APPENDIX 2

INTER-FACILITY TRANSFER (IFT) REQUESTS

For IFT requests requiring transport by ground ambulance, air ambulance, or stretcher service and the transport is:

To or from sites OUTSIDE Winnipeg	call:	**VECTRS**	**204-949-4000**
Between sites INSIDE Winnipeg	continue to call:	**WFPS IFT**	**204-986-8410**

Please utilize the criteria for Patient Transport Services (PTS - Appendix 4 – see below) when requesting stretcher services. PTS is available in: Winnipeg, Brandon, Selkirk, Boundary Trails Health Centre, and the areas surrounding each.

CONSULT REQUESTS

1. Call VECTRS 204-949-4000

for all EMERGENT and URGENT consults for which you would currently involve:

a. Adult Critical Care - Provincial Outreach Attending Physician:

- consults from sites outside Winnipeg and the three Winnipeg low acuity sites (Concordia, Seven Oaks, Victoria Hospitals)

b. Adult Internal Medicine

- consults from sites outside Winnipeg

c. Child Health:

- consults from sites outside Winnipeg for:
  - **Children's ED**
  - **PICU**
  - **MB First Nations Pediatrics (FNP)**
    - the current range of emergent to non-urgent consults is still accepted
  - **Social, Northern and Ambulatory Pediatrics (SNAP)**
    - the current range of emergent to non-urgent consults is still accepted
    - Winnipeg Public Health consults are still accepted
  - **Pediatric Psychiatry** – cases will be directed to the appropriate consultant

(note: other pediatric specialties and subspecialties will be added at a later date)

d. Adult Mental Health - Provincial Virtual Consult Service (PVCS):

- consults from outside Winnipeg

e. Adult Cardiology on Outside Calls:

- consults from outside Winnipeg and from Victoria Hospital

Cardiology - STEMI Physician:

- outside Winnipeg: call VECTRS 204-949-4000 directly for consult and transport
- inside Winnipeg: call WFPS STEMI Hotline 204-986-2622
  - arrange emergent transport first
  - WFPS will transfer you to VECTRS who will connect you with the STEMI physician

2. **EMERGENT or URGENT - when to consult:**

   a. **Referring Provider determines patient acuity to be emergent or urgent**:
      - see Appendix 3 (see below) for the Manitoba ERS Transport Score Levels that VECTRS uses when assigning priorities for adult and pediatric patients

   b. **Transfer to a higher level of care site is required** as the required care exceeds what the referring site is able to provide

   c. **Advice** is requested regarding:
      - immediate management
      - management that may maintain patient at referring site
      - potential need to transfer

3. If your site has on-site consultation pathways for these specialty services (e.g. Pediatrics, Mental Health, Medicine at a General Hospital), utilize that service first:

   a. should a site Consultant wish to discuss the case with the Provincial Consultant for the above services, site Consultant to call VECTRS
   b. if an IFT is required, site to call VECTRS

4. **Providers who may initiate Consults with VECTRS**:

   a. Physicians
   b. Nurse Practitioners (NP's)
   c. Physician Assistants (PA's) and Clinical Assistants (CA's)
   d. Physicians and NP's may delegate other healthcare providers, such as Nurses, PA's, CA's, or Learners to initiate consults. The supervising Physician or NP is responsible for the patient's care and should be aware and involved with the consultation.

5. **<u>CALLING VECTRS FOR CONSULTS (and IFT's):</u>**

   a. Referring Providers may delegate another staff member to call VECTRS and provide the required information to initiate the consult

   b. State if actively resuscitating a patient and the call will be routed to a VECTRS EP

   c. **<u>INFORMATION:</u>**

      The following will be required at start of all calls:

      i. Caller name (if delegated) and call-back number
      ii. **Referring Provider name**, facility, and call-back number
         - if PA - also provide supervising physician name and call-back number
      iii. **EMERGENT or URGENT** patient acuity
      iv. **SPECIALTY SERVICE** to be consulted
         - also state if consult request is for ADVICE
      v. Patient name
      vi. PHIN
      vii. DOB
      viii. Patient weight
         - if >250 lbs or >115 kg: also provide width, girth, height

      The following will be required when an IFT is to be arranged:

      ix. PICK UP location (facility, area, room number, call back number)
      x. DESTINATION (if known - facility, area, room number, call back number)
      xi. Treaty number
      xii. Warrant number
      xiii. Special equipment (e.g. pumps, respiratory)
      xiv. Isolation requirements
      xv. Escort name(s)
         - weight (for air transports)

6. **EMERGENT consults:**

   a. The Referring Provider who is responsible for the patient's care should be immediately available to discuss the case

   b. The VECTRS EP may briefly review the case details with the Referring Provider in order to determine the appropriate Consultant(s) and if an immediate transport should be considered:

      i. A conference call will be convened with the intent being that the case is to be discussed in detail once

      ii. If an immediate transport is to be considered:
         - the Consultant(s), Transport Physician, and Air Medical Crew will be added

7. **URGENT consults:**

   a. VECTRS will notify the Consultant

   b. The Consultant will call the Referring Provider:

      i. Consultant may request to visualize a patient via a TigerConnect video call
      ii. if a Telehealth virtual assessment is required, a Teams meeting link will be provided and the Consultant will communicate the start time to the referring physician (NP/PA)

   c. If the Consultant decides that an IFT is required for a patient:

      i. Consultant will either:
         - add VECTRS to the call or
         - will notify VECTRS and a clinician will call the site back

8. For consult requests from healthcare providers located at sites INSIDE Winnipeg, there are NO changes (the exceptions are listed in #1 above). Continue with your current consult pathways.

