# Title
**Multiple Patient Inter-Facility Transport**

## Scope
Provincial: Emergency Medical Services

## Document #
SWE-EMS-17

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

## Initial Effective Date
July 4, 2022

## Sponsor
Senior Provincial Director and Chief Paramedic, Emergency Medical Services

## Revision Effective Date
Not applicable

## Parent Document Title, Type, and Number
Not applicable

## Scheduled Review Date
July 4, 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.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines. Only the electronic version of this document, as hosted on the Policy Services website or www.ahs.ca, is valid.

---

## Objectives

- To outline a process for multi-patient transport in an Inter-Facility Transport (IFT) environment.
- To provide a framework that identifies inclusion and exclusion criteria for multi-patient IFTs.
- To provide a framework for Emergency Medical Services (EMS) Dispatch, Communications and Deployment (DCD) Centres to organize and deploy multi-patient IFTs.
- To optimize community EMS coverage through efficient coordination of non-urgent IFTs.
- To outline a process that is supportive of patient and family-centred care (PFCC) and patient experience during multi-patient IFTs.

## 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. Dispatch Considerations

1.1 Local community ambulance / air ambulance coverage should be considered when coordinating low acuity IFT events, refer to System Status Management processes.

1.2 Other factors that shall be taken into account when booking multi-patient IFTs include:
   a) EMS staff shift schedules;
   b) EMS staff current workload; patient appointment(s) and/or test time(s) based on Inter-Facility Transfer Matrix service level agreements; and
   c) the Infection Prevention and Control (IPC) status of each patient (see Appendix A: IPC Guidelines for Cohorting Isolation Patients during Multiple Patient Inter-Facility Transport).

1.3 The ambulance / air ambulance configuration assists in determining the maximum number of patients that can be transported at the same time (e.g., single or dual stretcher ambulance, number of seats with seatbelts).

2. Inclusion and Exclusion Criteria for Multi-Patient Inter-Facility Transport

2.1 Patients may be included in a multi-patient IFT if all of the following criteria are met:
   a) it is an IFT event;
   b) the patient is low acuity, for example Blue Matrix and Green Matrix coded patients;
   c) the patient does not have any time-sensitive interventions/requirements;
   d) the patient’s vital signs are within normal adult and/or pediatric values based on the AHS EMS Medical Control Protocols Standard Approach and Ongoing Assessment;
   e) there are minimal medication maintenance requirements for Advanced Life Support (ALS) including electrolytes, analgesia, antiemetics, or antibiotics;
   f) as applicable, a bed assignment has been obtained at the receiving site prior to transport; and
   g) staff at the receiving site(s) is available for transfer of patient care for at least one (1) patient upon EMS arrival. Additionally, an escort transported
as part of the multi-patient IFT may remain at the receiving site with the
patient they were transported with if receiving site staff are not available.

(i) In order for an escort to accompany the patient, they must be
safely secured as outlined in the AHS Securing EMS Staff,
Patients, Passengers and Equipment in Ground Vehicles
Procedure.

2.2 Patients are excluded from a multi-patient IFT if any of the following criteria apply:

a) patient is within the non-ambulatory bariatric patient population;

b) patient is high acuity, for example a Red Matrix or Yellow Matrix coded
   patient, however; if there are limited resources and there is an urgent
   need to transport a red or yellow matrix coded patient as part of a multiple
   patient IFT, the decision to do so will be made through a conference call.

   (i) The conference call will be initiated through the appropriate EMS
       DCD Centre and will include: the DCD Deployment Manager, local
       EMS Supervisor, EMS Staff on scene (as applicable), a sending
       site representative and an EMS On-Line Medical Consultation
       Physician (including Transport and Dispatch Physicians).

