National PRQC
Pediatric Readiness Quality Collaborative
Ensuring Emergency Care for All Children

Fireside Chat: Inter-Facility Transfer

Subject Matter Experts:
Tony Woodward, MD, MBA
Lisa Nichols, MBA, BSN, RN, CCRN-K

September 17, 2019

Please mute your phone or computer

ACKNOWLEDGEMENTS

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HRSA Maternal & Child Health

ACKNOWLEDGEMENTS

This continuing nursing education activity, live session only, was approved by the Emergency Nurses Association, an accredited provider by the American Nurses Credentialing Center's Commission on Accreditation, for 1 contact hour.

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Announcement

Please mute your phone or computer

All lines will be open and interactive. We ask that you utilize your mute features when not speaking.

This call is being recorded. If you have any objections, you may disconnect at this time.

ACKNOWLEDGEMENTS & DISCLOSURES

This continuing nursing education activity was approved by the Emergency Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation for 1.0 contact hours.

Note Faculty/Speakers and Planners for this Fireside Chat:

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- Kate Remick, MD
- Krystle Bartley, MA
- Diana Fendya, MSN (R), RN
- Meredith Rodriguez, PhD

have no conflicts of interest. Additionally, no commercial support has been received for this activity.

Should participants detect any bias in this presentation please note such on the evaluation or reach out to Diana Fendya, nurse planner for continuing education.

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- At the completion of the presentation a link will be provided which will take you to a short evaluation form which you will need to complete.
- The evaluation must be completed within 2 weeks:
  https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=C3CHENDRY8
- Within 48 hours of receiving your evaluation, your certificate will be sent to you electronically.

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Roll Call

-Subject Matter Experts
- Advisory Committee
- NEDARC
- EIIC
- HRSA

Team 1
Providence Alaska Medical Center
The Last Frontier Kids

Team 2
Cardinal Glennon Children's Hospital
LifesavERs

Team 3
Children's Mercy
MOKAN ROCKS

Team 4
Dell Children's Medical Center of Central Texas
The Longhorn Kids

Team 5
Medical City Dallas
North Texas Division HCA

Team 6
UC Davis Medical Center
Fight or Flight Response Team

Team 7
Yale New Haven Children's Hospital & Connecticut Children's Medical Center
New England EMSC

Team 8
Cohen Children's Medical Center
Eight is Enough

Team 9
Augusta University
ReTEE FORE Kids

Team 10
Riley Hospital for Children
Pit Crew

Team 11
Comer Children's Hospital University of Chicago
Remoc Minions

Team 12
Wisconsin EMSC Program & Children's Health Alliance of Wisconsin
WISPR

Team 13
Providence St. Vincent Medical Center
WranglER for Kids

Team 14
OHSU Doernbecher Children's Hospital & Randall Children's Hospital
Oregon Pediatric Readiness Program

Team 15
East Tennessee Children's Hospital
ETCH

Team 16
Piedmont Columbus Regional
Pediatric Peaches

AGENDA

Aggregate Performance

Transfer Delays

Team Check-in

Housekeeping

AGGREGATE PERFORMANCE

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Process and Outcome Measures

Team Name
All

SiteAcronym
All

Intervention Bundle
All

Overall Process/Outcome Measures Information

Intervention Bundle	Sum of Sites Participating	Max Current Cycle	Total # of Charts Entered	Measure Name	Average Measure Value
Weight in Kilograms	31	4	1,096	OM1 - % of Dosing Errors	50%
				PM1 - % with Weights Documented in Kilos Only	78%
Abnormal Vital Signs	42	4	1,558	PM1 - % of Patients with standard vitals	59%
				PM2 - % of Patients with abnormal vitals included in notification process	36%
				PM3 - % of Patients with pain assessed	76%
				PM4 - Median time from recognition of abnormal vital signs/pain to first intervention	34.0 min
Interfacility Transfer	11	1	238	PM1 - Median time from arrival to transport	233.5 min
				OM1 - % of Transferred patients who were discharged from ED at receiving center	0%
				PM2 - % of Transfers met minimum criteria	84%
				PM3 - % of Families that received transfer packet	0%

