
Policy Title: Standard of Care
Department: Clinical Quality Improvement

Policy # 8.01
Effective: 10/12/20

POLICY

Delta Ambulance and its employees will continually strive to provide the highest quality and most appropriate level of care to all patients that engage the services of the company. This Policy applies to Paramedic units performing 911 scene responses and transfers, and also to non-Paramedic units being supported by a separate Paramedic response vehicle.

SCENE RESPONSE AMBULANCE TRANSPORTS

Definition

A request for ambulance transport from the public, an agency, or a facility that requires immediate or urgent response to an emergent incident.

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A Paramedic will personally attend all patients during transport in any of the following circumstances:

- A treatment or procedure is rendered at the scene that only a Paramedic can deliver.
- The patient has hemodynamic or neurological instability or whose condition is reasonably foreseeable to deteriorate during transport.
- The patient may require continued additional ALS medications or procedures during transport, including AEMT level interventions.
- The patient's complex history and presentation warrant a direct Paramedic report at the hospital to facilitate the continuity of care.
- The patient may be emergently re-transported to a more capable hospital.
- The transporting crew or sending / receiving facility request that the Paramedic accompany the patient during transport.

If a Paramedic response vehicle is dispatched to the scene or requested by the responding crew, the responding Paramedic will perform a complete assessment. If the Paramedic then determines that a lower license level can attend the patient to the hospital, the Paramedic will review the crew's run sheet, complete the Transfer of Care Worksheet in MEFIRS, and co-sign the Patient Care Report.

AMBULANCE TRANSFERS

Definition

A request for ambulance transport from the public, an agency, or a facility that may be completed immediately or at a negotiated time depending upon the availability of ambulance resources, the needs of the requesting or receiving entity, and may include:

- a. an Emergency (stat) transfer;
- b. a routine BLS non-emergency transfer;
- c. a routine ALS non-emergency transfer;
- d. a Paramedic Interfacility Transport Program transfer; or
- e. a Critical Care Transport.

Standard of Care

The Standard of Care for Scene Response Ambulance Transports applies to Transfers as well, supplemented by the following additional requirements:

- 1) In consultation with the transporting crew, the sending facility will make the final determination as to crew configuration, what care is to be provided, and what medications and medical devices will be utilized for each transfer.
- 2) For PIFT transfers, refer to the Delta Ambulance PIFT policy 08.03 regarding crew configuration and patient stability.
- 3) Ambulances transporting patients that do not require or do not have the potential need for treatment at the Paramedic level may be staffed by a combination of personnel licensed at the EMT and/or AEMT level appropriate to their scope of practice.
- 4) Patients that require continued care from clinical personnel provided by the sending facility will also be attended by a Delta Ambulance employee licensed at the Paramedic level.
- 5) Critical Care Transport patients may need or are receiving medications / interventions beyond the PIFT level. These patients will be attended by two ALS level providers during transport, at least one of which will be a Delta Ambulance employee licensed at the Paramedic level. The other provider may be a Delta employee or ALS level hospital clinician (MD, DO, PA, NP, RN, RT, CCEMT-P, EMT-P) as approved by the sending facility and Delta's Service Medical Director.

Revised October 12, 2020

Medical Director
Authorization:


Steven Dierma

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