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Deaconess REGIONAL TRAUMA CENTER

Transfer of the Trauma Patient From Deaconess Midtown

Purpose: To ensure rapid transfer out of the injured patients to a higher level trauma system

Goals: Transfers from Deaconess Midtown Hospital shall be in accordance with the Deaconess transfer policy. The following guidelines are recommended for patients who have sustained a traumatic injury and need to be transferred out of Deaconess Midtown Hospital

Guidelines:

A. Circumstances that may require patient transfer
   a. A trauma patient with an injury that requires care unable to be performed at Deaconess Midtown
   b. Any patient with an injury and a mechanism must be transferred to a facility of equal or higher level of care
      i. A patient with an injury and a mechanism cannot be transferred to Deaconess Gateway Hospital
         1. The only exception for transfer to Deaconess Gateway would be a stable trauma patient no longer requiring trauma admission and
            a. Requiring intracerebral coiling capability
            b. An isolated orthopedic patient requiring specialized, complex joint revision(s)
         2. The Trauma Medical Director and Trauma Orthopedic Medical Director will collaborate and discuss isolated orthopedic transfers before transferring to Deaconess Gateway Hospital
   c. Sporadic gaps in specialty coverage due to vacation/conference attendance, etc.
   d. Consider transfer of the following patients
      i. Burns
      ii. Replantation
      iii. Those injuries deemed too complex by the specialty surgeon
   e. All transfers out of Deaconess Midtown are reviewed for appropriateness

B. Transferring physician responsibilities
   a. Identify patients needing transfer
      i. The time from patient arrival to decision to transfer for trauma patient being transferred out of the ED to a higher level of care should be made within 2 hours

1. ED LOS per NTDB definition

b. Initiate the transfer process by direct contact with the receiving trauma surgeon with the goal of acceptance to facility within 30 minutes
c. Initiate resuscitation measures within the capabilities of Deaconess Midtown
d. Stabilize patient before transfer and address life threats within the capability of Deaconess Midtown Hospital
e. Determine appropriate mode of transportation in consultation with the receiving surgeon
f. Transfer all records, test results, and radiologic evaluation to the receiving facility

C. Receiving physician responsibilities
   a. Ensure that resources are available at the receiving facility
   b. Provide consultation regarding specifics of the transfer, additional evaluation, or resuscitation before transport
   c. Once transfer of the patient is established, clarify medical control
   d. Identify a performance improvement and patient safety process for transportation, allowing feedback from the receiving Trauma Surgeon to the transport team directly or at least to the medical direction for the transport team

D. Management during transport
   a. Qualified personnel and equipment should be available during transport to meet anticipated contingencies
   b. Sufficient supplies should accompany the patient during transport
      i. IV fluids, blood, medications, etc.
   c. Vital signs should be monitored frequently
   d. Records should be kept during transport
   e. Communication should be maintained with online medical direction during transport

E. Trauma systems responsibilities
   a. Ensure prompt transport once a transfer decision is made
   b. Review all transfers for performance improvement and patient safety
   c. Ensure transportation commensurate with the patient's severity of injury

F. Information to accompany the patient
   a. Available patient demographic information and the name of next of kin should accompany the patient
   b. Information about the nature of the injury event, time of occurrence, and pre-hospital care constitute important facts that can influence subsequent treatment
   c. A summary of evaluation and care provided at the transferring facility should include the results of laboratory tests and radiologic evaluations, the injuries identified, the patient's response to treatment, the amount of fluid (including blood) infused, and a chronologic record of the patient's vital signs

d. Additional information that is helpful includes the medical history, current medication list, medication and immunizations administered, and all allergies
e. The name, address and phone number of the referring physician should be included as should the name of the accepting physician at the receiving facility

G. Deaconess Emergency Department physicians must contact the Trauma Surgeon prior to transfer if the patient meets any level of trauma activation criteria

H. Trauma Medical Director should be contacted for any isolated orthopedic or neurosurgical trauma patient requiring transfer to Deaconess Gateway before the transfer occurs
   a. It is the responsibility of the physician requesting transfer to contact the TMD before transfer
   b. A bed will not be assigned by Patient Placement RN until approval has been received from the TMD or Trauma Program Manager

I. If a patient is in need of a higher level of care that cannot be provided at Deaconess Regional Trauma Center, the sub-specialist must physically examine patient and arrange for transfer
   a. If the ED physician or Trauma Surgeon is comfortable with the sub-specialist providing consultation and direction via phone, the sub-specialist does not have to physically examine the patient
      i. In this instance, the ED physician or Trauma Surgeon will arrange for transfer

J. Contingency plan for patients requiring transfer
   a. Trauma Surgeon will provide initial evaluation and stabilization of the patient
   b. Transfer Agreements are established with similar and higher-level verified trauma centers
   c. The Trauma Team must directly contact the accepting facility to arrange for expeditious transfer or ongoing monitoring support
   d. All transfer are monitored by the PIPS program

References:

- Resources for Optimal Care of the Injured Patient, 2022; Committee on Trauma, American College of Surgeons