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PDSA Metrics for All in All

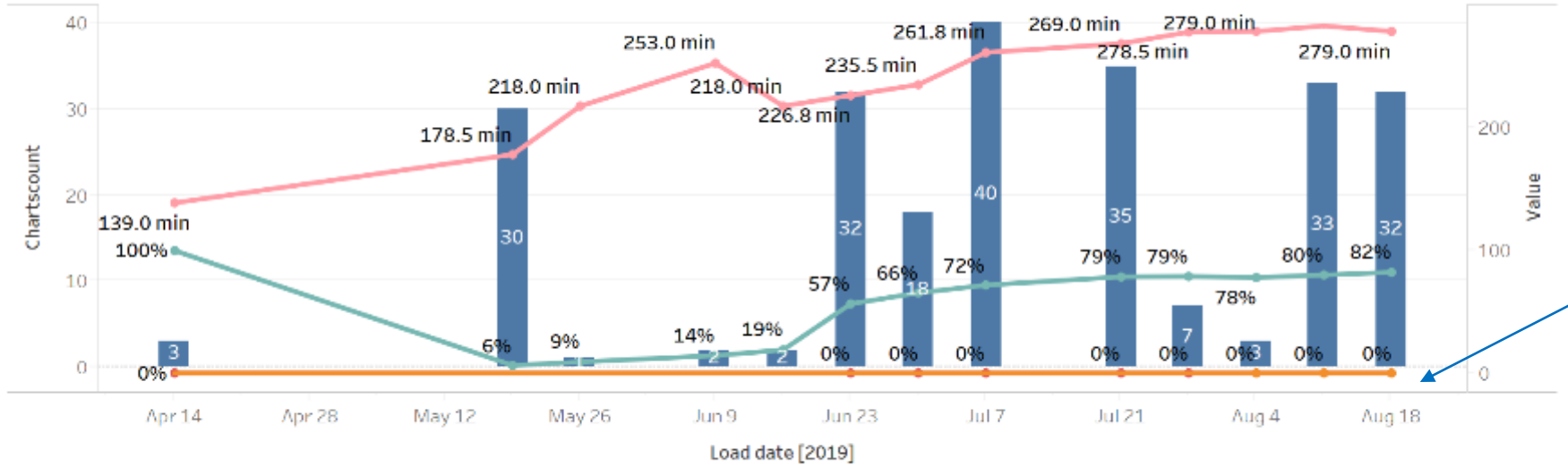
Team Name
All

Site Acronym
All

Intervention Bundle
Interfacility Transfer

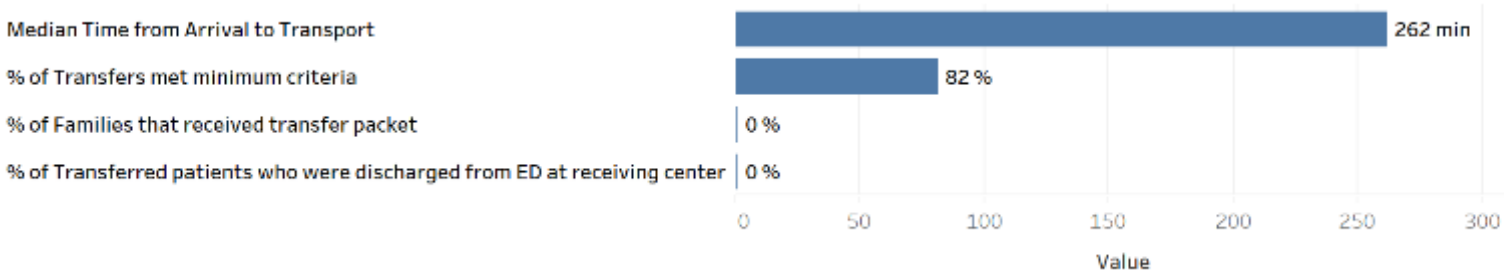
Cumulative median time from arrival to transport
Chartscount
Cumulative % of transfers met minimum criteria
Cumulative % of families that received transfer packet
Cumulative % of transferred patients who were discharged ..

PDSA Metrics for : Interfacility Transfer



Current Quality Metrics : Interfacility Transfer

Cycle Counter
All



Transfer Delays

- Review interfacility transport times and causative factors that may lead to delay
  -Current data show average transfer times of 233 minutes
- Discussion/case scenarios
- Discuss transfer packet contents and how to work with receiving hospitals develop needed resources
  -Current data show 0% of institutions with a transfer packet

Causative Reasons for Transfer Delays

- Lack of pre-determined guidelines
  - Can lead to chaos and indecision when needed
  - Recognition of need to transfer delayed
- No specific plan of where patients will go
  - Memorandums of Understanding (MOU) or transfer agreements not in place
- Delays with transporting services
  - More rural sites with limited access to EMS and have to rely on outside agencies or local agencies having to travel long distances
- Delay transfer getting unnecessary radiologic or lab tests
- Lack of psychiatric beds available

CAUTION!

