GALVESTON AREA AMBULANCE AUTHORITY

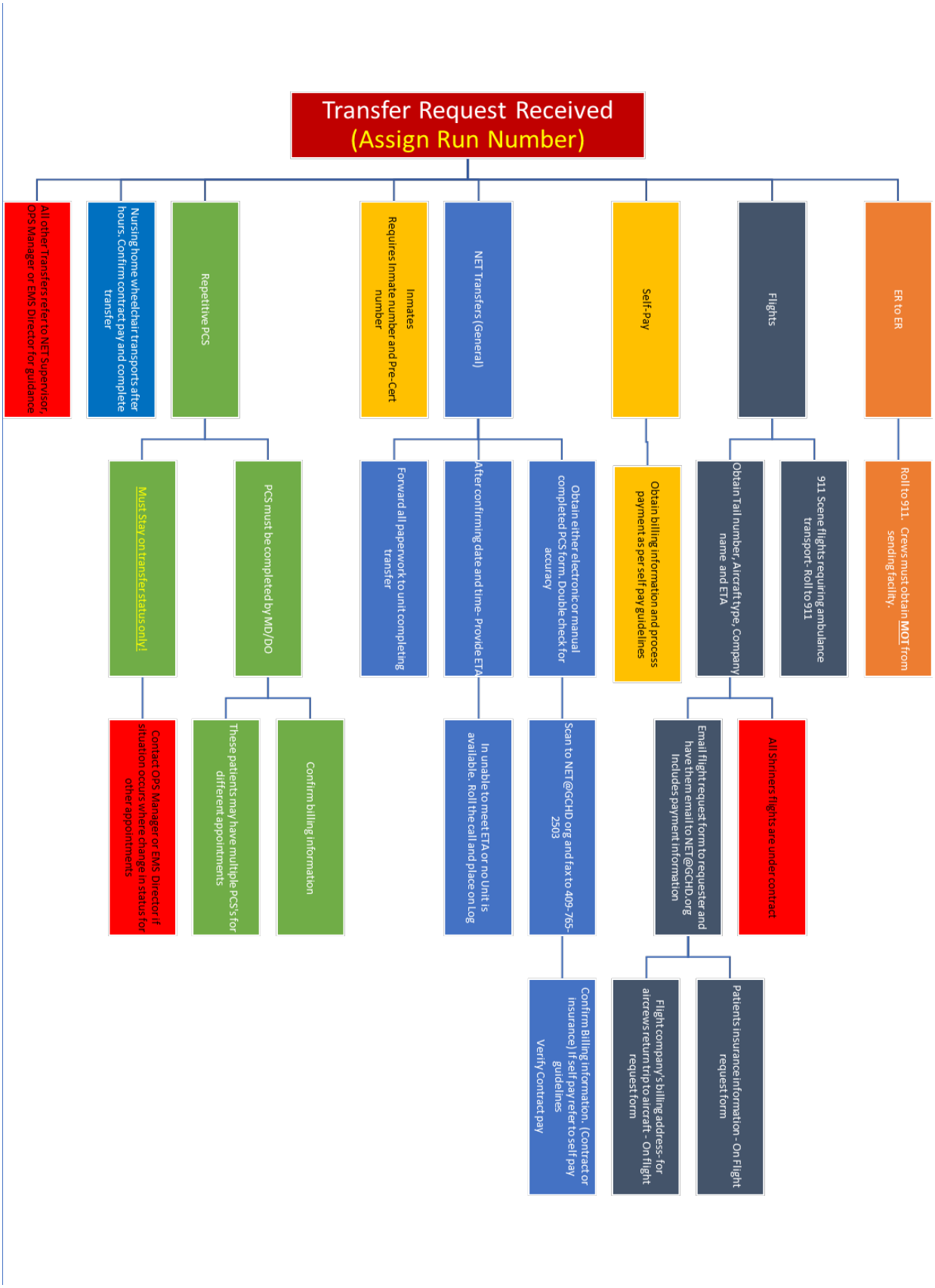
Non-Emergency Transfer Guidelines

Approved 7/12/2024

Version 3.0

CONTENTS

NET DISPATCH QUICK REFERENCE FLOW CHART



NET DISPATCHER'S RESPONSIBILITIES

1) Process all requests for non-emergency transports which includes scheduling patient transports from hospitals, nursing homes, dialysis etc.
2) Complete the transport log for each request received (which includes taking all the pertinent patient medical information, demographics, and insurance information) daily.
3) Schedule transports in a way that they are completed in a timely manner with available resources.
4) Adjust the schedule of transports (both local and long distance) to best meet the needs of patients and the resources available on a continuous basis.
5) Keep track of ambulance status via radio (i.e., enroute, arrived, in service, etc.)
6) Ensures NET log is complete and correct prior to sending to supervisors for night/weekend dispatch.
   a) It is the right of the individual receiving the log to not except the log until it is corrected.
7) Obtain prior approval from EMS Supervisor before a transport request is given away to an outside service.
8) Complete insurance verification and reviewing patient care reports for documentation compliance (see attached billing QA checklist). - Daily
9) Track all activity in designated software/spreadsheet, collecting complete and accurate data to be used for reports to advisory groups and community stakeholders as related to dispatching.
10) Work with Billing Specialist to ensure accuracy of NET transport log information and consolidation.
11) Processes NET self-pay payments and forward to billing specialist.
12) Complete end of shift report and forward to GAAA Supervisor reports and billing specialist
13) Performs other duties as assigned by the supervisor.
14) Give out quotes for Self-pay patients when requested to do so by the facility. 50% is due up front and a google map picture needs to be attached for milage reference.

NET CREW MEMBERS RESPONSIBILITIES

1) Respond to all NET requests upon receiving NET request from dispatch or Supervisor.
2) Arrive a minimum of 15 minutes prior to scheduled transport time at the facility.
3) Always maintain radio contact with NET dispatch and communicate through GEMS1.
   a) If out of radio range, contact NET dispatch via issued cell phone to update your status.
4) Maintain one radio on 911 dispatch and the other on GEMS1.
