

“Guide for Interfacility Patient Transfer.”

The Office of Emergency Medical Services (EMS) at the National Highway Traffic Safety Administration (NHTSA) is pleased to announce the completion of a “Guide for Interfacility Patient Transfer.” The Guide was developed by an Interfacility Transfer Work Group, consisting of representatives of national EMS organizations and Federal agencies directly involved in interfacility transfer. National Association of State EMS Officials was represented in this project by Mark King (WV) and Fergus Laughridge (NV). The National Council of State EMS Training Coordinators was represented in this project by Russell Crowley (AL).

The transfer of patients from one medical facility to another has become a national issue for EMS. Patient transfers between facilities or between facilities and a specialty care resource have increased as a result of regionalization, specialization, and facility designation by payors. The emergence of specialty systems (e.g., cardiac centers, stroke centers) often determines the ultimate destination of patients rather than proximity of facility. Transfer may be necessary if payors provide reimbursement only for specific facilities within its plan.

Interfacility transfer is provided by a variety of levels and types of personnel and agencies. Meeting patient needs and maintaining continuity of care are only two of the many issues related to IFT.

NHTSA EMS convened an initial meeting of representatives from the EMS community to discuss this issue in 2002. At that time, it was determined that consensus guidelines would be very useful to promote consistent high quality patient care while allowing variation to meet unique local needs. The Interfacility Transfer Work Group was designated and took on the task of completing the “Guide for Interfacility Patient Transfer.”

The guidelines contained in this document are based upon a combination of available objective evidence, a review of generally accepted practices, and the consensus of expert opinions in the field of IFT - in short, the best information available. At several points, the document was informally reviewed by the organizations represented by the IFT Work Group members. The final document is the result of this entire process.

The intended audience for this Guide is the agency providing IFT at the local, regional, or state level, as well as those involved with planning for IFT or dealing with IFT-related issues. This audience may include a variety of decision makers, such as program administrators, agencies with EMS jurisdiction, physicians providing medical oversight for IFT, or hospitals dealing with IFT-related issues.

This Guide can be used to provide general guidance, references and ideas for conducting a systematic assessment of the processes and personnel supporting IFT and how they can be enhanced to provide optimal delivery of care. The overarching principle adopted by the IFT Work Group was that all decisions should be motivated by the desire to match patient need with appropriate knowledge, skills, equipment, and an infrastructure to enable safe, effective, and efficient IFT.

For a PDF version of the Guide for Interfacility Patient Transfer, click on this link

To access the NHSTA web site click on this link

<http://www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.2a0771e91315babbbf30811060008a0c/>

Filename: Guide for Interfacility Patient Transfer web announcement
5-30-06
Directory: C:\DOCUME~1\cldodley\LOCALS~1\Temp
Template: C:\Documents and Settings\cldodley\Application
Data\Microsoft\Templates\Normal.dot
Title: "Guide for Interfacility Patient Transfer
Subject:
Author: mglenn
Keywords:
Comments:
Creation Date: 5/30/2006 9:07 AM
Change Number: 2
Last Saved On: 6/1/2006 11:44 AM
Last Saved By: mglenn
Total Editing Time: 6 Minutes
Last Printed On: 6/1/2006 1:25 PM
As of Last Complete Printing
Number of Pages: 1
Number of Words: 522 (approx.)
Number of Characters: 2,979 (approx.)