

**Victoria Barnes, BSN, RN, EMT,<sup>1</sup> Michael P. Goldman, MD<sup>1,2</sup>**

# CT EMS-Children State Partnership

## BACKGROUND

- Transferring children from the community hospital to the children's hospital is common
- Transferring care between two provider teams is a high risk, complex health care event
- A pediatric hospital transfer has unique considerations
  - e.g. family logistics, travel safety, cost
- ***CT-EMSC aimed to develop tools to facilitate safe and effective pediatric transfers and standardize practice across the state***
  - Addressing performance measure EMSC-06

## RESULTS

### The Final Products:

1. CT-EMSC Transfer Guideline for Providers - Full sized 24 x 36 laminated poster
2. CT-EMSC Pediatric Transfer Check-list – to be done by provider with the family at time of EMTALA form completion

**100% compliance on 2021 National Pediatrics Readiness Assessment in transfer guideline domain**

## CONCLUSIONS & NEXT STEPS

## Conclusions

***These tools aim to help ED providers apply pediatric transfer medicine best practices throughout our state***

## Next Steps

- Collaborate with community EDs to ensure implementation
  - e.g. Electronic vs. Paper checklists
- Demonstrate standardization of care through a state wide QI project
- Qualitative interviews of transferred pediatric families and the FAN to learn more about pediatric transfers in our state

## METHODS

**Setting:**

- CT has two pediatric EDs and 34 community EDs
- No community hospital is more than 3 hours from one of the two pediatric centers by ground transport
- Historically, Yale New Haven Children's Hospital (Yale) and Connecticut Children's (CC) had independent guidelines for transfers

**Iterative Process:**

- Stakeholders: CT-EMSC,<sup>1</sup> Yale,<sup>2</sup> CC,<sup>3</sup> ENA, AAP,<sup>4</sup> ACEP, FAN, PECCs<sup>5</sup>
- Step 1: Develop a mutually agreed upon criteria warranting transfer
- Step 2: Arrange criteria by acuity
- Step 3: Reach consensus on safest and most expeditious transfer modality
- Step 4: Ensure the patient and their family's needs were considered
- Step 5: Develop tools with a graphics specialist<sup>4</sup>

EMSC TRANSPORT GUIDELINES for PROVIDERS			
	DIAGNOSIS	DEFINITION	ACT/INTERVENTION
<div>Level 1</div> <div>Stable</div>	<b>24/4 Needs:</b> <ul style="list-style-type: none"> <li>• Patient is stable</li> <li>• Patient has a clear diagnosis</li> <li>• Patient has a clear plan</li> <li>• Patient has a clear provider</li> </ul>		 Transport to ED (1-800-452-3333)
<div>Level 2</div> <div>Unstable</div>	<b>Emergency Needs:</b> <ul style="list-style-type: none"> <li>• Patient is unstable</li> <li>• Patient has a clear diagnosis</li> <li>• Patient has a clear plan</li> <li>• Patient has a clear provider</li> </ul>		 Transport to ED (1-800-452-3333)
<div>Level 3</div> <div>Unstable</div>	<b>Urgent Needs:</b> <ul style="list-style-type: none"> <li>• Patient is unstable</li> <li>• Patient has a clear diagnosis</li> <li>• Patient has a clear plan</li> <li>• Patient has a clear provider</li> </ul>		 Transport to ED (1-800-452-3333)
<div>Level 4</div> <div>Unstable</div>	<b>Pediatric Care Requested:</b> <ul style="list-style-type: none"> <li>• Patient is unstable</li> <li>• Patient has a clear diagnosis</li> <li>• Patient has a clear plan</li> <li>• Patient has a clear provider</li> </ul>		 Transport to ED (1-800-452-3333)
	<b>Vital Response Health</b> <ul style="list-style-type: none"> <li>• Patient is unstable</li> <li>• Patient has a clear diagnosis</li> <li>• Patient has a clear plan</li> <li>• Patient has a clear provider</li> </ul>	<b>Children's Hospital - Emergency Dept</b> <ul style="list-style-type: none"> <li>• Patient is unstable</li> <li>• Patient has a clear diagnosis</li> <li>• Patient has a clear plan</li> <li>• Patient has a clear provider</li> </ul>	<b>Additional Contacts</b> <ul style="list-style-type: none"> <li>• Patient is unstable</li> <li>• Patient has a clear diagnosis</li> <li>• Patient has a clear plan</li> <li>• Patient has a clear provider</li> </ul>
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## CONTACT INFORMATION

Michael P. Goldman, MD  
Co-medical Director CT EMSC

Megan L. Petrucelli, MSN, RN, EMS-I  
CT EMSC Program Coordinator

✉ [ctems@ynhh.org](mailto:ctems@ynhh.org)  
☎ (203) 688-7537

