

TITLE

INTERFACILITY TRANSFER OR DISCHARGE TRANSPORT FOR MEDICALLY STABLE PATIENTS

SCOPE

Provincial

DOCUMENT

PS-108

APPROVAL AUTHORITY

Clinical Operations Executive Committee

INITIAL EFFECTIVE DATE

December 1, 2022

SPONSOR

Vice President & Chief Operating Officer, Clinical Operations
Vice President & Medical Director, Clinical Operations

REVISION EFFECTIVE DATE

Not applicable

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

December 1, 2025

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To support **patient and family-centred care** and align with the AHS *Patient First Strategy*, AHS **health care professionals** in collaboration with **patients**, and/or **alternate decision-makers**, and/or **designated family/support persons** navigate decision-making for appropriate patient transportation options to expedite patient flow and minimize wait times for patients.
- Refer to the AHS *Interfacility Transfer or Discharge Transport Options Algorithm* and AHS *Pediatric Interfacility Transfer or Discharge Transport Options Algorithm* for support in navigating transport options.

PRINCIPLES

- Following assessment by a health care professional, patients who are not considered to be medically stable or those who need special care to ensure their safety during transport, require ambulance transport via **Emergency Medical Services (EMS) health care professionals** in alignment with the *Emergency Health Services Act* (Alberta).
- All other patients should be assessed according to the non-clinical transportation criteria and self-care criteria as outlined in this Policy, when determining alternative transportation options that are safe and appropriate.
- This direction is intended to help ensure the availability of specialized EMS resources when their skills are required.

- AHS has an obligation to be a responsible steward of limited health care resources by thoughtfully and equitably distributing services to meet the needs of all who require them. This includes considering the appropriateness of transportation alternatives for medically stable patients in an effort to ensure EMS health care professionals are available where and when their skills are required to respond to emergency care needs.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Financial Responsibility for Non-Clinical Interfacility Transfer or Discharge Transportation

- 1.1 The cost of temporary or permanent patient interfacility transfer or discharge to another AHS, Covenant Health, or contracted service provider of a health care or continuing care facility shall be the responsibility of the sending facility in accordance with the *Hospitalization Benefits Regulation* (Alberta).

2. Application of the Interfacility Transfer or Discharge Options Algorithms (Adult and Pediatric)

- 2.1 Where the health care team determines the patient meets the medical stability criteria outlined in the AHS *Interfacility Transfer or Discharge Transport Options Algorithm* or AHS *Pediatric Interfacility Transfer or Discharge Transport Options Algorithm*, non-clinical and self-care criteria, does not need special care, and is able to travel alone, the self-care transport options must be considered (e.g., family, continuing care facility bus, handi-van, taxi).
- 2.2 Health care professionals in consultation with the patient, and/or alternate decision-maker, and/or designated family/support person, must determine the most appropriate transport option. Other types of transportation that may be considered include: alternate decision-maker, designated family/support person, other family, or community resources (e.g., handi-van, continuing care facility bus, wheelchair accessible taxi).
- 2.3 **Health care providers** must ensure transfer of patient **health records**, regardless of the mode of patient transportation, align with the AHS *Collection, Access, Use, and Disclosure of Information Policy*, AHS *Transmission of Information by Facsimile* or *Electronic Mail Procedure*, *Accreditation Canada Standards*, and the *Health Information Act* (Alberta).
- 2.4 Where a patient requires accompaniment (e.g., due to a cognitive impairment, pediatric), an alternate decision-maker, designated family/support person, other family member and/or health care provider may accompany the patient to ensure the patient arrives at their destination safely.

- a) Ensure health care providers are aware of the reason they are accompanying a patient, any patient requirements enroute, and the return transportation plan.
- 2.5 Health care providers must ensure the following information is documented in the patient health record including but not limited to the following:
- a) patient, designated family/support person or alternate decision-maker is agreeable with the mode of transportation;
 - b) criteria considered when determining that the patient is medically stable for transport, does not need special care, and meets the non-clinical and self-care criteria;
 - c) time of transfer or discharge;
 - d) patient status at the time of transfer or discharge;
 - e) mode of transportation;
 - f) who accompanied the patient; and
 - g) transfer or discharge instructions provided.

3. Non-Clinical and Self-Care Transportation Criteria

- 3.1 Health care professionals in consultation with the patient (adult or pediatric), and/or alternate decision-maker, and/or designated family/support person, and health care team, must determine if the patient meets the non-clinical transportation criteria as per the AHS *Interfacility Transfer or Discharge Transport Options Algorithm* and AHS *Pediatric Interfacility Transfer or Discharge Transport Options Algorithm* which includes but is not limited to the following:
- a) patient is able to direct their own care, or be cared for by their designated family/support person during transport;
 - b) no emergency health services are anticipated during transport;
 - c) patient is able to access the mode of transportation with minimal assistance;
 - d) patient has sufficient cognitive functioning for transport (with potential accompaniment); and
 - e) patient can be safely transported by their family, friend, or a community resource.

- 3.2 For pediatric patients, in addition to Section 3.1 above, non-clinical and self-care transportation criteria includes:
- a) the parent/guardian/caregiver is agreeable with the mode of transportation and is able to accompany the patient; and
 - b) a verbal contract with the family regarding their commitment to transfer when family is providing the transport.

4. Special Care Criteria

- 4.1 Where a patient does require special care and is not able to travel alone or with accompaniment, an EMS transport is required and must be booked through **Referral, Access, Advice, Placement, Information & Destination (RAAPID)** or EMS. Special care includes but is not limited to:
- a) IV infusion or assistance with medications enroute;
 - b) blood glucose monitoring enroute;
 - c) cardiac monitoring;
 - d) ventilation;
 - e) physical or chemical restraint (involuntary admission);
 - f) displays **responsive behaviours**; and
 - g) elopement risk or patient is subject to two Form 1s, or a Form 6, Form 10, or Form 23 under the *Mental Health Act* (Alberta).

DEFINITIONS

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), or an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta). This also includes what was previously known as the substitute decision-maker.

Designated family/support person(s) means one or more individuals identified by the patient as an essential support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family, relatives, friends, and informal or hired caregivers.

Emergency Medical Services (EMS) health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practices within scope and role.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practices within scope and role.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Patient and family-centred care means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care, as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient and family-centred care applies to patients of all ages and to all areas of health care.

Referral, Access, Advice, Placement, Information & Destination (RAAPID) is the call centre which works to coordinate patient referral and repatriation within, into and out of the province in collaboration with sending and receiving sites and most responsible health practitioner (MRHP).

Responsive behaviours means aggressive, difficult, challenging or disconcerting behaviour that may put the person or others at risk of harm. Considerations may include whether the patient is cooperative and calm, whether their behaviour is predictable, and whether there is a recent history of elopement, aggression or violence.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Collection, Access, Use, and Disclosure of Information Policy* (#1112)
 - *Emailing Personal Identifiable Health Information Procedure* (#1113-01)
 - *Transmission of Information by Facsimile or Electronic Mail Policy* (#1113)
- Alberta Health Services Resources:
 - *Interfacility Transfer or Discharge Transport Options Algorithm*
 - *Interfacility Transfer or Discharge Transport for Medically Stable Patients Transport Options Template*
 - *Patient First Strategy*
 - *Pediatric Interfacility Transfer or Discharge Transport Options Algorithm*

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- Non-Alberta Health Services Documents:
 - *Accreditation Canada Standards*
 - *Emergency Health Services Act (Alberta)*
 - *Health Information Act (Alberta)*
 - *Hospitalization Benefits Regulation (Alberta)*
 - *Mental Health Act (Alberta)*

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