Paramedic Interfacility Transfer Program (PIFT)

Frequently Asked Questions (FAQs)

What is PIFT?

PIFT stands for Paramedic Interfacility Transfer. The original PIFT program was designed in the early 1990s to assist Maine hospitals by allowing specially trained paramedics to transport stable patients receiving medications that were outside the normal scope of paramedic practice, thus alleviating the need for nursing staff to accompany these patients.

Why has the program changed?

Over the last decade, the PIFT program has continually evolved as more medications or procedures were added to the course. However, different paramedics had received different versions of the training program, leading to confusion and differences in the standard of care across the state and even in some services. In early 2005, the Medical Directions and Practice Board (MDPB) reexamined the PIFT program and tasked Maine EMS with revising the curriculum to reflect a much broader scope of practice that would include a knowledge base capable of reacting to ongoing changes in clinical practice procedures or preferences.

Who are the MDPB and what qualifies them to approve this program?

The Medical Directions and Practice Board (MDPB) is the committee of regional and state EMS medical directors who govern the protocols that all Maine EMS providers operate under. This program has been extensively reviewed by these EMS physicians for medical efficacy, safety, and appropriateness of patient care in the Interfacility setting.

Who developed this program?

The program was developed by Maine EMS over almost a two-year period with the assistance of a variety of EMS clinicians, nurses, physicians, and educators from across Maine.

Who is overseeing this program?

Every service providing PIFT transfers is now required to have a service level medical director that reviews 100% of all PIFT calls. In addition, the PIFT paramedic will be able to contact the sending physician, receiving physician, service medical director, or local on-line medical control (OLMC) in the ED for guidance should it be needed.

Is every paramedic in Maine a PIFT paramedic?

No, paramedics must complete an additional training program that reviews the specific components of PIFT. In addition, they may only use the expanded PIFT scope of practice when employed by a Maine EMS approved PIFT service in the Interfacility transfer setting.

Does this eliminate the paramedic level in Maine?

No, paramedics will continue to operate under the existing scope of practice and formulary contained in the current Maine EMS Prehospital Treatment Protocols in all other settings (i.e. 911 responses).

Why does having a PIFT paramedic make a difference?

The intent of the PIFT program has not changed; it is to facilitate the interfacility transport of stable patients who are receiving therapies outside of the normal scope of paramedic practice. With the expanded training in the 2006 PIFT program, paramedics trained to this standard will be able to transport patients on a much wider variety of medications then before.

How is the new PIFT program different from earlier versions?

The 2006 PIFT program represents a substantial change in the way paramedics are educated. The program focuses on problem solving, resource use, clinical judgment, and general familiarity with specific medication classes and devices. Rather than memorizing a list of just

a few medications, PIFT trained paramedics have been exposed to general concepts and some specifics for 18 classes of medications plus over the counter (OTC) drugs. In addition, 6 specific devices have been added to the PIFT paramedic's scope of practice. The net result is that PIFT paramedics will now be able to transport patients receiving a much larger array of medications or devices than before.

How do I know if this transport requires a paramedic or a PIFT paramedic?

All PIFT services have been encouraged to work with their local hospitals to help educate staff in the decision matrix about what is or is not a PIFT transfer. Ultimately, the paramedic at the bedside will be able to tell if the medications or devices the patient is receiving fall within the scope of PIFT practice or not.

Our local EMS service has critical care transport paramedics (CCEMT-P). Are these the same thing as PIFT paramedics?

CCEMT-P is a certification awarded to paramedics or nurses who have successfully completed the University of Maryland Baltimore County (UMBC) training program for critical care transport. This class covers a wider variety of topics then the Maine EMS PIFT program and does include a nationally recognized exam on course completion. Maine EMS allows paramedics who successfully complete the CCEMT-P program to operate as PIFT paramedics. However, the scope of practice for interfacility transports in Maine is governed by the accepted PIFT curriculum. **UMBC graduates are not allowed to transport additional medications, devices, or perform procedures from the UMBC CCEMT-P course in Maine at this time since they fall outside of the PIFT scope of practice.** Simply having the certification indicates a level of professional achievement but does not delineate clinical practice privileges much like a nursing certification (i.e. CEN) does.

Are there going to be transports that still require our institution to provide appropriate staff (i.e. RN, RRT, etc.)?

