

## 104 – Trauma Patient Interfacility Transfer

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### PURPOSE:

1. To facilitate transfer of trauma patient's to a higher level trauma center for definitive/specialized care.
2. To establish formal transfer agreement minimums between hospitals.

### AUTHORITY:

Health and Safety Code, Division 2.5, Ch. 2, Art. 7, §1317.1 to 1317.9; Ch. 6, Art. 2 §1798.170 and §1798.172. California Code of Regulations, Title 22, Division 9, Ch. 7, Art. 5, §100266.

### POLICY:

1. If emergent surgical services required by the patient are not available, the patient shall be prepared for immediate transfer out. Consider EMS Air Ambulance transport.
2. Transfers *within* the Nor-Cal EMS region:
  - a. When a patient **MEETS the Nor-Cal EMS Trauma Triage Criteria** and needed resources essential to the care of the trauma patient are not available at the sending Receiving Facility, that facility shall call a **trauma alert** to the Level II Trauma Center to activate their trauma team and avoid "shopping" for physicians. If resources needed for the patient are NOT available at the Level II Trauma Center, the Level II will help to facilitate transfer of the patient to an alternate appropriate facility.
  - b. A trauma patient may ONLY be transferred to a Level III Trauma Center when they meet Nor-Cal EMS Trauma Triage Criteria **NOT included** in the Critical Trauma Patient definition (e.g., Mechanism of Injury, Age &/or Co-morbidity Factors, or System Considerations), if it is determined that the necessary resources for that patient are available at the Level III Trauma Center.
3. Transfers from **out of the region** to a Trauma Center in the Nor-Cal EMS region may be pre-approved by the accepting surgeon specialty per Trauma Center policy.

### TRANSFER AGREEMENTS:

1. Each Level III or Level IV Trauma Center, as a condition of designation, will have the following:
  - a. Written transfer agreement with, at least, the nearest designated Level I or Level II Trauma Center.
  - b. Guidelines for identification of those patients who should be transferred to the trauma center which are based on the American College of surgeons' High-Risk Criteria for Consideration of Early Transfer.
  - c. Follow the procedure defined in the Facility Requirements Module, **#201 Interfacility Transfer Policy**.
2. Level II Trauma Center to Level I Trauma Center – Each Level II Trauma Center, as a condition of designation, will have the following:
  - a. Written transfer agreements with, at least, the nearest designated Level I Trauma Center and with specialty centers providing tertiary level care for burn and spinal cord injury patients.
  - b. Guidelines for identification of those pts. who should be transferred to a Trauma Center which are based on the ACSs' High-Risk Criteria for Consideration of Early Transfer. Follow the procedure defined in the Facility Requirements Module, **#201 Interfacility Transfer Policy**.

### PEDIATRIC TRAUMA CENTER TRANSFERS:

1. All pediatric patients that meet trauma criteria shall be transferred to a pediatric trauma center.
2. Each trauma center, as a condition of designation, will have a written transfer agreement with a pediatric intensive care unit and a pediatric Trauma Center;

**CONTINUOUS QUALITY IMPROVEMENT**

1. All hospitals in the Nor-Cal region shall have a mechanism to review the care and management of all the trauma patients that are transferred to a higher level of care.
2. Summaries of the review shall be sent to the Nor-Cal Medical Director on a monthly basis.
3. See also Policy # 106 Trauma System QI and Patient Safety Program located in the Trauma Care System Module.