- Speed alone is not the solution
- Quality/Stability trumps speed
- It’s a balance

- Know your programs strengths, constraints and opportunities

- Goals: Remove struggle/waste in process
  - Anticipate
  - Prepare
  - Review
  - Improve

Potential Patients to Transfer

- Traumatic injuries
  - Physiologic criteria (now or projected)
    - 1. Decreased or deteriorating neurologic status GCS < 14
    - 2. Respiratory distress or failure
    - 3. Endotracheal intubation and/or ventilatory support and/or children requiring anesthesia
    - 4. Shock of any type, compensated or uncompensated
    - 5. Injuries requiring blood transfusion
    - 6. Care requiring any one of the following:
      - a. Invasive monitoring (arterial and/or central venous pressure)
      - b. Intracranial pressure monitoring
      - c. Vasoactive medications

Trauma Patients to Transfer?

- Potential anatomic criteria
  - Fractures and penetrating injuries to an extremity which may be complicated by neurovascular and/or compartment injury
  - Fracture of two or more long bones (femur, humerus, tibia/fibula)
  - Suspected injury to the axial skeleton or spinal cord
  - Traumatic amputation and crush injuries
  - Significant head injury either suspected or documented
    - May not need to validate with imaging studies prior to transfer
  - Penetrating/deep wounds to head, neck, trunk, pelvis, proximal extremity
  - Pelvic fracture
  - Significant blunt injury to the chest or abdomen
  - Ocular injuries
  - Degloving injuries especially with possible tendon injury
  - Extensive and/or circumferential burns

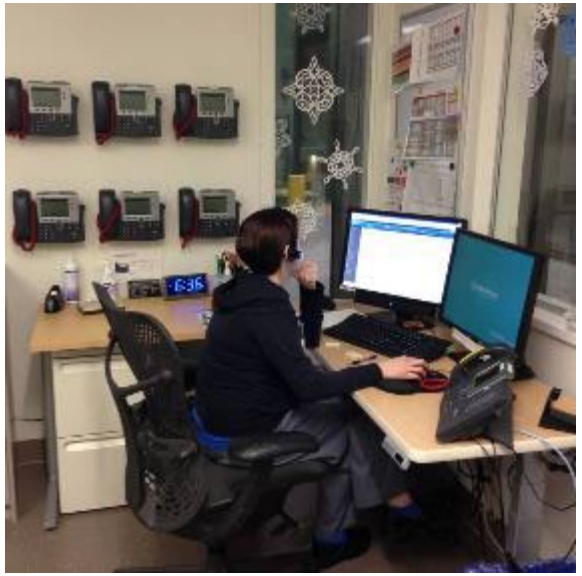
Potential Medical Patients to Transfer

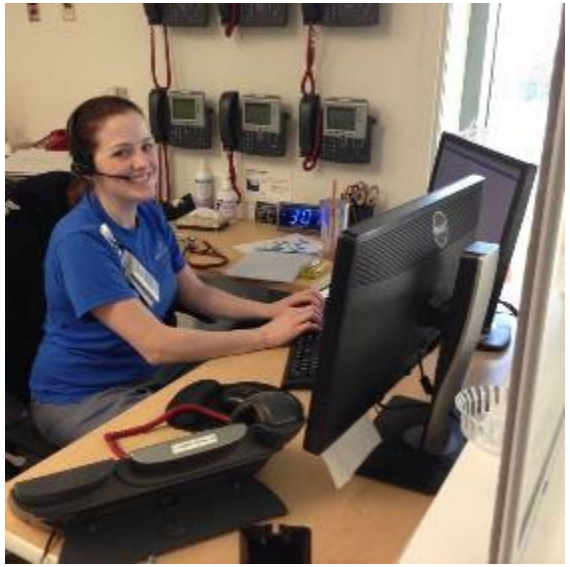
- Acuity high or uncertain
- Diagnosis concerning or developing
- Unstable or assisted ABC's
- Concern for serious bacterial infection
  - Meningitis, sepsis, etc
- Potential need for pediatric surgical intervention
- Monitoring capabilities (unit, equipment, staff) that exceeds standard capabilities
- Inability to escalate on site for potential/anticipated progression

Anticipation: Initiation of Transfers

- What institution do you contact?
  - Who decides where to send the patient?
  - Transfer agreements in place?
- How do you initiate contact to that institution?
  - Phone numbers readily available?
  - Who makes the call?
- Who gives report?
  - Who takes the report?
  - Provider to provider, RN to RN?
    - Ideally both!
- How do they get there?
  - Can/should EMS be mobilized at the same time as decision made?
  - If critical care transport team needed, start that process
  - Know your teams and capabilities

Centralized Access/Communications





Know how to reach each program, what to expect and with whom you will be speaking!