   (i) To help assess a patient’s suitability to participate in a multi-
       patient IFT, refer to Appendix A: IPC Guidelines for Cohorting
       Isolation Patients during Multiple Patient Inter-Facility Transport.

   c) patient has dementia, significant cognitive impairment, or is being treated
      for an acute mental health concern;

   d) staff at the receiving site(s) is not available for transfer of patient care for
      at least one (1) patient upon EMS arrival or an escort for at least one (1)
      patient is not able to accompany, and remain, at the receiving site with
      that patient;

   e) patient is receiving palliative care services or being transported for the
      purpose of medical assistance in dying;

   f) patient is immunocompromised;

   g) additional precautions above routine practices are required (e.g., contact,
      droplet or airborne precautions);

   (i) To help assess a patient’s suitability to participate in a multi-
       patient IFT, refer to Appendix A: IPC Guidelines for Cohorting
       Isolation Patients during Multiple Patient Inter-Facility Transport.

   h) if it is a pediatric patient (under the age of 18) unless the other patient
      transported at the same time is a family member;

   i) if a patient exhibits behavior that may make another patient in close
      quarters uncomfortable (e.g., belligerence, physical aggression, irrational
      behavior, loud distracting noises);
j) if a patient requires constant clinical assessment (e.g., ongoing ECG that exposes patient torso); or

k) if a patient has a condition, although low acuity, that may require individual transport based on PFCC principles such as dignity and respect (e.g., frequent incontinence).

3. On-Scene Suitability Assessment for Multi-Patient Inter-Facility Transports

3.1 On arrival at the patient’s bedside, EMS staff shall use two (2) or more patient identifiers (e.g., first and last name, full date of birth, personal health number) to verify the patient’s identity and confirm that the correct patient is transported via multi-patient IFT.

   a) For the complete list of approved patient identifiers, refer to the AHS Patient Identification Policy.

3.2 While at the patient’s bedside at the sending site, EMS staff shall determine the overall suitability of each patient to participate in a multi-patient IFT (e.g., changes in patient condition).

3.3 If any patient being assessed for a multi-patient IFT is deemed unsuitable for such by the EMS staff on scene, a conference call shall be initiated through an EMS DCD Centre.

   a) The conference call must include the appropriate DCD Centre, DCD Deployment Manager, EMS staff on scene, local EMS Supervisor, and the sending site.

   b) The final decision regarding transport suitability belongs to the local EMS Supervisor.

   c) Next steps shall be determined based on the results of this conversation.

3.4 Delays may be encountered during multi-patient IFTs (e.g., one (1) patient waiting for the other patient’s transfer of care). Prior to departing each sending site, the following questions should be addressed with the patient and family:

   a) Where is the patient going?

   b) Does the patient need to bring anything (e.g., magazine, bottle of water)?

   c) Is someone able to meet the patient at the other end?

   d) Is there any food/drink on the way?

   e) Is the patient able to use the bathroom?

3.5 The sending facility should have the following ready at time of pick-up for any patient who is predicted to be out of the facility for more than four (4) hours:
a) all prescribed medications that need to be given during the transport time frame;

b) bagged lunch taking into account the patients dietary restrictions; and

c) any daily required disposable or general care supplies such as colostomy bags.

4. Patient Care and Movement

4.1 All patients, EMS staff, and equipment must be secured according to legislation and AHS policy including, but not limited to:

a) *Emergency Health Services Act, Ground Ambulance Regulation* (Alberta); and

b) AHS *Securing EMS Staff, Patients, Passengers and Equipment in Ground Vehicles Procedure*.

4.2 EMS staff are responsible for patient care and supervision at all times while under EMS care. **Clinical handover** of patients occurs as follows:

a) Different sites:

   (i) The other (or waiting) EMS patient(s) cannot be left unattended in an EMS vehicle (e.g., ambulance). One (1) EMS staff member must be with the EMS patient(s) at all times. A printed copy of the electronic patient care record (ePCR) should be left with receiving site staff upon clinical handover.

b) Same site:

   (i) One (1) EMS staff member must accompany each EMS patient to/from the appropriate site location. A printed copy of the ePCR should be left with receiving site staff upon clinical handover.

4.3 If both EMS patients are on stretchers, each requiring two (2) EMS staff for stretcher movement, EMS staff must request assistance from other EMS staff on site. If EMS staff cannot manage patient movements locally, the appropriate DCD Centre must be contacted to help arrange additional resources.

4.4 In a multi-patient IFT, strict adherence to hand hygiene, appropriate use of personal protective equipment (PPE), and appropriate environmental cleaning guidelines are required.

5. Patient Confidentiality

5.1 All efforts should be made to maintain patient confidentiality. This may include EMS staff:
a) obtaining a full history and assessing each patient prior to placing the patient in an EMS multi-patient environment (e.g., completed while still in the sending site);

b) keeping hospital charts, green sleeve, and ePCR tablets out of sight of other patients; and

c) discussing minimal amounts of medical history / condition related information necessary for patient care during the multi-patient IFT.

