



**POLICY AND PROCEDURE**  
**Montgomery County**  
**Fire and Rescue Service**

**No.** 21-03

**DATE**

03/10/2005

**TITLE**

INTER-FACILITY TRANSPORT  
GUIDELINES

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**MONTGOMERY COUNTY FIRE AND RESCUE SERVICE POLICY**

**INTER-FACILITY TRANSPORT GUIDELINES**

Issued by: Fire Chief

Policy No. 21-03

Supersedes Secs. IV A. and B. "Interhospital Transport, Routine and Emergency"  
of the FRC's EMS Operations Manual, 1994

Authority: Montgomery County Code Section 21-2(d)(4)

Effective Date: March 10, 2005

**SUMMARY:** This policy establishes a uniform response to local hospital-based emergency department requests for emergency and non-emergency inter-facility patient transports provided by Montgomery County Fire and Rescue Service emergency medical service units.

**ADDRESS:** Send comments pertaining to the proposed policy to Beth Feldman, Montgomery County Fire and Rescue Service, 101 Monroe Street, 12<sup>th</sup> Floor, Rockville, Maryland 20850, by February 1, 2005. Comments may also be emailed to [beth.feldman@montgomerycountymd.gov](mailto:beth.feldman@montgomerycountymd.gov)

**STAFF:** For additional information, please contact Beth Feldman, Montgomery County Fire and Rescue Service, at (240) 777-2423.

**BACKGROUND:** Montgomery County Fire and Rescue Service EMS units are often requested to assist local hospital-based emergency departments by providing emergency and non-emergency inter-facility transport of patients. The call load for this type of service is increasing, and at times taxes MCFRS' ability to respond to other medical emergencies based on current deployment strategies. This policy is being established to ensure that MCFRS continues to be able to provide its primary public safety emergency treatment and transport service, and does not compete with commercial ambulance services that specialize in inter-facility transport of patients. This policy also ensures that MCFRS complies with MIEMSS' requirements established in its *Inter-hospital Transfer Guidelines Manual*, and the 1986 *Emergency Medical Treatment and Active Labor Act (EMTALA)*, as amended.



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Section 1. **Purpose:** To establish a uniform MCFRS response to requests made by local hospital-based emergency departments for emergency and non-emergency inter-facility patient transports.

Section 2. **Applicability.** This policy applies to all Montgomery County Fire and Rescue Service personnel.

### Section 3. Definitions

- a. **Emergency Inter-Facility Transport.** Transport conducted when a patient has an emergency or life-threatening condition and requires specialized procedures or treatments that the transferring facility cannot provide.
- b. **EMS Unit.** A transport-capable ambulance designated as either a BLS (basic life support) ambulance, or an ALS (advanced life support) Medic Unit.
- c. **Emergency Medical Treatment and Active Labor Act (EMTALA).** A federal law enacted in 1986 as part of the Consolidated Omnibus Budget and Reconciliation Act (COBRA), to ensure that patients with emergency medical conditions are assessed and treated at any hospital providing emergency services, without consideration of ability to pay. EMTALA has significant impact on the operations of pre-hospital emergency medical services systems.
- d. **Inter-Facility Transport.** The transfer of a patient from one local hospital-based emergency department to another, to obtain a higher level of care for the patient.
- e. **Licensed Commercial Ambulance Service.** As regulated by Code of Maryland Regulations (COMAR) Title 30, a private sector, commercial business licensed by MIEMSS to provide BLS and/or ALS emergency and/or non-emergency inter-facility transport of patients, on a for-profit basis.
- f. **Local Hospital-based Emergency Department.** An emergency department physically located in one of the (currently five) local hospitals situated within the borders of Montgomery County.
- g. **Non-Emergency Inter-Facility Transport.** The transfer of a patient conducted solely for patient or physician convenience, or for hospital preference.
- h. **Receiving Facility.** A local hospital-based emergency department whose physician agrees to accept the transfer of a patient.



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- i. **Receiving Facility Physician.** The physician at a receiving facility who agrees to accept the patient, and assumes medical care for the patient from the transferring physician.
- j. **Transferring Facility.** A local hospital-based emergency department whose physician requests that one of his or her patients be transferred to another facility.
- k. **Transferring Facility Physician.** The attending physician of a patient at a transferring facility who initiates and assumes responsibility for the inter-facility transport.

Section 4. **Policy.** It is the policy of MCFRS to establish controls by which its personnel, apparatus, and equipment are used to provide emergency and **non-emergency inter-facility transport** of patients. **Licensed commercial ambulance services** should always be considered the primary choice to provide emergency and **non-emergency inter-facility transports**. An MCFRS EMS unit may provide **inter-facility transports** when no other services are available to do so. When this occurs, MCFRS will comply with the ***Emergency Medical Treatment and Active Labor Act (EMTALA)***, as amended, COMAR Title 30, and MIEMSS *Interhospital Transfer Guidelines Manual* to provide this service.