Options for Pediatric Transport

- No medical provider
  - Private vehicle, taxi
    - Accompaniment of health care professional
- Primary provider (EMS)
  - Volunteer, First Responder, EMT, EMT-P
- Secondary transport (interfacility)
  - Specialty vs. non-specialty teams
  - Expensive and resource limited

Specialized care to patient or patient to specialized care?

EMS and Transport Capabilities*

Basic Life Support (BLS)	• Emergency Medical Technicians (EMT's)
	  ○ 100 hours training, not extensive pediatric training or exposure
	  • Cannot deliver medications or IV's
	  • Mostly Airway/Breathing assist, wound care

Advanced Life Support (ALS)	• Paramedics (EMT-P)
	  ○ 1000-2000 hours training, variable pediatric training but limited critical care pediatric exposures
	  • Can obtain vascular access, deliver approved medications, manage airway, intervene with chest tubes, etc.

Critical Care Ambulance	• ALS as above plus a critical care nurse (not usually a pediatric critical care nurse) • Ventilator capabilities?
Pediatric and Neonatal Critical Care Transport	• Can assess and provide pediatric/neonatal critical care enroute • Pediatric acute/critical care specialists overseeing the process (medical control) • Can start tertiary care institution evidence based guidelines enroute

- Individual pediatric skills and experiences may vary between and within agencies
- Oversight (and pediatric expertise) during process varies between systems

Referral Center: Responsibilities

- Anticipate and prepare for potential need
- Appropriate decision to transfer
- Stabilize and prepare patient prior to transfer
  - Critical interventions **should not** wait for transport team to arrive (airway)
  - Identify work that can/should be done prior to transport (IV's placed and secure, antibiotics, radiographs, chart copying, etc)
  - Don't delay transport (or referral) for assessments that can be safely accomplished at receiving center (CT, LP, extensive imaging, etc)
- Choose appropriate transport process and destination
- Consent for transport (receiving location and mode)

Receiving Hospital Responsibilities

- Immediate availability when contacted
- Accept patient, if capacity
- Clear, concise, expert recommendations
- Prepare the team
- Ensure seamless transition
- Communicate back to the referring team feedback related to pertinent follow-up and learning opportunities

Transfer Packets: Anticipate Family Needs

- Where is the receiving hospital?
  - Directions how to get there and where to go once there
  - Transportation options
    - Will EMS/Transport agency allow a parent to ride with them?
- Hotel/Lodging options close to hospital
- Contact information
  - 2 numbers recommended just in case!
- Someone to greet the family on arrival at referral center
  - Assist with other needs they may have
    - Clothing, food, transportation…

Inter-Facility Transfer Checklist

Washington State Department of Health Office of Emergency Medical Services & Trauma System

Template for an Inter-facility Transfer Check-list

Items to send with patient and transfer crew:

- ☐ (2) Face Sheet (name, address, etc)
- ☐ EMS Run Sheet (if available)
- ☐ ED Physician Notes (H&P or other document)
- ☐ Copies of lab work
- ☐ Copies of x-rays, ultrasounds, CT scan, etc (Forward electronically via VPN network if possible, Digital if available; or copies of images)
- ☐ Copy of ECG (if applicable)
- ☐ Radiologist reports on all imaging (if available)
- ☐ Copy of medication administration record
- ☐ Intake and output record for past 24 hrs (if applicable) or ED amounts
- ☐ (2) Copies of past 24 hrs of vital signs or ED record
- ☐ Copy of signed transport transfer consent
- ☐ Discharge Dictation (if applicable)

Name of pt:_____ age:_____

Diagnosis:_____

Transfer to:_____

Accepting Physician:_____

Transferring Physician:_____

Transferring Hospital:_____

Transfer Level of care:	Method of transfer:
☐ Basic Life Support ☐ Advanced Life Support ☐ Pediatric Transport Team	☐ Ground BLS ambulance ☐ Medic or ALS unit ☐ Rotary Wing (helicopter) Name of Service:_____ ☐ Fixed Wing (airplane) Name of Service:_____