The cornerstone of PIFT is patient stability. PIFT is based on the premise that the PIFT paramedic is caring for a single, stable patient while alone in the back of the ambulance. The PIFT paramedic has been trained to use a stability assessment matrix for each call before deciding to accept the transport. Should the patient be deemed by the paramedic not to be stable for transport under the PIFT guidelines, the

PIFT paramedic will request additional staff resources in order to transport the patient.

How are Maine EMS and the MDPB defining "stability"?

MDPB Stability Definition: "A patient is considered "stable" when there is no foreseeable likelihood of material deterioration in the condition of the patient as a result of or during the transport."

- "Foreseeable material deterioration" would be situations like expected ventricular dysrhythmias, anticipated hemodynamic changes, probable respiratory compromise, etc. Likely "bad things to come"

- The MDPB defined 3 categories of stability
  - A stable "Low Risk" Patient:
    - ***A patient who has hemodynamic and neurological stability with no foreseeable deterioration. This is the patient who is not suffering from an acute illness, but has medications or interventions being administered which are outside of the scope of the Paramedic without PIFT training.***
      - This patient would be eligible for a PIFT transfer
  - A stable "Moderate Risk" Patient:
    - ***A Stable patient is one who has hemodynamic and neurologic stability from therapies initiated. Therapies initiated must be expected to maintain patient stability during the transport. This patient is typically going via emergent transfer to a tertiary facility for services not readily available at a local facility. Variation on existing therapy has demonstrated no deterioration and may be reasonably predicted to remain without change during the transport without the need for further adjustments to such therapy.***
      - This patient would be eligible for PIFT transfer
  - **An unstable "High Risk" patient and/or those receiving interventions outside the scope of the PIFT module**
    - This patient will require the sending facility to provide other appropriate staff to assure appropriate clinical care during transport
    - The PIFT paramedic should work with the sending physician, OLMC, or the service medical director to

find the correct crew configuration for the patient's needs

- RN, RT, or other hospital staff
- Additional EMS staff in attendance of patient with approval of sending physician or OLMC

- **Unstable patients are ineligible for PIFT transfer**
  - **These patients are not manageable with one paramedic and therefore would require additional hospital staff**

Does that mean that the PIFT paramedic can refuse to transport a patient?

Yes, the final call for transport using the PIFT parameters and scope of practice falls to the PIFT paramedic. The PIFT paramedic has the safety of the patient as his/her first priority. Maine EMS and the MDPB support the paramedic's clinical judgment in these cases since the paramedic has the best understanding of his or her scope of practice, personal limitations, and comfort level after a hands-on assessment of the patient at the time of transport.

If the PIFT paramedic can refuse, how do we get the patient transferred?

Maine EMS recognizes that unstable patients need to be transported to higher levels of care. EMS transports will still occur that do not qualify as a PIFT transport just as they do today with additional staff in attendance of the patient (i.e. RN/EMT-P team). The desired result for all parties involved should be transporting the patient safely. To that end, the PIFT paramedic has been asked to work with the sending facility to arrange additional therapies to stabilize the patient, arrange for additional personnel resources from the EMS agency, or request additional personnel from the sending facility (RN, RRT, etc.) based on what is most clinically appropriate in the situation.

What will the PIFT paramedics need from the hospital staff (clerical or nursing) for each PIFT transport?

Please instruct your clerical or nursing staff that the PIFT paramedic will now require several additional items for transport. Specifically, legible copies of each of the following are needed for the PIFT paramedic's records in addition to the transfer packet:

- Demographic face sheet

- Written transfer orders
- Applicable Medication Administration Records (MARs)
- Copies of advanced directives
- Copy of the EMTALA form with legible receiving physician and contact information

In addition, if the PIFT paramedic will be responsible for titrating any type of vasoactive medications during the transport, specific written orders outlining these parameters must be included (i.e. titrate nitroglycerin drip to SBP > 90 mm Hg or chest pain free).

Specifically, what is the training program these PIFT paramedics have completed?

The 2006 PIFT program consists of between 8 and 12 additional hours of training in topics related to Interfacility transport. Some of the items covered include legal issues in Interfacility transfer, EMTALA, QA/QI, a basic pharmacology review, documentation, an in-depth pharmacology review of each new medication class, and a review of the new PIFT approved devices. The entire program can be found on the Maine EMS website at http://www.maine.gov/dps/ems by following the PIFT links.

