

Nationally, approximately **24 million children** are seen in hospital emergency departments every year.¹ Most children are treated first in a local community hospital, which may not have all of the processes, staff, and equipment needed to provide specialty pediatric care.²

When this is the case, a critically ill or injured child will need to be transferred rapidly from the initial hospital to a more specialized receiving facility, such as a pediatric-specialty hospital or a trauma center that has additional resources needed to treat children. The development of written interfacility transfer agreements and guidelines promotes effective working relationships between referring hospitals and specialized receiving facilities.²

Written interfacility transfer agreements and guidelines standardize the process for communication between healthcare providers and expedite care for children:

- **Interfacility Transfer Agreements** ensure the transfer between facilities is established in writing, whereas,
- **Interfacility Transfer Guidelines** contain the steps and procedures necessary to ensure that children are rapidly and properly transferred.³

MAINE ASSESSMENT:

In 2018, the **Maine EMSC Program**, conducted an assessment of hospitals with emergency departments to determine the presence of interfacility transfer agreements and guidelines. Maine achieved a **92%** response rate. This report compares Maine results with national results.

If you would like more information please do not hesitate to contact:

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¹Gausche-Hill, M., Ely, M., Schmuhl, P., Telford, R., Remick, K. E., Edgerton, E. A., & Olson, L. M. (2015). A national assessment of pediatric readiness of emergency departments. *JAMA Pediatrics*, 169 (6), 527–534.

²American Academy of Pediatrics; Committee on Pediatric Emergency Medicine; American College of Emergency Physicians; Pediatric Committee; Emergency Nurses Association Pediatric Committee. Joint policy statement—guidelines for care of children in the emergency department. *Pediatrics*. 2009;124:1233–1243.

³EMS for Children Performance Measures Implementation Manual for State Partnerships, Effective March 1st, 2017

INTERFACILITY TRANSFER AGREEMENTS AND GUIDELINES:

	MAINE	NATIONAL
Percent of hospitals that have interfacility transfer agreements:	38%	69%
Percent of hospitals that have interfacility transfer guidelines:	66%	76%

KEY ELEMENTS OF INTERFACILITY TRANSFER GUIDELINES:

Of the 66% of hospitals that reported having interfacility transfer guidelines, the following are in place:

Plan for transfer of copy of signed transport consent	100%
Plan for transfer of patient medical record	100%
Process for patient transfer (including obtaining informed consent)	100%
Process for selecting the appropriately staffed transport service to match the patient's acuity level	95%
Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center	86%
Plan for transfer of personal belongings of the patient	81%
Plan for provision of directions and referral institution information to family	71%
Process for selecting the appropriate care facility	71%

ENGAGE local and regional hospital staff to ensure interfacility transfer guidelines and agreements are in place to facilitate the rapid and efficient transfer of ill and injured children to the specialized medical care they need!

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EMSC 06 - Interfacility Transfer Guidelines

Does your hospital or medical facility have written interfacility guideline(s) that outline procedural and administrative policies with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital?

Y = 21

N = 11

If a facility has written interfacility transfer guideline(s), whether the guidelines include information specifically for the transfer of patients:

Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication)

Y = 18

N = 3

Process for selecting the appropriate care facility

Y = 15

N = 6

Process for selecting the appropriately staffed transport service to match the patient's acuity level (level of care required by patient, equipment needed in transport, etc.)

Y = 20

N = 1

Process for patient transfer (including obtaining informed consent)

Y = 21

N = 0

Plan for transfer of patient medical record

Y = 21

N = 0

Plan for transfer of copy of signed transport consent

Y = 21

N = 0

Plan for transfer of personal belongings of the patient

Y = 4

N = 17

Plan for provision of directions and referral institution information to family

Y = 15

N = 6

EMSC 07 - Interfacility Transfer Agreements

Does your hospital or medical facility have written interfacility agreement(s) with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital?

Y = 12

N = 20