- ☐ Family given written directions to facility
- ☐ Family given phone number of receiving unit or receiving Emergency Dept
- ☐ Family given patient belongings
- ☐ Family contact phone number:_____

Example for Parent Packets

Support Services

- **The Family Resource Center (FRC).** Health, hospital and local area information along with basic needs and stress-relieving services. Call 206-987-2201.
- **Financial counselors.** 206-987-3333.
- **Guest Services.** Help with lodging, transportation and amenities nearby. Call 206-987-9330.
- **Social workers.** Emotional support and help finding other resources. Ask your child's nurse.
- **Spiritual support.** In the chapel and meditation room (level 3, River zone). For private support, call 7-2000 and ask for the on-call chaplain.
- **Volunteers.** May be able to stay with your child when you cannot. Ask your child's nurse or unit coordinator, or call 206-987-4433.
- **Child Life specialists.** Work with you and your child to help you relieve tension, express concerns and fears, and feel more in control about your hospital experience. Call 206-987-3285.
- **Comments/complaints?** Talk with your nurse, or Patient and Family Relations at 206-987-2550.

Smoking

Smoking is only allowed in designated areas: one near the Emergency entrance and one near the River entrance.

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line: 1-866-583-1527. Tell the interpreter the name or extension you need.

Activities

- **Inpatient Playroom** (level 4, Mountain zone). Toys, books, movies, crafts and games you can take to your child's room.
- **Teen Zone** (level 4, Mountain zone). Movies, video games, foosball, computers, and special events for inpatients and siblings age 12 and older.
- **Mountain Play Park** (level 4, Mountain zone). Open to everyone from 8 a.m. to 8 p.m.
- **Therapy Pool** (level 4, Mountain zone). Swimming programs for patients and families.
- **GetWell TV** and **Children's TV** (ch. 18 and 28). G, PG and edited PG-13 movies.
- Information about attractions and activities outside of the hospital: Ask at the Family Resource Center or your unit desk.

For more detailed information

- **Before your stay**
  Visit www.seattlechildrens.org/patients-families
- **Hospital services**
  See "Your Guide to Seattle Children's," found in the wall holder in your room
- **Your child's care and the unit**
  See the unit brochure in the packet you are given when admitted

11/18
PI260

Quick Tips

For your stay at Seattle Children's

Need more information?

Family Resource Center (FRC)
Level 7, River zone
206-987-2201

Guest Services
206-987-9330

Seattle Children's®
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Getting around

Level 7 is the main walkway for the hospital. The hospital is divided into 4 zones: Forest, River, Mountain and Ocean. Inpatient units are in Forest and River. Each zone has elevators with animal names.

How to read a room number:
RC.5.708
River zone
Subzone C
Level 5
Room 708

Staying overnight

Most patient rooms have space for 1 to 2 parents or guardians to sleep. Staying bedside depends on the patient's condition, available space and safety. Ask your nurse about the rules for your child's unit.

Siblings and visitors may not stay overnight. For other lodging options, talk to your social worker or Guest Services.

When you must be away

If you cannot be at the hospital, the unit coordinator can help you designate 2 adults to be with your child. Their names will be kept in your child's medical record.

Food

- The **Ocean Cafeteria** (level 7, Ocean zone) is open every day from 6:30 a.m. to 7:30 p.m. The Ocean Cafeteria takes cash, traveler's checks (up to $50 denominations), Visa, MasterCard, American Express, and Ocean Cafeteria gift cards. Personal checks are not accepted.
- The Forest Kitchen Express (level L1, Forest zone) offers late-night food service from 1 to 3 a.m.

- **Coffee**: There are 3 coffee shops: outside the Ocean Cafeteria, near the level 3 River entrance, and near the Emergency Department on level 1 (open 24 hours). There is free coffee and tea in the Family Resource Center kitchen (level 7, River zone).
- **Vending machines** are outside the Ocean Cafeteria, in the Family Resource Center kitchen and on level 3, River zone.
- For a list of **nearby restaurants**, visit your unit desk, any entrance desk or the Family Resource Center.

Showers, Lockers, Toiletries, Laundry

Available in the Family Resource Center.

Visiting

- Parents, guardians or caregivers may be with their child anytime day or night.
- Siblings, family and friends may visit between 8 a.m. and 8 p.m. Everyone age 12 and older will get a photo name badge when they enter the hospital. Badges must be worn at all times.
- Children younger than 12 must always be with an adult.
- Children younger than 10 may not visit patients isolated for contagious diseases.
- Visitors who are sick or have been exposed to an illness are not allowed in any unit.
- Always use hand gel when going in and out of a patient's room.

