To establish formal transfer agreements between both adult and pediatric trauma facilities.

POLICY:

- I. If emergent surgical services required by the patient are not available, the patient shall be prepared for immediate transfer to a higher level of care via the most efficient and timely means of transport (i.e., air ambulance or ground transport based expediency and availability).
- II. Transfers within the NOR-CAL EMS region:
 - A. When a patient meets trauma activation criteria (*NOR-CAL EMS Policy 4202, Minimum Facility Trauma Activation Guidelines*) and essential resources are not available at the sending Receiving Facility, that facility shall notify the nearest Level I or II Trauma Center for transfer.
 - B. If needed resources are NOT available at the contacted level II trauma center, the Level II will assist in facilitating transfer to an alternate appropriate facility.
 - C. Patients meeting trauma activation criteria may ***ONLY*** be transferred to a Level III Trauma Center if level I or II transfer is unavailable or delayed placing a trauma victim at significant risk for deterioration, and significant consideration of the patients mechanism of injury, age, co-morbidity factors, and/or system resources. If it is determined that the necessary resources are available at a level III trauma center—and no other level I or II options are available within a reasonable timeframe—transport should commence without delay.
 - D. Level IV trauma centers shall not accept acute trauma transfers from other facilities, as these facilities provide only prompt stabilization with intended transfer to higher care facilities.
- III. Transfers from outside the NOR-CAL EMS region to a facility within must be pre-approved by the accepting facility's surgeon prior to transfer.

TRANSFER AGREEMENTS:

- I. All level III or level IV trauma centers, as a condition of designation, are required to:
 - A. At minimum, have a formal written transfer agreement with the nearest designated Level I or Level II trauma center;
 - B. As a condition of designation, level III or level IV trauma centers must have written transfer agreements with pediatric care centers. All pediatric patients meeting trauma criteria require transfer to a pediatric trauma center;
 - C. Adhere to the transfer procedures within this policy.
- II. Any Level II trauma center must, as a condition of designation, have the following:
 - A. Written transfer agreements with, at minimum, the nearest designated level I trauma center;
 - B. As a condition of designation, level II trauma centers must have written transfer agreements with pediatric care centers. All pediatric patients meeting trauma criteria require transfer to a pediatric trauma center;
 - C. Written transfer agreements with specialty centers providing tertiary level care for burn and spinal cord injury patients;
 - D. Adhere to the transfer procedures within this policy.

CONTINUOUS QUALITY IMPROVEMENT

- I. All hospitals in the NOR-CAL region shall have an established procedure for review of all the patients transferred to a higher level of trauma care.
- II. Summaries of the review shall be sent to the NOR-CAL EMS on a quarterly basis.
- III. All patient diversions must be documented and submitted to NOR-CAL EMS utilizing the printable *NOR-CAL EMS 4002, Facility Ambulance Diversion Form*. Excessive diversions shall be flagged by NOR-CAL EMS for review. Repeated and unwarranted trauma diversions by trauma centers may be subject to designation revocation.