



PENNSYLVANIA EMERGENCY
HEALTH SERVICES COUNCIL
Your Voice In EMS

RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: June 15, 2016

Subject: Critical Care Transfer of Care Data Elements and Form

VTR#: 0616-04

Committee/Task Force: Critical Care Transport Task Force

Recommended Goal

Recommended Policy Change

Other:

Recommendation:

The Department of Health should adopt essential data elements to be reported when transferring care during a critical care patient transport. The Department should also make available the critical care transport transfer of care form developed by PEHSC, but also provide agencies the option of designing a custom form containing the identified essential critical care transfer of care data elements.

Rationale [Background]:

On May 20, 2014, the Department of Health published EMS Information Bulletin #2014-02, which instructed the regulated community to utilize the Department adopted transfer of care form in all situations when a care of a patient is transferred from an EMS crew to the receiving facility. The bulletin stated, "The form [was] field tested with input from hospitals, trauma centers, healthcare professionals, EMS organizations and professional societies, and is to be used without modification in the interest of consistency."

The form was primarily intended for use by basic and advanced life support crews when transferring care of an acutely ill or injured patient in the emergency department; the language in the regulations and information bulletin, when broadly interpreted, implies the form should also be used when transferring care to receiving facility during pre-scheduled medical transportation.

Following the form's implementation, it became apparent to air and ground critical care transport agencies that the form was inadequate to appropriately document care during high acuity transports. The task force worked to first identify essential critical care focused data elements to supplement those contained in the current form, then proceeded to develop a critical care transfer of care form that incorporated all the identified essential data elements.

Early in the process, the task force identified this could not be a "one size fits all" form; its design, while appropriate for most transports would still likely be inadequate for specialty transports, e.g. neonatal, pediatric or high-risk obstetrical retrieval teams. Another concern relates to forms previously approved by hospitals or healthcare systems that operate licensed air and/or ground critical care transport vehicles. The internal institutional approval process for forms is extensive and agency representatives stated it would be easier to add data elements to an existing form than submit a new form for approval. For this reason, the task force strongly recommends flexibility be afforded to these agencies by permitting them to either use the PEHSC designed form or an agency developed form that contains the required essential data elements.

Medical Review [Concerns]:

While there is significant physician representation on the critical care task force, this project was presented to the Medical Advisory Committee at (MAC) their meeting on April 13, 2016. There were no additional recommendations from the MAC.

Fiscal Concerns:

N/A

Educational Concerns:

Agency managers and medical directors are responsible for familiarizing their staff with the selected transfer of care form.

Plan of Implementation:

The Department of Health should publish an EMS informational bulletin regarding the essential critical care transport transfer of care data elements along with a copy of the PEHSC designed form. Agencies should be informed they may either utilize the form developed by PEHSC or design a custom form that contains the essential data elements. The essential data elements and form should be made available on the Department’s website for download.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Board Meeting Comments/Concerns:

None

Signed: _____ Date _____
President

For PEHSC Use Only – PA Department of Health Response

Accept:____ Table:____ Modify:____ Reject:____

Comments:

Date of Department Response:_____



Proposed Essential Air and Ground Critical Care Transport Transfer of Care Data Elements

The following data elements, when available and applicable to the patient, are considered the minimum essential information for immediate transmission to the receiving facility at the time patient care is transferred in verbal and/or written format.

Data Element	Verbal	Written
1. Date	No	Yes
2. Time of Patient Contact	No	Yes
3. EMS Agency	No	Yes
4. Referring Facility/Agency	Yes	Yes
5. Patient Name	Yes	Yes
6. Date of Birth	No	Yes
7. Age	Yes	Yes
8. Gender	Yes	Yes
9. Weight	Yes	Yes
10. Chief Complaint/Reason for Transport	Yes	Yes
11. Brief History of Present Illness/Injury	Yes	Yes
12. Brief Pertinent Past Medical History	Yes	Yes
13. Allergies	Yes	Yes
14. Medications ¹	Yes	Yes
15. Physical Assessment	Yes	Yes
16. Stroke Scale ²	Yes	Yes
17. Chest Tube(s)	Yes	Yes
18. Supplemental Oxygen	Yes	Yes
19. Advanced Airway Control Device	Yes	Yes
20. Mechanical Ventilation Settings	Yes	Yes
21. Non-Invasive Positive Pressure Ventilation Settings	Yes	Yes
22. 12 Lead ECG Interpretation	Yes	Yes
23. Nasogastric Tube	Yes	Yes
24. Foley Catheter	Yes	Yes
25. Laboratory Values ³	Yes	Yes
26. Vital Signs (GCS, HR, RR, BP, SPO2, ETCO2)	Yes	Yes
27. Dynamic ECG Rhythm Interpretation	Yes	Yes
28. Critical Treatments/Interventions	Yes	Yes

29. IV Lines ⁴	Yes	Yes
30. Medications ⁴	Yes	Yes
31. Fluid Intake & Output	Yes	Yes
32. EMS Provider Transferring Care Name	Yes	Yes
33. Receiving Facility Name	No	Yes
34. Care Transferred Time	No	Yes

The following elements, while not deemed essential for patient care, are recommended for a written transfer of care record:

1. EMS Provider Transferring Care Certification Number
2. EMS Provider Transferring Care Signature
3. Receiving Healthcare Provider Signature

Notes:

1. May provide actual containers or list of current medications
2. Includes NIH, Cincinnati or other stroke scale per agency medical director
3. May be recorded on transfer form or copy of data provided by referring facility
4. Prior to assessment by EMS provider and during transport