In the ICU

- One parent, maybe 2, may stay at the bedside overnight. Ask your nurse.
- A parent must escort all visitors who enter the ICU.
- No more than 3 people at a time allowed at the bedside. Plan sibling visits with your child's nurse.

Entering at night

Park in River Parking Lot 1 or 2 and use the River entrance. It is open 24 hours and is staffed by Security at night. The Ocean entrance closes at 10:30 p.m. on weekdays and 9 p.m. on weekends.

Cash

Cash machines are located next to the Ocean Cafeteria and on level 3, River zone.

Phone calls

- Hospital operator: 206-987-2000
- If you know the 4-digit extension you are trying to reach:
  - From outside the hospital call 206-987-(4-digit extension).
  - Inside the hospital, dial 7 plus the 4-digit extension.
- For an outside line for local calls or to use a phone card, first dial 9.
- You will need a phone card to make long-distance calls from your room. These are for sale in the Gift Shop (level 7, Ocean zone).
- Courtesy phones for local calls are near entrance desks and in the Family Resource Center.
- Cell phones should not be used within 3 feet of operating medical devices or near any EEG equipment.

Fill prescriptions before you leave

Ocean Pharmacy (level 6, near the entrance desk) is open 7 days a week, 8:30 a.m. to 11 p.m.

Wireless Internet

Wi-Fi is in all inpatient rooms, family lounges, the Ocean Cafeteria and the Family Resource Center. You do not need a password.

Transportation

Contact Guest Services, the Family Resource Center or any entrance desk.

Seattle Children's Hospital — Main Campus

Directions, Parking and Bus

Seattle Children's Hospital — Main Campus

Address
4800 Sand Point Way NE
Seattle, WA 98105

Emergency Department
4500 40th Ave. NE
Seattle, WA 98105

Driving Directions
206-987-2226

Phone
206-987-2000

www.seattlechildrens.org

Bus
King County Metro
metro.kingcounty.gov
206-553-3000

Seattle Children's®
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Driving directions:

I-5 South
- Take I-5 South to Exit 169 for NE 45th Street.
- Turn left onto NE 45th Street.
- Follow NE 45th Street past the University of Washington and down a large hill.
- At the bottom of the hill, turn left at the stoplight and continue on NE 45th Street.
- NE 45th Street will curve to the left and become Sand Point Way NE.
- Turn right onto Penny Drive to enter Children's campus.

I-90 West and I-5 North
- Take I-90 West across the Mercer Island Floating Bridge.
- Take I-5 North to Exit 169 for NE 45th Street.
- Stay in the right lane.
- Follow NE 45th Street past the University of Washington and down a large hill.
- At the bottom of the hill, turn left at the stoplight and continue on NE 45th Street.
- NE 45th Street will curve to the left and become Sand Point Way NE.
- Turn right onto Penny Drive to enter Children's campus.

I-82 West (from Children's Village/Yakima and Tri-Cities)

Children's Village
- Take Kern Road North to 40th Avenue and turn right.
- Take 40th Avenue and merge on to Highway 12 East.

Yakima/Tri-Cities
- Take I-82 West to I-90 West.
- Follow I-90 West and I-5 North directions above.