#### Section 5. **Procedures.**

##### a. **Emergency Inter-Facility Transport.**

- 1. The **transferring facility physician** must contact the EMS Duty Officer through the ECC to request an **emergency inter-facility transport**. If the **transferring facility physician** contacts an MCFRS worksite, including an LFRD, directly, he or she must be advised to contact the ECC Supervisor immediately.
- 2. The ECC Supervisor must immediately contact the EMS Duty Officer through established procedure. If the EMS Duty Officer is unavailable, the ECC Supervisor must contact the EMS Battalion Chief or the EMS Section Chief. If these officers are unavailable, the ECC Supervisor will act on behalf of the EMS Duty Officer, using the procedures below to approve or deny the request.
- 3. The EMS Duty Officer will contact the **transferring physician** and use the **Inter-Facility Transport Approval Checklist** (Attachment 1) as a decision



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tool to approve or deny the request. The EMS Duty Officer will consider only requests for **emergency inter-facility transports**, and will not approve requests for **inter-facility transports** for reasons of patient or physician convenience, for hospital preference, or for other non-life-threatening reasons.

- A. When the EMS Duty Officer approves a request for **emergency inter-facility transport**, he or she will then contact the ECC Supervisor and request that the most appropriate Medic Unit be dispatched to transport the patient.
  - B. The EMS Duty Officer will evaluate the current status of EMS unit deployment before dispatch, in coordination with the ECC Supervisor.
  - C. All criteria in the **Inter-Facility Transport Approval Checklist** must be met before a Medic Unit is dispatched.
4. The EMS unit will respond in routine mode to the **transferring facility**, unless directed differently by the EMS Duty Officer.
  5. On their arrival at the **transferring facility**, MCFRS personnel will report directly to the **transferring facility physician**, and:
    - A. review the **Inter-Facility Transport Authorization** (Attachment 2) with the **transferring facility physician**, and obtain his or her signature;
    - B. obtain direction from the **transferring facility physician** on patient care requirements during the transport; and
    - C. begin documenting data collection elements on the second page of the **Inter-Facility Transport Authorization** (Attachment 2), including obtaining a full set of vital signs.
  6. MCFRS EMS personnel will make every effort to begin patient transfer within 15 minutes of their arrival at the emergency department. If EMS personnel anticipate a significant delay, they must contact the EMS Duty Officer for instructions.
  7. MCFRS EMS personnel must provide care only within their scope of practice, following the *Maryland Medical Protocols for Emergency Medical Services Providers* and the *MIEMSS Inter-hospital Transfer Guidelines Manual*. Only



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the attending hospital personnel from the **transferring facility** must deliver any required medical care outside the scope of practice of MCFRS EMS personnel.

8. When they arrive at the **receiving facility**, MCFRS EMS personnel must complete documenting the data collection elements on the second page of the **Inter-Facility Transport Authorization** (Attachment 2), including obtaining a full set of vital signs. This completed form must be forwarded to the EMS Duty Officer.

#### **b. Non-Emergency Inter-Facility Transport**

1. The patient, or the patient's decision-maker, may request that an LFRD provide a **non-emergency inter-facility transport**. The patient, or the patient's decision-maker, must contact an LFRD Chief or designee directly to request this transport.
  - A. If the LFRD Chief or designee approves the request to provide the **non-emergency inter-facility transport**, the LFRD will provide the appropriate LFRD staffing, equipment, and apparatus required for the transport.
  - B. LFRD personnel will respond in routine mode to both the **transferring** and the **receiving facilities**.
  - C. LFRD personnel must complete only the second page of the **Inter-Facility Transport Authorization** (Attachment 2), and forward it to the DFRO EMS Section for quality improvement purposes.
2. DFRO personnel may also request a **non-emergency inter-facility transport** for their own family members.
  - A. The EMS Duty Officer, in consultation with the DFRO Shift Chief, will make the decision to approve or disapprove the request.
  - B. DFRO personnel may staff the EMS unit using reserve apparatus and equipment.



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- C. DFRO personnel must complete only the second page of the **Inter-Facility Transport Authorization** (Attachment 2), and forward it to the DFRO EMS Section for quality improvement purposes.

#### Section 6. **Quality Improvement Process.**

- a. The DFRO EMS Section is responsible for developing and maintaining a quality improvement process for the inter-facility transport services provided by MCFRS under this Policy.
- b. The DFRO EMS Section will assess the performance indicators below, at a minimum, on a continual basis:
  1. The number of requests for **emergency inter-facility transports received**, correlated to the number of requests for **emergency inter-facility transports approved**;
  2. the number of patients transported who were originally pre-hospital patients of MCFRS EMS units;
  3. The number of patients who were not prepared for transport as promised by the **transferring physician**; and
  4. The number of transports that were not actually emergent in nature, and that should have been referred to a **licensed commercial ambulance service**.
- c. DFRO EMS Section Staff is responsible for reviewing the implementation of this Policy, and for submitting quality improvement recommendations regarding this Policy to the EMS Committee on at least an annual basis.

Section 7. **Enforcement.** The Fire Chief is the enforcement authority for all policies and regulations of the Montgomery County Fire and Rescue Service.

Section 8. **Effective Date.** This policy is effective on March 10, 2005.



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Approved:

\_\_\_\_\_  
Tom Carr, Chief  
Montgomery County Fire and Rescue Service

\_\_\_\_\_  
Date

Attachments:

1. Inter-Facility Transport Approval Checklist
2. Inter-Facility Transport Authorization
3. By Reference Only: MIEMSS Inter-hospital Transfer Guidelines Manual  
<http://miemss.umaryland.edu/Interhospital.pdf>

**N.B. The MIEMSS Inter-Hospital Transfer Guidelines Manual is an 80 page document**

Interfacility transport policy 2-28-05 BF wp