

TRANSFER OF PATIENT CARE BETWEEN EMS PROVIDERS AND RECEIVING FACILITIES

The American College of Emergency Physicians (ACEP), Emergency Nurses Association (ENA), National Association of EMS Physicians (NAEMSP), National Association of Emergency Medical Technicians (NAEMT), and National Association of State EMS Officials (NASEMSO) believe that clearly defined processes for the contemporaneous face-to-face communication of key information from emergency medical services (EMS) providers to health care providers in an emergency department (ED) are critical to improving patient safety, reducing medicolegal risk, and integrating EMS with the health care system. It is critical that patient information is exchanged verbally during the transfer of care, but verbal information alone may lead to inaccurate and incomplete documentation of information and inadequate availability of information to subsequent treating providers (in both the ED and inpatient units) who are not present at the time of verbal communication.

The following principles are important to ensuring safe patient hand-off from EMS to health care providers at receiving facilities:

- In addition to a verbal report from EMS providers, the minimum key information required for patient care must be provided in written or electronic form at the time of transfer of patient care. This provides physicians and other health care providers who deliver subsequent care for the patient to receive this information more accurately and avoid potential errors inherent with second-hand information. The minimum key information reported at the time of hand-off must include

information that is required for optimal care of the patient – examples include vital signs, treatment interventions, and the time of symptom onset for time-sensitive illnesses.

- All members of the health care team, including EMS providers, nurses, and physicians, must communicate with mutual respect for each other and respect the verbal and written communication from EMS as an important part of the patient's history. During the transfer of patient care, the receiving health care providers should have an opportunity to ask questions to clarify information that is exchanged.
- Health care facilities should attempt to receive patient care transfer reports in a timely manner, facilitating the return of EMS units to service.
- EMS transfer of care documentation should be treated as part of the health care record and must be professional, accurate, and consistent with information included in the final complete electronic or written EMS patient care report. Hospital systems should preserve written transfer of care documentation in the patient's permanent medical record.
- Copies of all results of medical tests performed by EMS providers (eg 12-lead ECGs, results of blood chemistry testing, any medical imaging, etc.) must be available to the receiving facility with the EMS transfer-of-care documentation.
- Developers of electronic EMS patient care reports and health information exchanges should develop products that efficiently provide real-time digital transfer and preservation of the transfer-of-care documentation into the patient medical record.
- In addition to the information exchanged contemporaneously at the time of transfer of patient care, the complete EMS patient care report must be available to the receiving facility within a clinically relevant period of time.

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