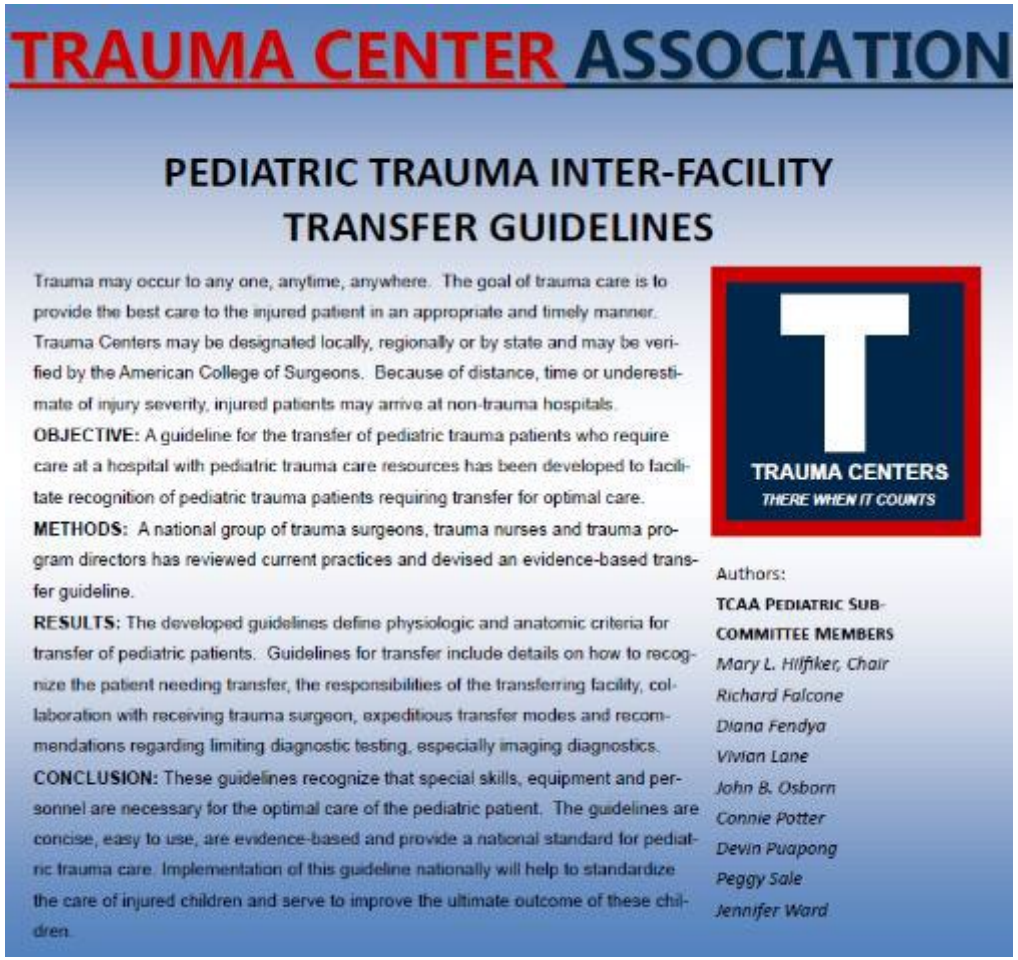
WA-520 West *
- Take WA-520 West over the Evergreen Point Floating Bridge.
- Take the Montlake Boulevard Exit.
- Merge right onto Montlake Boulevard East. This will run into NE 45th Street.
- Continue on NE 45th Street.
- NE 45th Street will curve to the left and become Sand Point Way NE.
- Turn right at Penny Drive to enter Children's campus.

Directions to Seattle Children's Hospital

* WA-520 Toll — WA-520 has a toll to cross. You will get a bill in the mail. Tolls could be up to $5 one way. Visit www.wsdot.wa.gov/goodtogo/.

Transport Resources

https://emscimprovement.center/resources/toolboxes/interfacility-transfer-toolbox/



TRAUMA CENTER ASSOCIATION

PEDIATRIC TRAUMA INTER-FACILITY TRANSFER GUIDELINES

Trauma may occur to any one, anytime, anywhere. The goal of trauma care is to provide the best care to the injured patient in an appropriate and timely manner. Trauma Centers may be designated locally, regionally or by state and may be verified by the American College of Surgeons. Because of distance, time or underestimate of injury severity, injured patients may arrive at non-trauma hospitals.

OBJECTIVE: A guideline for the transfer of pediatric trauma patients who require care at a hospital with pediatric trauma care resources has been developed to facilitate recognition of pediatric trauma patients requiring transfer for optimal care.

METHODS: A national group of trauma surgeons, trauma nurses and trauma program directors has reviewed current practices and devised an evidence-based transfer guideline.

RESULTS: The developed guidelines define physiologic and anatomic criteria for transfer of pediatric patients. Guidelines for transfer include details on how to recognize the patient needing transfer, the responsibilities of the transferring facility, collaboration with receiving trauma surgeon, expeditious transfer modes and recommendations regarding limiting diagnostic testing, especially imaging diagnostics.

CONCLUSION: These guidelines recognize that special skills, equipment and personnel are necessary for the optimal care of the pediatric patient. The guidelines are concise, easy to use, are evidence-based and provide a national standard for pediatric trauma care. Implementation of this guideline nationally will help to standardize the care of injured children and serve to improve the ultimate outcome of these children.

