**ProMedica Air and Mobile**

**Critical Care Air/Ground Transfer Certification Form**

**Required for Emergent and Hospital to Hospital Air or Ground Critical Care Transports**
(Nurse level care required)

This form must be accompanied by the following form which can be found in Medex, myPROMEDICA (Departments-Air and Mobile), and http://www.promedica.org/airandmobileservices:

- [ ] JFSO1960 Ambulance / Air Ambulance

**PART A: REASON FOR TRANSFER** (CHECK ALL APPLICABLE at least one must be checked)

- [ ] Patient requires a higher level of care / diagnostic services or specialty consult – (type) __________________________
- [ ] Reverse neonatal ICU transfer
- [ ] Bed not available at first facility (type) __________________________
- [ ] Post acute transfer (requires higher level of care)
- [ ] Patient / guardian requests (name) ____________________ (patient may be responsible for payment)
- [ ] Other ____________________________________________________________________________________________

**PART B: Risks and Benefits** (COBRA – required for emergency and hospital to hospital transfers)

<table>
<thead>
<tr>
<th>Risks</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Usual risks of vehicular travel</td>
<td>[ ] Special Services: As noted in Part A</td>
</tr>
<tr>
<td>[ ] Failure of equipment</td>
<td>[ ] Special Services: As noted in Part A</td>
</tr>
<tr>
<td>[ ] Specific risks to patient / unborn due to: __________</td>
<td>[ ] Other: __________________________</td>
</tr>
</tbody>
</table>

**CONSENT / REFUSAL**

I _____________, (PATIENT/GUARDIAN) have been informed of and understand the risks benefits associated with the transfer. I [ ] agree [ ] refuse the transfer.

**CERTIFICATION OF PHYSICIAN**

I certify that the transport is medically necessary at the level documented above and the patient is stabilized with-in the hospitals capabilities prior to transport. I (physician) have personally explained the risks/benefits associated with the transfer.

**Physician Printed Name:**

**Date / Time**

**Physician Signature & Credentials** (i.e. MD, DO)
Transfer Certification

Definitions

**Private Car:** Vehicle privately owned.

**Ambulance:** Driver with CPR/First aid training and Wheelchair.

**Basic Life Support (BLS): Crew Configuration:** Emergency medical technicians (EMT) with basic emergency medical training including scene safety, patient assessment, stabilization, administration of oxygen. At times, the configuration on BLS unit may be one EMT and EMT - advanced.

**Advance Life Support (ALS): Crew Configuration:** One EMT and one EMT- Paramedic (EMT-P), with more advance training in addition to passing requirement to become an EMT. Advanced assessment and airway skills including intubation, Administration of Advanced Cardiac Life Support (ALS) drugs and other medications as approved by the medical director and supported through protocols signed by the medical director.

**Specialty Care Transport:** This is an inter facility transport of a critically injured or ill beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level that is beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area for example nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.

**Mobile Intensive Care Unit (MICU): Crew Configuration:** One EMT (or trained driver), one EMT-Paramedic, one registered nurse (RN) specially trained in critical care and emergency care. At times, based upon individual patients needs, team configuration is altered to include a respiratory therapist and/or a Neonatologist, Pediatric Intensivist or Cardiothoracic surgeon, on occasion two nurses are sent, such as in maternal transport, when a transport nurse is accompanied by a labor and delivery nurse.

**Helicopter:** Crew Configuration: One pilot and a medical team which may be comprised of one EMT-P and one RN/EMT or RN/EMT = P, specifically trained in critical care and emergency care OR one RN/EMT or RN/EMT-P and an emergency trained attending physician, OR a specialty care neonatal medical crew with a safety officer, RN or Respiratory therapist. Rotary wing air ambulance is furnished when the patients medical conditions is such that transport by ground ambulance, in whole or in part, is not appropriate. The patients condition generally requires rapid transport to a treatment facility, and either great distance or other obstacles, e.g. heavy traffic, preclude such rapid delivery to the nearest appropriate facility.

**Fixed Wing:** Crew Configuration: Pilot, one EMT, or one EMT-P and one RN with altitude training and possessing critical care emergency medical training. As with helicopter service, the option exists to include a physician in the team configuration if warranted by patient need.

**COBRA** portion including “Risks and Benefits” and “Patient/Guardian Consent or Refusal” must be completed on all Emergency Center patients being transferred out.

**Post Acute Care:** Services for patients following an inpatient hospital care that may require additional nursing / therapy care that may include but is not limited to sub-acute care in a transitional care unit or skilled nursing facility, Long term Acute Care, Inpatient rehabilitation, outpatient rehabilitation or home care.

**Medically Necessary and reasonable:** Medical necessity is established when the patient's condition is such that the use of any other methods of transportations contraindicated, transportation is considered medically necessary when the attendance of a basic Emergency Medical Technician (EMT) or higher level of training is required to assess, monitor, or treat a beneficiary on arrival or during the transport by ambulance.

**Emergency Transport Services:** The term “emergency” means services provided when an emergency medical condition is suspected based on the patient’s presenting symptoms, complaint or finding. An emergency medical condition is defined in the Emergency Medical Treatment and Labor Act (EMTALA) statute as the sudden onset of a medical condition, manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonable be expected to result in the following: Place the patient's health in serious jeopardy or serious impairment to bodily functions, or serious dysfunction of a body organ or part.

**EMTALA Transfers:** Emergency Medical Treatment and Labor Act (EMTALA) transfers that are transported by ambulance are considered emergency transports. Such certified transfers must meet EMTALA requirements for transfer of a hospitals patient with an emergency medical condition who is not stabilized, but for whom the benefits of transfer outweigh the risk.

**Necessity of Transport Services:** Non-emergency ambulance services are allowed in situations where transportation by other means would be hazardous to the patient. The following examples where non-emergency transportation may be appropriate if the patient:

- (1) Bed confined unable to get up without assistance, ambulate or sit in a chair (all three conditions must be present)
- (2) requires special handling: unstable fractures or major orthopedic devices
- (3) requires restraints, is a danger to self or others
- (4) requires medical assistance (suctioning/ventilator assistance managing oxygen controls)
- Requires isolation due to communicable disease/hazard material exposure (i.e. Methacillin Resistant Staphylococci Aureus/Vancomycin Resistant Enterococci)
- Requires oxygenation adjustment based on skilled assessment, or unable to perform own oxygenation adjustments

Non-emergency transfers are categorized as scheduled (transports arranged more than 24 hours prior to patient transport) or non-scheduled (transports arranged less than 24 hours in advance).

**Transfer Certification:** The transfer certification is a written order that certifies the need for transportation services. The certification itself is not the sole factor used in determining whether payment for specific levels of transportation services will be allowed. All services must meet coverage criteria in order for payment to be made.