

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	5100.13
	<u>PROGRAM DOCUMENT:</u>  <b>Interfacility Transfers: ALS/CCT Program Requirements</b>	Initial Date:	12/15/93
		Last Approved Date:	05/01/16
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 EMS Medical Director

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 EMS Administrator

**Purpose:**

- A. To describe the program requirements for provider agencies wishing to utilize Paramedics in interfacility transfers.
- B. To describe the approval process for provider agencies wishing to utilize Paramedics in interfacility transfers.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Protocol:**

- A. Advanced Life Support (ALS) service providers wishing to utilize Paramedics and/or CCT in interfacility transfers shall:
  - 1. Have dedicated medical control (see Sacramento County Emergency Medical Services Agency (SCEMSA) Program Document (PD) #5101).
  - 2. Have a Quality Improvement Program (QIP) that reviews all Paramedic Scope of Practice Utilization during interfacility transfers.
  - 3. Have a designated medical director with the following responsibilities:
    - a. Oversight of the QIP
    - b. Reporting deficiencies in patient care, that is not correctable through the QIP, to SCEMSA.
  - 4. Have all patient care rendered by Paramedics documented. Specific documentation format shall be at the discretion of the designated program’s medical director. Shall make available all relevant patient care records to SCEMSA upon request.
  - 5. Provide an annual summary statement of Paramedic utilizations in interfacility transfers, to include the following:
    - a. Total number of transports.
    - b. Total number of transports that utilized Paramedics.
    - c. Scope of Practice utilization profiles (e.g. either total intubation or expressed as a percentage).
    - d. Areas of improvement in patient care delivery by Paramedics that were identified.
    - e. Provide annual statement to SCEMSA by March 1.
- B. Shall have established policies and procedures which include:
  - 1. A statement regarding the medical control option that will be utilized by the program (see SCEMSA PD#5101).
  - 2. A mechanism that will assure that all Paramedics utilized in the interfacility program maintain clinical competency in all scope of practice skills.

3. A mechanism exist to assure that all Paramedics remain current with the policies/procedures/ protocols and other communications of SCEMSA.
4. A mechanism exists to assure that all personnel working with Paramedics utilized in the interfacility program are cognizant of the Paramedics Scope of Practice.

**Policy:**

- A. Program approval is contingent upon the above requirements being met.
- B. SCEMSA shall be notified when a program will no longer utilize Paramedics in interfacility transfers.

**Cross Reference:**

Interfacility Transfers: Medical Control PD# 5101