TRAUMA CENTERS
THERE WHEN IT COUNTS

Authors:
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Diana Fendya
Vivian Lane
John B. Osborn
Connie Potter
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Peggy Sale
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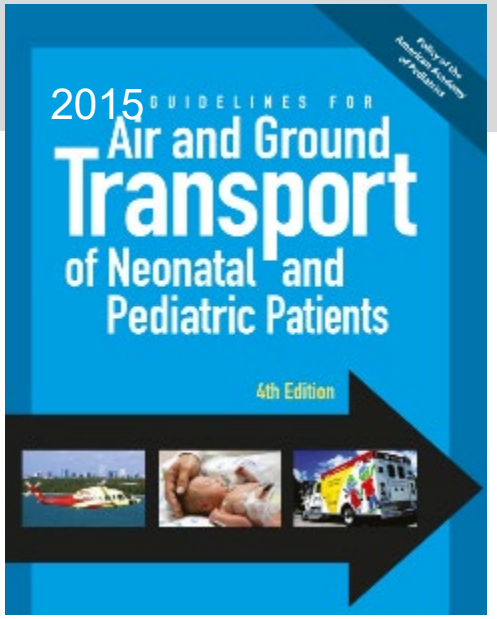
Transport Resources

American Academy of Pediatrics (AAP.org)

- Evidence-based where able
- Participation/review by individuals, experts

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

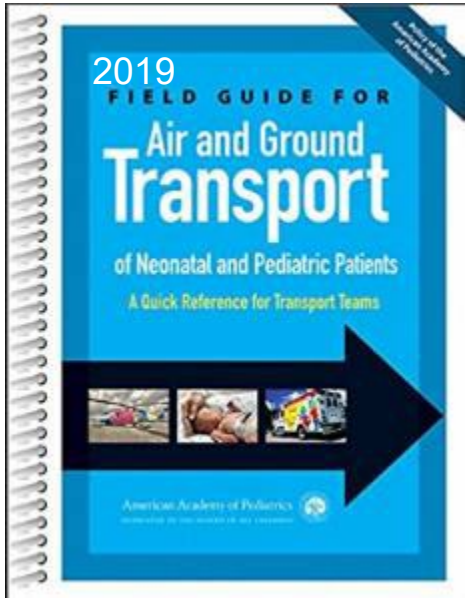
Section on Transport Medicine



Pediatric Emergency Preparedness

Pediatric Readiness in the Emergency Department

Katherine Remick, MD, FAAP, FACEP, FAEMS,[a,b,c] Marianne Gausche-Hill, MD, FAAP, FACEP, FAEMS,[d,e,f] Madeline M. Joseph, MD, FAAP, FACEP,[g,h] Kathleen Brown, MD, FAAP, FACEP,[i] Sally K. Snow, BSN, RN, CPEN,[j] Joseph L. Wright, MD, MPH, FAAP,[k,l] AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric Emergency Medicine and Section on Surgery, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric Emergency Medicine Committee, EMERGENCY NURSES ASSOCIATION Pediatric Committee



Summary

- Assess your facility and staff to pre-identify patients who should be transferred
- Assess and reassess the process
  - Be complete and efficient.
- Consider where to care for your patients ahead of time
  - Are we capable of caring for this patient?
  - Who can help us?
- Consider what to give families you are transferring
  - What do they need to know?
  - Evaluation completed by the family of the transfer process
- Feedback of the receiving hospital to the referring institution

Questions?

National PRQC

Pediatric Readiness Quality Collaborative

Ensuring Emergency Care for All Children

TEAM CHECK-IN

PARTICIPATION: IFT

Team 2: LifesavERs

Heartland Regional Medical Ctr
Cardinal Glennon Children's Hospital

Team 3: MOKAN Rocks

Ransom Memorial Hospital

Team 5: Lone Star Kids

Cogdell Memorial Hospital
Medical City Fort Worth
Medical City Lewisville
Medical City North Hills

Team 7: New England EMSC

Springfield Hospital
University of Connecticut Health Center

Team 12 : WISPR

Crossing Rivers Health

Team 14: Oregon Pediatric Readiness

CHI Mercy Health

Questions

What are your enablers?

What is your biggest challenge?

Common transfer delays?

What is you minimum transport criteria?

Team list based on data entered into the DES as of 9/5/2019

HOUSEKEEPING

Housekeeping

Fireside Chats

- September 24: Weight in Kilograms
  - 2:00 CDT

Learning Sessions

- October 1
- November 19
- December 3rd

CNE Credit

CNE Link: https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=C3CHENDRY8

Google: EMSC PRQC (Password also)

Email: qeca@texaschildrens.org | dcc_prqcsupport@hsc.utah.edu