

INTERFACILITY TRANSFER + TRANSPORT CHECKLIST

A simple tool to "filter" your interfacility transfer framework through to determine what's working well + identify areas that aren't working well.



TRANSFER CENTER + ACCEPTANCE PROCESS

Are all referring physicians + facilities aware of what specialty service lines are available? Do your referring facilities know how + what phone number to call to transfer a patient? How do you handle complicated transfers, like LVAD's + impellas? Is your intake process simple or cumbersome? Are you leaking patients or missing referrals all together? Are you sending specialty patients out of network, but desire to shift them in-network? Do you know the cost of these missed admissions? What are you doing to target key referrals sources?

INTERFACILITY TRANSFER AGREEMENTS

Are there written contracts in place with all hospitals that could be called to request accepting a patient transfer from the ED? This establishes a pattern for referrals + formalizes the terms of service.

AMBULANCE LEVELS OF CARE + SCOPE OF PRACTICE DIFFERENCES

Do all transferring nurses + physicians know the clinical difference between ALS, CCT, and air ambulance crews + what their transport, protocol capabilities are? Do they know which IV drips each level can transport? And what about TPA? Do you wait for it to finish to transport (1.9 million neurons die each minute a stroke is untreated)? What about blood products?

LIST OF RECEIVING HOSPITALS WITH AVAILABLE SPECIALTY SERVICE LINES

Do you have a document/database with all receiving hospitals categorized by specialty (cardiothoracic, peds trauma, neuro, stroke, STEMI, etc.)? And how/phone number to call each one for the different service lines. Phone numbers aren't always the same for the same facility, depending on specialty service line - which can create confusion + delays.

MODE OF TRANSPORT

Do you know that the mode of transport to the receiving facility is at the discretion of the SENDING provider (physician, advanced practice practitioner)? Many providers do not realize this, especially when the receiving facility arranges transport or offers to arrange transport. Are your transferring physicians + advanced practice providers aware of this?

AMBULANCE TRANSPORT SERVICE AGREEMENTS

Are there written contracts to formalize arrangements + terms of service + performance indicators with all ground + air ambulance providers that could be called? Do your transport partners provide consistent data + action plans for improvement? Do they conduct training? How is their dispatch/communications center process when requesting transport? Do they do complicated transfers, such as LVAD's or ECMO?

AMBULANCE BILLING

Did you know most patients think ambulances are part of the hospital? They do not perceive them as a separate company. Do patients call you with ambulance billing questions + concerns + complaints? How do you handle those objections? Do you assure their issues are resolved, so they don't get lost in the process. Do you use it as an opportunity to create a positive customer experience + a patient ambassador?

WRITTEN, SYSTEMATIC PROCESS IN PLACE FOR INTERFACILITY TRANSFERS

Does your transfer process provide clear direction for quick + appropriate decision-making? Are nurses + physicians + unit secretaries aware of all elements in a written algorithm or flowchart?

PHYSICIAN RELATIONSHIPS

Do specialty physicians, such as the interventionalists, participate in physician to physician outreach to increase referrals? Do they meet with key referring physicians + inform them of facility capabilities? What they expect when sending a patient to them? Do they bring them to tour their suites + demonstrate benefits + outcomes?

OUTREACH MARKETING

Do specialty service lines, such as stroke + cardiology, conduct education with actual or potential referring facilities, and ambulance crews?

INTERFACILITY TRANSFER SERVICE LINE

Have you ever thought of the practice of interfacility transfers as a service line? No different than cardiology, stroke, STEMI, trauma, NICU, etc. Interfacility transfers are a separate service line, that when done well can generate revenue + repeat business + good patient outcomes + community ambassadors. The opposite is true if not done well.

HELICOPTER RENDEZVOUS WITH FIRE/EMS

If your facility does have a helipad or an EMS landing site or a designated LZ, do you know that the first responders can use that to rendezvous with a helicopter and transport the patient to the closest, appropriate facility (i.e. pediatric trauma, STEMI, stroke, etc.) directly from the scene? Do your physicians know this is NOT an EMTALA violation, but a national, standard practice to use your helipad? Do your providers think they are supposed to do a MSE? Do you have a policy addressing rendezvous'?

AIR AMBULANCE UTILIZATION

If your facility does not have a helipad, do you currently use air medical? Do you want to use air medical to transport critical patients to time-limited treatment? Are you trying to transport them to a facility with specialty services within your in-network system? If you don't have a helipad, is there an identified area for an air ambulance to land that meets minimum requirements? Is the fire department knowledgeable about the location? Does your staff know when + how to call for air? If you use fixed-wing, who arranges ground transport? Do you know who to call for fixed-wing? Are their policies + processes in place?

TRANSFER - CQI PERFORMANCE STANDARDS

Are there measurable, quarterly transfer + transport data indicators, such as time ambulance called + arrived, door in/door out, and packaging time, collected + monitored for trends + enhancement? Is data connected to outcomes?

CUSTOMER EXPERIENCE

Because most patients think ambulances are part of the hospital, the service delivery + attitudes of the ambulance crew can impact the patients' perception of the hospital's level of service + satisfaction. As a hospital, how do you prepare patients + their families for the transfer process? As an ambulance provider, what do you do to assure your service delivery is exceptional, so your hospital customer is proud to partner with you? As a receiving, specialty hospital, what about your B2B customers, your referring hospitals? What kind of experience do you create for them? Does your acceptance process encourage them to continue referring by promoting a memorable experience? Or do they dread calling your facility because there is not a simple, easy process to get acceptance of their patients?

