



**INTER-FACILITY TRANSFER
FIRESIDE CHAT
JUNE 4, 2019**

PRESENTERS:

Tony Woodward MD, MBA
Lisa Nichols MBA, BSN, RN, CCRN-K

LINKS:

[Link to Recording](#)
[PowerPoint Slides](#)
[RedCap CNE Survey](#)

RedCap CNE Survey QR Code



Next Fireside Chat:

September 17, 2019
1:00 – 2:00 CDT

SUMMARY:

Lisa Nichols began the outlining the goals of pediatric interfacility transport and detailing how a facility could determine the types of patients that will need to be transferred and presenting the important components of a transfer plan. Dr. Tony Woodward continued by reviewing inter-facility transfer data from the Environmental Scan and then clearly outlining the responsibilities of each the referral and receiving centers. That chat concluded with each speaker sharing cases that illustrated the need for organized processes for transferring children.

KEY TAKEAWAYS:

- Goals of Pediatric Interfacility Transport:
 - Meet the unique needs of ill and injured children by recognizing the need for a different level of type of care.
 - Meet the needs of the medical community by allowing for efficient, cost-effective regionalization of medical expertise.
 - Extended specialized care to com
 - Provide high quality care at moment of call and deliver patient safely to receiving center (definitive care) in stable or improved condition.
- Recognizing the need to transport is key to providing optimal patient care. The way to do this efficiently is to know your institution's capabilities and limits.
 - Look at your historical transfers. What kind of patients do you tend to transfer? (e.g. pediatric patient in adult ICU, decreased/deteriorating mental status, respiratory distress/failure, Inability to escalate on site for potential/anticipated progression).
 - Can you anticipate which patients will need to be transferred? The earlier this decision is made, the better.
- Anticipate and prepare for potential needs
 - Contact information for the transfer center or whoever you need to call
 - Make copies of records, scans, imaging
 - Get all needed consents
 - Make a checklist of everything that needs to be done for a transfer. Anyone can check things off (eg. Front staff). It does not have to be a nurse or provider.
- Family considerations



- What do they do if they ride in the ambulance and don't have a car?
 - What is the contact information for the family?
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Q&A:

1. Q: We talk about a family information packet, who should develop that, who provides the information?

A:

(Dr. Woodward) Our transport team provides a packet to the family when they go out to pick up a patient. The communication center can also give out specific information but they haven't put a packet out that is given to patients other than themselves.

(Lisa Nichols) Our transport teams takes information out themselves. We have also developed packets that the outreach team can drop-off at referring hospitals

(CA Team) Referring institutions have reach out to receiving institutions to provide maps as well as the process such as what door to you come in. The referring site has provided information on how the patient will be transferred. Some have even provided personal hygiene items such as toothbrushes for parents.