

INTERFACILITY TRANSPORT PROCEDURE

The primary responsibility of Pipestone County Ambulance (PCEMS) is responding to 911 calls and emergent interfacility transfers in our service area.

We provide Basic Life Support (BLS) and Advanced Life Support (ALS) inter-facility patient transfers on an as-available basis. Here are the general guidelines for requesting a transfer:

1. PCEMS will transfer patients from health care facilities in Pipestone to larger facilities in Sioux Falls, or facilities with equivalent travel (time one way) of 1 hour, 24 hours a day. (Ex. Avera Mckennan, Sanford USD Medical Center, Avera Marshall)
2. PCEMS can transfer patients from smaller health care facilities in nearby communities to Pipestone County Medical Center in Pipestone 24 hours a day if the originating community's ambulance is not available or cannot provide the appropriate level of care, following all of these procedures.
3. PCEMS does not transfer any patient farther than a 2-hour radius from Pipestone ***Unless:***
 - PCEMS is able to ensure that a crew is staffed for 911 calls & emergent transfers.
4. Transfers may be affected by the time of the day & day of the week coinciding with our shifts (6A-6P and 6P-6A).
 - PCEMS will not take long-distance transfers (greater than 2 hours) from 2100-0600- ***Unless:***
 - The transfer requested is a **Priority 1** transfer **or**
 - Adequate time is given to schedule a separate crew for 911 standby or a separate crew for the transfer.
5. PCEMS does not send more than one **non-emergent** transfer out at one time
 - unless prior arrangements are made with a reasonable amount of time so crews can be staffed to cover 911 area.

Requested transfers should be categorized as the following:

Priority 1-Quickest available resources

- Quickest response possible (life or death)
- Transport ASAP. Pt's condition is unstable and immediate threat to life or limb
- 911 call severity level

Priority 2: 1-2 Hours

- Transport must take place but may be delayed.
- Pt is stable but has the potential to deteriorate and potential threat to life or limb

Priority 3: Greater than 2 hours

- Patient's condition is stable and there is no immediate threat to life or limb.
- Transport must still take place but can be delayed.

Definitions of each are listed below:

Definition:

PRIORITY 1: Goal –ASAP

The patient's condition is unstable, and there is immediate threat to life or function. Air ambulance should be considered when no ground transport is available.

One or more body systems are abnormal and rapidly deteriorating due to an acute illness or injury. Intense monitoring and medical interventions are required to correct and/or stabilize the patient's condition that requires immediate specialty care.

Examples:

- Abnormal or deteriorating neurological status
- Life threatening cardiac emergencies
- Life threatening traumatic injuries
- Threat to maternal or fetal life

PRIORITY 2: Goal –60 to 120 minutes

The patient's condition is stable but there is potential for deterioration and potential threat to life or function.

Definition:

Vital signs are presently within normal parameters and there is no immediate threat to life or function. However, there is acute illness or injury which could result in deterioration and instability in the patient's condition. Close intensive monitoring required with potential need for acute intervention.

Examples:

- Abnormal but not acutely deteriorating neurological status
- Cardiovascular abnormalities presently stable with potential for deterioration
- Respiratory compromise with adequate airway and no immediate threat to life
- Traumatic injury with no immediate threat to life
- Pregnancy related emergencies where there is no immediate threat to maternal or fetal life

PRIORITY 3: >120 minutes

The patient's condition is stable and there is no immediate threat to life or function. Transport must take place, but transport need not be initiated immediately. If an inter-facility transfer, the patient can safely wait for transportation.

Definition:

Vital signs are within normal parameters and there is no immediate threat to life or function. Less intensive monitoring is required. Acute deterioration not anticipated, but interventions may be necessary during transport.

Examples:

- Any patient who presently stable with very limited potential for deterioration and requires medical care or diagnostic evaluation unavailable at referring facility
- Patient who needs to be returned to nursing home or care facility when attempts of all other means of transport have been exhausted
- Behavioral Health patients

** By no means are these time frames above indicate the response time to a transfer. If requesting a transfer of priority 2 or 3 a crew may be there as soon as possible depending on other transfers/ 911 calls.

If more than one emergent transfer is pending, please contact the Pipestone County Ambulance to give a notice of this to schedule additional crews.

Contact information:

Main Transfer Line: **507-215-7978**

Office Phone (M-F 8am-5pm): 507-825-1170

*If EMS crew is at the hospital, hospital staff may advise the EMS of the scenario and EMS can contact the appropriate people if needed.

Calling this number will put you in contact with a member of the Pipestone County Ambulance if multiple transfers arise there are any questions regarding the transport, crew that may be on call, or any other questions (equipment, weather conditions, or road conditions)