

Given the institution's role as a major tertiary care center for the state, a rapid increase in the ability to accept and assign transferring patients from outside facilities is needed during Mass Casualty Incidents (MCI).

I. Staffing

Fielding calls from referring facilities requesting transfer of multiple patients during MCI can become a manpower intensive task. Therefore, during MCI the Chairman of Emergency Medicine may elect to have extra staffing to assist with the coordination of the transferring patient volume. Emergency Medicine Faculty, in conjunction with Emergency Department Dispatchers, will accept transferring patients as appropriate. Acceptance will vary on hospital bed and specialty service availability. ED Transfer Receipt Team – 1 Faculty; 1 Resident; 2 R.N.

II. Assignment

After accepting a patient from an outside facility, the Emergency Department Dispatcher will notify the hospital Bed Board. The Bed Board officer should be given all available demographic information as well as any details regarding diagnosis and type of bed needed upon arrival. Patients en route from outside facilities should be assigned an inpatient bed upon notification and the assignment should be relayed back to the Dispatcher in order to ensure proper patient placement upon arrival.

III. Receipt and Assessment

Upon arrival to the ED, all transferring patients should have a rapid assessment performed. After assessment, the transfer receipt team will call the admitting service and notify them of the patient. This assessment will assist in placement of the patient in the most appropriate inpatient bed. If the bed assigned is appropriate based on the assessment information gathered, the patient will be sent directly to that bed. Should a patient's condition warrant a change in bed placement, the change should be sent to Bed Board for a new bed assignment. Any immediate treatment(s) will be performed on an as needed basis in the Emergency Department or in the receiving unit at the discretion of the on duty Emergency Medicine Faculty.

IV. Delivery

Following the assessment, the patient will be transported to the appropriate bed. Report will be given by the accompanying transferring provider if available. When a provider is not available, information should be gathered from the patient or any available medical records.

ICC – Coordinates – Verifies number of patients, age, Current Rx, anticipated recovery service, etc.

Patient Registration – Assign bed to each anticipated point
Notify recovery services of above

ED -

1. Assignments
 - Staff - Surge Staff
 - 2 faculty - transfer
 - patient triage
 - 2 residents
 - 4 RN's
2. Sets up point of recovery area with numbered gurney, clipboard, and order sheets/progress notes - 1 gurney per anticipated patient.
3. Each patient is examined and medical record review conducted to ensure accuracy of information and need for further workup.
4. ED Personnel contact admitting service
5. Admitting Service – expedites patient admissions