

Pediatric Inter-facility Transfer Procedure/Agreements

The American Academy of Pediatrics Resources Recommended for the Care of Pediatric Patients in Hospital (2020) recommends the following guidelines need to be implemented for each Formal Interfacility Transfer Agreement:

- Hospitals should electively admit only patients for whom they have appropriate resources, such as physical space, size-appropriate equipment, and qualified staff necessary for the unique needs of pediatric patients.
- In cases in which these resources are not available, policies to assist health care professionals with determining appropriate triage, consultation, and referral decisions are necessary.
- Hospitals that provide pediatric inpatient or outpatient services need both a plan in place (whether internally or through transport agreements) and resources available to provide urgent and emergent transfer to a facility with a higher level of care to best meet a patient's needs.
- Policies should address compliance with the Emergency Medical Treatment and Labor Act requirements (EMTALA).
- Pediatric subspecialty care available at a facility should be defined.
- If pediatric patients require subspecialty care that is not available at the facility the patient presented to, transfer is required to a facility that is staffed by that particular subspecialist.
- Hospitals and/or physicians providing care for children need well-established networks for timely consultation by subspecialists with pediatric expertise and, when necessary, for transfer of a patient to a facility that offers more advanced levels of care.
- Access to air and ground transportation systems that are responsive and appropriately equipped and staffed on the basis of medical illness severity to care for children of all ages.
- Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication).
- Transport plan for delivering children safely (including use of child passenger restraint devices) and in a timely manner to the appropriate facility capable of providing definitive care.

(American Academy of Pediatrics Committee on Pediatric Emergency Medicine, 2009)

- Include a defined process for selecting pediatric specialty services not available at the hospital; these specialty services may include:
 - Medical and surgical specialty care
 - Critical care
 - Re-implantation of severed digits or limbs
 - Trauma and burn care
 - Psychiatric emergencies
 - Obstetric and perinatal emergencies
 - Child maltreatment (physical and sexual abuse)
 - Rehabilitation for recovery from critical medical or traumatic conditions
 - Orthopedic emergencies
 - Neurosurgical emergencies

- Include the following:
 - Plan for transfer of patient information (e.g., medical record and copy of signed transport consent, imaging), personal belongings of the patient, and provision of direction and referral institution information to the family.
 - Process for return transfer of the pediatric patient to the referring facility as appropriate.
 - Integration with telehealth/telecommunications process as appropriate.
 - Basic and intermediate level of care hospitals should consult a center with physicians who provide a higher acuity level of care and refer as needed.
 - The hospital should establish and communicate a “back up” plan for consultation and referral, which should include plans for transfer if necessary consultants are unavailable.
 - Pediatric Patients identified as “at” or “high” risk should be transferred to a hospital that provides Intermediate or Comprehensive care as needed per formal transfer agreement.
 - Neonatal Patients identified as “at” or “high” risk should be transferred to a hospital that provides Level III or IV NICU care as needed per formal transfer agreement.
 - Each hospital should establish and communicate a “back up” plan for transfer.
 - Comprehensive care centers must establish a plan to promptly communicate their diversion status to hospitals for which they provide transfer support.
 - The Emergency Nurses Association (ENA), the Society of Trauma Nurses (STN), and the Emergency Medical Services for Children (EMSC) National Resource Center (NRC) have collaborated to provide a tool kit that support efforts in establishing agreements or memorandums of understanding to facilitate transfer of children to specialty resources when needed.
- **This resource can be found at https://www.ena.org/docs/default-source/resource-library/practice-resources/toolkits/interfacility-transport-toolkit-for-the-pediatric-patient.pdf?sfvrsn=c017863d_6**

(Ernst, K.D; American Academy of Pediatrics: COMMITTEE ON HOSPITAL CARE, 2020)