

TITLE

CLINICALLY COMPLEX INTER-FACILITY PATIENT TRANSPORT: AIR RESPONSE UNAVAILABLE

SCOPE

Provincial: Emergency Medical Services

DOCUMENT

SWE-EMS-14

APPROVAL AUTHORITY

Vice President and Chief Operating Officer Clinical Operations, Primary Care & EMS

INITIAL EFFECTIVE DATE

June 14, 2021

SPONSOR

Senior Provincial Director & Chief Paramedic
Senior Medical Director, Emergency Medical Services

REVISION EFFECTIVE DATE

Not applicable

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

June 14, 2024

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 ensure that **clinically complex patients** receive the appropriate level of medical care during inter-facility transport.
- To coordinate the response of the appropriate medical transport team when the transport needs of a clinically complex patient exceed ground Emergency Medical Services (EMS) Medical Control Protocols (MCPs) and/or equipment, and air response is not available.

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. RAAPID Activation of the Red Patient Referral Process**

- 1.1 When a clinically complex patient requires inter-facility transport, the sending facility is responsible for accessing the **Referral, Access, Advice, Placement and Destination (RAAPID)** system to activate the **Red Patient Referral** process. The sending facility shall be connected with the **Shock Trauma Air Ambulance Services (STARS)** Emergency Link Centre (ELC) and the receiving facility with on-call clinical specialist (and bed capacity if required).

- a) Early access to RAAPID is essential to provide optimal patient care.
- 1.2 The ELC initiates a conference call connecting the Critical Care Transport Physician who provides pre-transport telephone clinical management advice and helps to develop the transport plan and the EMS Dispatch, Communications & Deployment Centre who coordinates both fixed wing and ground ambulance resources.
- 1.3 The EMS Dispatch, Communications and Deployment Centre connects the EMS Zone Operations and Air Ambulance Managers into the conference call for operational support as indicated.

2. Response Consideration

- 2.1 This Procedure outlines an integrated process for coordinating air ambulance fixed wing Air Medical Crews (AMC), STARS AMC and ground ambulance resources, and shall be implemented when:
 - a) air ambulance resources are not available for an inter-facility transfer event that would normally be completed using fixed wing or STARS air ambulance; and
 - b) the patient requires clinical care or equipment that is not available by ground ambulance EMS Crews.
- 2.2 A fixed wing aircraft may be used regardless of the distance criteria if STARS is unavailable for a short transport that requires critical care protocols including a ventilator.
 - a) Fixed wing and STARS AMC respond by ground transport when air transport is not available.
- 2.3 When a clinically complex patient has been assessed as requiring transport by a critical care team, and air transport is not available, the following operational and clinical options shall be considered:
 - a) Fixed wing AMC with their base ground ambulance is the first option if clinical circumstances allow.
 - b) Using a local ground EMS resource to transport STARS AMC to or from the sending facility shall be considered if fixed wing AMC are unavailable, not timely, or the patient requires clinical procedures only offered by the STARS AMC.
 - c) Fixed wing or STARS AMC rendezvous with a ground EMS resource is appropriate as required.

3. Advanced Preparation

- 3.1 Inter-facility transports for clinically complex patients when air resources are unavailable may occur at any time and without notice. As such, the following advanced preparation is required:
- a) EMS Zone Ground Operations is responsible for facilitating an AMC rendezvous in all regions that would normally be served by air ambulance.
 - b) EMS Dispatch, Communications and Deployment is responsible for coordinating the closest appropriate ambulance to rendezvous with AMC at an AMC base or a pre-determined landing site/airport. Taking into consideration patient access and destination.
 - c) Transport Physicians and On-line Medical Control Physicians shall be aware that the coordination of resources may be required when these situations present.
 - d) Air Ambulance and STARS AMC shall be ready for ground transports using prompters such as checklists identifying what equipment, medications, and Personal Protective Equipment shall be required.
 - e) EMS Zone Operations and Air Ambulance operations shall have Managers available at all times for consultation.
 - f) EMS Dispatch, Communications and Deployment is responsible for providing integrated management and troubleshooting of operational issues that are related to the response.

4. Special Considerations

- 4.1 It is unusual for an inter-facility transport for clinically complex patients who require critical care be needed and for air resources to be unavailable. That being the case, the opportunities and limitations of all available resources shall be considered. The most appropriate Critical Care Team response shall be coordinated that aligns with the patient's needs.
- 4.2 The EMS Zone Operations Manager on-call and the Air Ambulance Manager on-call are able to assist with response logistics and shall be included in the consultation process at any point.
- 4.3 An AMC on a ground response for a clinically complex patient is considered to be a High Acuity Low Opportunity (HALO) event. These events are to be referred to the:
- a) EMS Zone Associate Executive Director (AED);
 - b) Air Ambulance & Inter-Facility Transport Strategy AED;

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- c) Dispatch Communications & Deployment AED; and
 - d) Zone and Air Ambulance & Inter-Facility Transport Strategy Medical Directors for review.
- 4.4 The conservation of EMS ground resources, when possible, is vital and utilization shall be limited as much as possible.

DEFINITIONS

Clinically complex patients means patients requiring equipment i.e. ventilator, medications, or procedures not provided by ground EMS crews.

Referral, Access, Advice, Placement and Destination (RAAPID) means an Alberta Health Services call center that serves as a single point of contact for care providers which facilitates the return of patients to a health care facility closest to their home address that will best meet the patient's health care needs (repatriation).

Shock Trauma Air Rescue Services (STARS) means a Canadian non-profit helicopter air ambulance organization funded by individual donors, service groups, corporate donors and government contributions.

REFERENCES

None

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