9. When a patient has been transferred for a consult and the Consultant has determined that the patient does not need to remain at the receiving site:
   a. the Consultant will communicate with the Referring Provider
   b. the receiving site should call VECTRS to arrange the return IFT to the sending site

APPENDIX 3

Transport Score Level

ERS Version: November 2024

Level Acuity Goal [1]	Description	Examples
1 EMERGENT < 4 hours	**immediate threats to life, limb, or vision** or imminent risk of deterioration or requiring immediate interventions beyond the capabilities of the sending facility or requiring immediate intervention at the receiving site	Trauma: TTA Level 1 or 2, acute multisystem trauma CVS emergency requiring PCI Neurosurgical emergency requiring surgical intervention Vascular emergency requiring surgical intervention Obstetrics: high risk labour (breach, abruption, cord prolapse etc.), pre-term labour <37 weeks in a facility without resources to manage the neonate Pediatric: shock states (sepsis, congenital heart disease, myocarditis, MISC), vasopressor support; severe respiratory distress or respiratory failure (severe croup, severe bronchiolitis, foreign body aspiration, impending loss of airway or impending respiratory failure), ventilatory support; ongoing seizures, severe DKA with signs of increased ICP, meningitis
2 EMERGENT < 6 hours	**potential threat to life, limb, or vision requiring rapid medical interventions** or acute illness or injury with potential for deterioration or need prompt treatment to stabilise developing problems and treat severe conditions or stable conditions that overwhelm a local hospital or nursing station's ability to care for them	intubated patient in a setting without a ventilator ACS or NON-STEMI with ongoing chest pain Pediatric: close monitoring required (respiratory, circulatory, neurologic) but not imminently needing ICU supports (e.g. DKA mild-mod, treated seizure in post-ictal state with depressed level of consciousness but protecting airway; bronchiolitis mild-moderate that may require ventilatory support
3 URGENT < 12 hours	**could potentially progress to a serious problem requiring emergency intervention** or stable, but diagnosis or presenting problem suggests a potentially more serious process or undifferentiated without a precise diagnosis and are stable currently, but there is a concern for possible deterioration beyond the capabilities of the sending facility	stable NON-STEMI without chest pain going for PCI ventilated patient in community hospital requiring tertiary level care stable SOB patient going to rule out pulmonary embolism from rural hospital moderate dehydration requiring IV fluid or decreased urine output over last 24 hours repatriation of patients currently holding a ICU bed that require return to open the bed for future acutely ill patient Pediatric: known high-risk congenital disease who may be stable but there is potential to decompensate
4 NON-URGENT < 24 hours	**acute conditions treated appropriately and stabilized at sending facility going for a consultation at a higher level of care** or potential seriousness based on the presenting problem or diagnosis is not acute or need for potential acute intervention is minimal or patients for whom a transfer was pending a bed, and that bed is now available, but the transfer is not of a clinical time-sensitive nature	scheduled appointments stable abdominal pain going for assessment (with low risk of surgical cause) closed fractures requiring orthopedic assessment (with no risk of delay in possible surgical reduction)
5 NON-URGENT < 48 hours	**non-urgent, next day booked transfers** or conditions that may be acute but non-urgent or conditions which may be part of a chronic problem or investigation or interventions for these illnesses or injuries do not pose any immediate risk	next day non-urgent repatriation of patients who are not holding a tertiary care ICU bed

[1] Goal for best effort time from first contact with VECTRS to arrival at receiving site is:

APPENDIX 4

PATIENT TRANSPORT SERVICES
CARE DEEPLY RESPECT ALWAYS

Patient Transport Services (PTS) is available in: Winnipeg, Brandon, Selkirk, Boundary Trails Health Centre, and the areas surrounding each.

STRETCHER SERVICE PATIENT REQUIREMENTS

The overriding principle for all aspects of an IFT is matching patient needs with the selection of transport personnel capable of providing the appropriate level of care for the patient's present condition as well as the potential needs of the patient throughout the transport.

To provide a clearer understanding of patients that are appropriate for stretcher service personnel to transport the following quick reference sheet is provided.

All patients must have:

- ✓ No IV running – must be locked if required
- ✓ No narcotics in the previous 45 mins prior to transport
  Note: exceptions here are:
  a) Palliative Patients, PTS can transport if the patient has received narcotics just prior to transport
  b) Patients that the receiving narcotics as part of established / regular dosing schedule
- ✓ No need for medication administration, sedation or pain control during transport
- ✓ No need for sedation and/or restraint if psychiatric patient
- ✓ Oxygen at 6 lpm or less by nasal prong and no need for titration
  Note: If palliative and on higher O2 levels PTS can transport
- ✓ No airway management required, including suctioning
- ✓ No chest pain or cardiac issues in the past 24 hours
- ✓ No physiological monitoring (e.g. EKG, etc.) required
- ✓ Tubes in situ must be reviewed by the APRT Triage & Coordination resource
  Note: excludes Foley catheter. Advise site to drain Foley catheter prior to transport
- ✓ A guardian/family escort if <16 years of age.

❖ If any of the above are required during transport, the Patient **must** have an appropriately trained Medical Escort to manage the Patient's medical care