6. Patient Information Transfer

6.1 All EMS patients that participate in a multi-patient IFT must have an ePCR completed with each of these ePCRs having a unique event number assigned by dispatch.

6.2 The IFT Form or IFT Report (Connect Care) should be completed for each patient and constitute part of the clinical handover.

6.3 Ensure any Goals of Care Designation orders accompany the patient and are provided during clinical handover.

DEFINITIONS

Air ambulance means an aircraft that is dedicated to, and configured for, the transport of patients, of persons who are accompanying or who have accompanied a patient, or of medical personnel.

Ambulance means a vehicle defined as an ‘ambulance’, including the various classes of ambulances (1 - 4), under the Emergency Health Services Act, Ground Ambulance Regulation (Alberta).

Blue Matrix means a patient requiring inter-facility transport from higher level of care to lower level of care such as home community healthcare facility.

Clinical handover means the transfer of professional responsibility and accountability for some or all aspects of care for a patient(s) to another person or professional group on a temporary or permanent basis.

EMS Dispatch, Communications and Deployment (DCD) Centres means the EMS dispatch centres for AHS.

Green Matrix means a patient requires scheduled evaluation, intervention, or admission to a higher level of care. There is no immediate threat to life or limb.

Inter-Facility Transfer Matrix means a colour-coded prioritization tool used to guide AHS EMS Dispatch, Communications and Deployment dispatch technologies and workflows.

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.

**Red Matrix** means a patient who has a critical clinical condition requiring an emergent response and transfer to a typically higher level of care.

**System Status Management** means the process of preparing the system for the best possible response to the next EMS call. This is achieved by strategically deploying resources to high priority posts.

**Yellow Matrix** means an unscheduled clinically complex/urgent patient – not immediately life threatening. Transfer is time determined by physician consult (sending, receiving, Transport Physician, most responsible healthcare provider). Other subcategories of yellow will prioritize transfers based on system capacity.

**REFERENCES**

- Appendix A: *IPC Guidelines for Cohorting Isolation Patients during Multiple Patient Inter-Facility Transport*
- Alberta Health Services Governance Documents:
  - EMS Medical Control Protocols Standard Approach and Ongoing Assessment (Version 4.0)
  - Patient Identification Policy (#PS-06)
  - Securing EMS Staff, Patients, Passengers and Equipment in Ground Vehicles Procedure (#PS-EMS-01-05)
- Alberta Health Services Forms:
  - IFT Form (#09277)
  - IFT Report (Connect Care)
- Alberta Health Services Resources:
  - Infection Prevention and Control Risk Assessment Checklist for Use of Overcapacity Spaces (January 31, 2022)
  - Inter-Facility Transfer Matrix
  - Modified Respiratory Precautions Acute Care (February 14, 2022)
  - System Status Management Processes
- Non-Alberta Health Services Documents:
  - Emergency Health Services Act, Ground Ambulance Regulation (Alberta)
APPENDIX A

IPC Guidelines for Cohorting Isolation Patients during Multiple Patient Inter-Facility Transport *

Instructions: Review the criteria below for all patients who are being considered for a multi-patient IFT. As a patient’s condition may change, reassessment of continued suitability to participate in a multi-patient IFT should be ongoing.

Criteria: If the answer is “Yes” to any of these questions, the patient cannot participate in a multi-patient IFT.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the patient on any additional precautions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Including Airborne, Airborne and Contact, Droplet, Modified Respiratory Precautions**, Contact and Droplet, Contact [including sporicidal clean]).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For patients not on additional precautions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the patient have any drainage (respiratory secretions or wounds), diarrhea, vomiting or incontinence (bowel or bladder) that cannot be contained by a dressing or incontinence product?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is patient unable or unwilling to reliably comply with instructions for personal hygiene, hand hygiene and respiratory etiquette?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the patient require an aerosol generating medical procedure during transport?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Modified from Infection Prevention and Control Risk Assessment Checklist for Use of Overcapacity Spaces (January 31, 2022)

** Modified Respiratory Precautions Acute Care (February 14, 2022)