



Susquehanna Regional EMS Council, Inc.
Serving: Broome, Tioga, and Chenango Counties

REMAC Policy Statement

Supersedes/Updates: New
Reference NYS DOH Policy 12-02

No. 17-11

Date: 03/08/2018

Transfer of Care

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Background:

When the process of transfer of care from one provider to another is not performed properly, the result may be patient abandonment. Patient Abandonment means a certificate holder's willful termination of patient contact prior to delivering the patient for medical evaluation and/or treatment, or securing a proper refusal of medical attention in accordance with applicable protocol. Patient abandonment may be effected through means including, but not limited to, leaving a patient unattended after establishing patient contact, leaving a patient to the 10NYCRR-800 8/4/2016 Page 5 of 30 care of an EMT certified at a lower level when the certificate holder knew or should have known that the patient required a higher level of care, and/or encouraging the patient and/or bystanders to reject transport to a hospital by ambulance unless it occurs within an organized multi patient/agency response.

Purpose:

The purpose of this policy is to ensure the highest quality of care for the patients we come into contact with, while eliminating patient abandonment claims and ensuring the smooth transition of care between EMS providers and the Hospitals.

Procedure:

- I. Providers are responsible for the patient while in their care. The transferring or receiving provider will not be responsible for their counterpart's actions.
- II. Patients may be transferred to a provider with the same or higher level of training and the same or higher level of on-line privileges within the region.
- III. Stable patients may be transferred to a provider with a lower level of training and a lower level of on-line privileges within the region.
- IV. When transferring patients both the receiving and transferring providers should:
 - a. Ensure that all patient information is transferred to the receiving provider including:
 - i. Chief complaint, past medical history, current history, vital signs and care given prior to the arrival of the receiving provider.
 - ii. Assist the receiving provider until they are ready to assume total patient care.

- iii. Be willing to accompany the receiving provider to the hospital if the patient's condition warrants or if the receiving provider requests it.
- V. The receiving provider must briefly document patient care given prior to receiving the patient.
- VI. Both provider's agencies will complete a PCR, as appropriate, detailing the care given to the patient while in their care.
- VII. ALS transferring provider PCR documentation must be delivered to the receiving hospital within two hours of the call.
- VIII. Any disparity between the providers needs to be resolved by contacting a Medical Control Physician.
- IX. Documentation left at the hospital must include:
 - a. Agency ID, Crew ID.
 - b. Patient Demographics: Name, Date of Birth, Address, Last 4 Digits of SSN (if available).
 - c. Initial assessment: chief complaint and pertinent initial vital signs.
 - d. Interventions: Medications, procedures performed and patient response.
- X. Specimens left at the hospital:
 - a. If available, label specimens, monitor strip and EKG with hospital stickers.
 - b. Do NOT leave unlabeled specimens or EKG at the hospital.
 - c. Immediately upon arrival at the ED, notify the receiving nurse if EKG has been performed.

Changes for clarification- Procedure, item VI replaced providers with agencies. Referenced NYS DOH Policy 12-02.