

Interfacility Transport Work Group Minutes
November 4, 2011

Attendees: Kristen Jacquith, Patty Wolff, Kyle Madigan, Jim Finger, Mark Podgwaite, Mike Paradis, Mark Considine, Dave Fuller, Bill Edson, Chris Bell, Wayne Misselbeck, Donna Jacob

Chris apologized for not releasing the minutes of the previous meeting in a timely fashion.

When last the group met, the to-do's were:

- 1) Develop protocols around IFT.
- 2) Is PIFT a good model for Vermont?
- 3) What are the course requirements for IFTs? Set criteria for level on IFTs.

Given the differences between VT, NH, MA and NY protocols, consistency between states in all aspects of IFT probably isn't achievable or even realistic.

Group reviewed NH IFT protocols, Section 7 of their EMS rules. Questions raised were:

- Appropriateness of supplementing PIFT or CCT providers with hospital staff?
- Work-around for transportation of blood products – buy-in from sending facilities. In NH, if blood was started greater than 20 minutes ago and the transporting crew has allergy meds, they can transport. However, they cannot change the bag.

Other discussion items:

- Risk of deterioration is important. Sending hospitals need to understand what decisions are being based on.
 - Waiver for glycoprotein inhibitors may need inclusion
 - Restrictive guidelines as well as expectations for performance are good. Important for the hospitals to know what crews can or cannot do or take.
 - Universal transfer form? NH uses a 5x7 card to outline levels and a 3-part multi page form they utilize. Orders are on the front of the form and both the sending and receiving hospitals sign and keep a copy. Might be better hospital by hospital—it was noted that lots of sending facilities don't know what level of provider they need.
 - Need for a meeting between Vermont and border states:
 - Are sending facilities comfortable sending patients out their doors?
 - Is the facility far from tertiary care? Experiencing inclement weather? Feeling isolated?
 - Are they rushing transfer when it might be better to wait?
 - What do the hospitals feel they need from EMS?
- Upcoming joint ED director and nurse/manager meeting – Chris plans to attend.
- What should the certification level be? Is CCT enough? Does it need modifying? How do we assure training? In-house course? PIFT? Whose course?

Vermont Interim Interfacility Transport Work Group Meeting Minutes

- Transporting with arterial lines/pressure lines: should monitoring be suspended during transport? Should the treatment be suspended? Transport without making alterations to the treatment or attempting monitoring? Does treatment have to be tailored depending on the a-line readings? Another topic for ED dirs and nurse/managers.
- Should a patient on a balloon pump go out the door without a technician? Some hospitals ship with an RN and a technician; others with just an RN.
- If there is a need to monitor and treat, that should drive what our training courses look like. The course will look much more significant than an 8-12 hour PIFT, and will have to include ongoing clinical competency.
- It was noted that ED managers would like not to deplete their hospital resources by sending RNs or techs.
- Vented patients bill at the specialty care level; as the scope of practice changes for Paramedic, this should be considered as it is important to agencies.
- Consider grandfathering existing CCTs.
- The group agreed that one transport level (not 2) is best.
- Transport of patient between state borders gets complex depending on NH or NY permissions.

Chris said he would survey agency heads and would draft a document and reach out to:

Doctors and providers regarding the process, form or document

Scope issues – invasive, blood or vented

1 paramedic?

2 paramedics?

Additional hospital staff?