

The following language concerning urgent trauma patient transfers can be found in Section V., E., 4. of the *Arkansas Trauma System Rules and Regulations*, which will become effective on September 6, 2014.

URGENT TRAUMA PATIENT TRANSFERS

The need for an urgent trauma transfer exists when, in the opinion of the treating physician, the following two conditions are met:

- a. the immediate needs of the patient cannot be met in the sending facility due to lack of capability or capacity; and,
- b. the patient's condition is such that failure to meet the immediate needs will likely result in loss of life, limb, fertility, or permanent impairment that transfer to a higher level of care could potentially ameliorate.

The facility seeking the urgent trauma transfer shall contact the ATCC to provide patient condition information and to obtain concurrence with the urgent trauma transfer classification. All urgent trauma transfers shall prompt the involvement of the ATCC medical director in real time. The medical director shall verify the urgent nature of the transfer and concur there is reasonable evidence the two conditions of an urgent trauma transfer are met. If the above conditions are met and concurrence from ATCC is obtained, this transfer qualifies as an urgent trauma transfer.

Once the ATCC confirms the patient meets the criteria for urgent trauma transfer, the ATCC shall contact the EMS provider identified by the transferring hospital to coordinate pickup. The ATCC shall confirm with the transferring hospital the time the patient will be ready for pickup and communicate this information to the EMS provider. The sending hospital should contact the EMS provider designated on the ATCC dashboard early in the process to allow the provider as much advance notice as possible of the impending urgent transfer.

If the EMS provider cannot be at the transferring hospital by the agreed upon time, a backfill provider shall be contacted by the EMS provider. The backfill provider must be within the boundaries of the service area before coverage is considered in place. If the service is unable to secure a backfill agreement acceptance, the ATCC shall be available to assist with the backfill, but not assume responsibility. The EMS provider shall have ten minutes to accept the transfer request and shall arrive at the hospital at the time agreed upon between the transferring hospital and the EMS agency. The patient and paperwork should be ready for transfer at that time.

All urgent trauma transfer requests shall prompt a review at the local TRAC's QI Committee to ensure that the system is being used appropriately, that the urgent trauma transfer is accomplished in a timely manner, and that each segment of the system performed its responsibilities. Potential abuses of the system shall be elevated to the QI/TRAC Committee of the TAC for review and recommendation of action steps, if required, to the ADH in order to prevent future abuses.

NON-URGENT TRAUMA PATIENT TRANSFERS

If the transfer request does not meet the two criteria for an urgent transfer, yet the patient's injury requires a higher level of care, the transferring trauma center shall call the ATCC to coordinate acceptance with the receiving center. The transferring center shall notify its EMS provider and coordinate an appropriate time for patient pickup. The EMS provider shall have no less than one hour to arrive at the transferring facility. The transferring center shall have the patient ready for pickup by the agreed upon time.