What are the classes of medications included in the 2006 PIFT program?

- Anticoagulants
- Anticonvulsants
- Antidiabetics
- Antidysrhythmics
- Antihypertensives (including ACE inhibitors, Calcium Channel Blockers, Diuretics, Alpha Blockers and Beta Blockers)
- Anti-infectives
- Antipsychotics
- Cardiac Glycosides
- Corticosteroids
- Drotrecogin
- Gastrointestinal Agents (including H2 Blockers, PPI's, antiemetics, and Somatostatin and its analogues)
- IV Fluids, Electrolytes (including Dextran, Albumin, and Hetastarch)
- Analgesics (Narcotics including all routes except epidural, NSAIDs, and self-administered inhaled nitrous oxide)

- Over the Counter (OTC) medications included in the patient's normal plan of care
- Parenteral Nutrition and Vitamins
- Platelet Aggregation Inhibitors (including IIb/IIIa Inhibitors)
- Respiratory Medications (Beta Agonists, Anticholinergics, Mucolytics and Steroids)
- Sedatives (Benzodiazepines, Barbiturates)
- Vasoactive Agents (Antihypertensives, Pressors, & sympathomimetics)

What if the patient is on a medication not covered in the above list?

If the patient is receiving a medication not on the list of approved PIFT medications, then a nurse must accompany the patient during transport or the medicine discontinued for transport.

Are over the counter medications (OTC) approved for PIFT?

Yes, if the patient has received it before as part of their normal care, if a specific order is written by the sending physician for the medication specifying time, route, frequency, dose and indications; and if the medication is packaged and dispensed by the sending facility, a PIFT paramedic may administer it.

Can PIFT paramedics now administer the patient's regularly scheduled medications by other routes (i.e. oral, SQ insulin, nebulizer, mdi, etc.)?

Yes, with the same caveats as the OTC meds above. Specific transfer orders for these meds must be included in the documentation provided to the PIFT medic.

What special devices are included in the 2006 PIFT program?

- Infusion pumps
- Urinary catheters and Continuous Bladder Irrigation
- Transvenous Pacemakers
- Chest Tube Management (water seal or Heimlich valve)
- OG/NG tubes (including clamped or to suction)

What if the patient has a device not listed in the PIFT approved device list that is essential for continued use in transport?

The MDPB has authorized certain additional exceptions that PIFT paramedics may transport. The key is that the device must be low risk and require little to no intervention from the paramedic. The PIFT paramedic will work with you to resolve this issue through the service medical director or Maine EMS at the time of transfer.

What can our staff do to help facilitate transferring patients under the 2006 PIFT guidelines?

First, maintain open lines of communication with your EMS services. Each service is attempting to implement the required training and administrative pieces over the next few months as quickly as possible. Unfortunately, due to the additional training requirements, some services will be capable of using the newly expanded PIFT scope of practice before others. However, paramedics with prior versions of the PIFT training can continue to transport patients using only those 19 medications as before until June 30, 2007.

Second, realize that this is a learning process for the paramedics, services, and the hospitals involved. Patience and cooperation are the keys to success.

Third, ask questions of your EMS service chiefs about when and how they will be implementing this program.

Forth, remind your staff that the paramedics will be asking for additional paperwork, more in-depth patient reports, and clarification of orders for a specific reason- it is required as part of the stability assessment that must be completed before a PIFT transfer can occur.

My physicians and nurses have concerns over the quality of care these paramedics can provide with this program. What can we do?

Maine EMS and the MDPB feel we have created an aggressive and effective training curriculum in the 2006 PIFT program. Quality is being constantly monitored by the services, with a local service medical director reviewing 100% of all PIFT charts. In addition, the state EMS QA/QI committee will also be watching the development of this program very closely. If specific issues with a provider or service arise, please contact the service chief and Regional EMS Office.

It is very important that if you feel that the patient is too unstable to be cared for by a PIFT trained paramedic, then you should arrange to send nursing or other staff with the patient

during transport or arrange alternative transport (i.e. air medical).

I would like additional information on the PIFT program. Who can I contact for this?

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Last updated 03/23/12