CONTINUATION OF CARE

I. PURPOSE

To develop a system that ensures the rapid transport of patients upon arrival at a receiving hospital that requires urgent transfer to a higher level of care.

This policy shall only be used for:

- Rapid transport of STEMI, stroke and trauma patients from referral hospitals to the appropriate Specialty Care Center.
- Specialty Care Center to Specialty Care Center when higher level of care is required.
- EMS providers that are transporting unstable patients to a STEMI, Stroke or Trauma Center but need to stop at the closest receiving hospital for stabilization before continuing to a Specialty Care Center.

It is not to be used for interfacility transfer of patients.

II. INCLUSION CRITERIA

- Patients meeting ICEMA Reference #9040 - Trauma Triage Criteria, who arrive at a non-trauma hospital.
- Upon recognition of any critically injured patient that require urgent transfer from one trauma receiving center to a higher level of care trauma receiving center.
- Patients requiring subspecialty services that are not a requirement for trauma center designation (i.e., reimplantation, hand surgery, burn, etc.) are not covered by this policy and must be managed through the normal interfacility transfer process compliant with all applicable regulations.
- Any patient with a positive STEMI requiring EMS transport to a STEMI Receiving Center (refer to ICEMA Reference #4040 - ST Elevation Myocardial Infarction Critical Care System Designation).
- Any patient with a positive mLAPSS requiring EMS transport to a Stroke Receiving Center, (refer to ICEMA Reference #4070 - Stroke Critical Care System Designation).
- Any stroke patient identified with a Large Vessel Occlusion (LVO) requiring rapid EMS transport to higher level of care for Endovascular Stroke Treatment.

III. INITIAL TREATMENT GOALS AT REFERRAL HOSPITAL

- Initiate resuscitative measures within the capabilities of the facility.
- Ensure patient stabilization is adequate for subsequent transport.

- Do not delay transport by initiating any diagnostic procedures that do not have direct impact on immediate resuscitative measures.

  - GOAL FOR USE OF CONTINUATION OF CARE POLICY

    Less than 30 minutes at referral hospital (door-in/door-out).
    Less than 30 minutes to complete ALS continuation of care transport.
    Less than 30 minutes door-to-intervention at Specialty Care Center.
    Less than 60 minutes for rapid identification of a LVO at a primary stroke center.

- Referral hospital shall contact the appropriate Specialty Care Center ED physician directly without calling for an inpatient bed assignment.

- Specialty Care Centers should route requests directly to the ED physician and bypass their transfer center triage process.

- EMS providers shall make contact with Specialty Care Centers to notify of the estimated time of arrival.

- Specialty Care Centers shall accept all referred STEMI, stroke and trauma patients meeting criteria in this policy unless they are on Internal Disaster as defined in ICEMA Reference #8050 - Requests for Ambulance Redirection and Hospital Diversion (San Bernardino County Only).

- The ED physician is the accepting physician at the Specialty Care Center and will activate the STEMI, Stroke or Trauma Team according to internal policies or protocols.

- The referral hospital ED physician will determine the appropriate mode of transportation for the patient.

- Simultaneously call 9-1-1 and utilize the following script to dispatch:

  "This is a continuation of care from ____ hospital to ____ STEMI, Stroke or Trauma Center"

  Fire departments will not be dispatched for 9-1-1 continuation of care calls, the dispatchers will only dispatch transporting ALS ambulances.

- Referral hospital ED physician will provide a verbal report to the ED physician at the Specialty Care Center.

- Referral hospital will send all medical records, test results, radiologic evaluations to the Specialty Care Center. DO NOT DELAY TRANSPORT - these documents may be electronically submitted or faxed to the Specialty Care Center.

IV. SPECIAL CONSIDERATIONS FOR REFERRAL HOSPITALS

- If a patient arrives to a referral hospital via EMS field personnel, a physician may request that the transporting team remain and immediately transport the patient once minimal stabilization is completed.

- If a suspected stroke patient presenting to a non-designated stroke center is outside of the tPA administration window (greater than 4.5 hours from "last seen normal"), consider contacting nearest thrombectomy capable or comprehensive stroke center to determine the best destination. Then follow the 9-1-1 script.

- Unless medically necessary, avoid using medications or IV drips that are outside of the EMT-P scope of practice to avoid delays in transferring of patients.

- The referral hospital may consider sending one of its nurses or physician with the transporting ALS ambulance if deemed necessary due to the patient's condition or scope of practice limitations per ICEMA Reference #8010 - Interfacility Transfer Guidelines.

- Do not call 9-1-1 dispatch if the patient requires Critical Care Transport (CCT) or Specialty Care Transport (SCT). The referral hospital must make direct contact with the EMS Providers Dispatch Center.

- Diversion is not permitted except for Internal Disaster. However, to avoid prolonged door-to-intervention times when STEMI, Stroke and Trauma Centers are over capacity, base hospitals may facilitate alternative STEMI, Stroke or Trauma Centers as the best destination for the patient. Base hospitals must ensure physician to physician contact when facilitating the use of an alternate destination.

V. REFERENCES

Number	Name
4040	ST Elevation Myocardial Infarction Critical Care System Designation (San Bernardino County Only)
4070	Stroke Critical Care System Designation (San Bernardino County Only)
8010	Interfacility Transfer Guidelines
8050	Requests for Ambulance Redirection and Hospital Diversion (San Bernardino County Only)
9040	Trauma Triage Criteria