

Methodist Health Services Corporation UnityPoint Health- Proctor	Page # 1 of 2	Section:	Policy #: 30
	Approved by:		Date: 6/2017 Review by: 6/2018
	Supersedes: Date Revised: 6/2017		
	Primary Responsible Parties: Dr. Ashley N. Huff Secondary Responsible Parties:		
	Joint Commission Standard:		
SUBJECT: TRANSITION of CARE			

I. POLICY:  
Transition of Care

II. PURPOSE AND STANDARD:  
A smooth transition of care between EMS providers is essential for optimum patient care. First Responder and BLS non-transport crews routinely transfer care to transporting EMS providers. The transfer of advanced procedures presents unique concerns for both the EMS provider relinquishing patient care as well as the EMS provider assuming patient care. A smooth transition between providers is essential for good patient care. Cooperation between all EMS personnel is encouraged and expected.

III. POLICY SCOPE: Departmental

IV. GENERAL INFORMATION:

A. Patient Care Transition

1. EMS providers arriving at the scene of a call shall initiate care in accordance with the guidelines provided in this manual. The EMS provider must maintain a constant awareness as to what would be the best course of action for optimum and compassionate patient care. Focus should be placed on conducting a thorough patient assessment and providing adequate patient care. The benefit of remaining on scene to establish specific treatments versus prompt transport to a definitive care facility should be a consideration of each patient contact.
2. Once on scene, the individual provider with the highest level of licensure and who is responding on the highest level vehicle responding to the call shall, in conjunction with Medical Control, be the on-scene authority having jurisdiction in the determination of the patient care plan. This individual will be in charge of the patient's care.

3. Upon the arrival of the transporting agency, the non-transport provider should provide a detailed verbal report to the transporting provider and then **immediately transfer care to the transporting provider who is licensed at the same level or higher.**
4. The transport provider should obtain report from the non-transport provider and conduct a thorough patient assessment. Treatment initiated by the non-transport provider should be taken into consideration in determining subsequent patient care steps.
5. An individual with a higher level of licensure (i.e. ILS or ALS provider) who arrives on scene of a call where a patient is initially in the care of an individual with a lower level of licensure (EMT-B or First Responder) must assess the patient and determine if the higher level of care is warranted. If the higher level of care is warranted, the patient's care should be transferred to the individual with the higher level of care. If the individual with a higher level of licensure determines that the higher level of care is not warranted for the patient, they still must document their assessment and findings on a patient care report and file a copy with the EMS System according to the EMS Patient Care Reports Policy. Neither this assessment nor transfer of care should be initiated if it would appear to jeopardize the patient's condition.
6. If the level of licensure of the transporting agency/vehicle is a lower level than the level of care warranted by the patient's condition, and an individual with a higher level of licensure from the non-transporting agency is present, the non-transporting agency must provide the individual with the higher level of licensure to accompany the patient to the hospital during transport and upgrade the transporting vehicle with the appropriate equipment per the *Intercept Policy*.
7. When agencies from different EMS Systems respond to the scene, the individual provider with the highest level of licensure and who is responding on the highest level vehicle responding to the call shall operate under the Standing Medical Orders/Protocols from their EMS System.
8. If the provider has initiated advanced procedures, then the transport provider should verify the integrity of the procedure prior to utilizing it for further treatment (e.g. verify patency of peripheral IVs and ETTs should be checked for proper placement). *Transporting crews shall not arbitrarily avoid the use of (or discontinue) an advanced procedure established by non-transport personnel.* Rationale for discontinuing an established procedure should be documented on the patient care report.
9. Properly licensed and System-certified providers may be utilized to establish ILS/ALS procedures with the concurrence of the individual in charge of the patient's care. EMS personnel are encouraged to use all responders for efficiency in coordinating patient care.