5) Communicate with NET dispatch and Medic 60 upon returning to district as to show availability for potential 911 emergency response.
6) Complete all charts in a timely manner and ensure accuracy of signatures, addresses, billing information (contract vs insurance) and attached paperwork (i.e. PCS forms, face sheets, MOTs, etc.)
7) Maintain equipment on the ambulance to be both 911 and NET transfer response ready.
8) Communicate with NET dispatch and Supervisor to coordinate with operational or medical needs you might have.
9) Document delay times on scene every 30 minutes in your ePCR under general comments in the flow chart with a total wait time documented at the end of the narrative.
10) Document bariatric transport at the end of the narrative if the patient is over three (3) hundred pounds.
11) Document extra attendant if an extra attendant is needed at the end of the narrative
12) Performs other duties as assigned by the supervisor.

SUPERVISOR RESPONSIBILITES

1) Supervises non-emergency medical transfer staff and NET dispatchers in accordance with the organization's policies and applicable laws.
2) Ensures crews have all equipment and supplies needed to facilitate all transfers (i.e., vents, pumps, manpower, etc.)

3) Ensure crew members are completing orientation and training requirements specific to NET operations.
4) Ensures customer satisfaction from patients to partners through field visits.
5) Collaborates with hospital social workers on scheduling and problem solving.
6) Ensures NET dispatchers are following proper policies and procedure on transfers.
7) Ensures NET crew members are following proper policies and procedure on transfers.
8) Supervises, receives requests and dispatches non-emergency transports (NET) during special events, nighttime hours and on holidays, when a NET dispatcher is needed.
9) Process NET self-pay payments and forwards to billing specialist.
10) Ensures Net log is complete and correct prior to handing off to NET dispatch.
    a. It is the right of the individual receiving the log to not except the log until it is corrected.
11) Other duties as assigned by supervisor.
12) Works on a transfer unit as needed for ALS calls and to facilitate the learning process.

BILLING SPECIALIST RESPONSIBILITIES

1) Collects and deposits payments received by mail or from within the clinic according to cash management procedures.
2) Posts any payments received on accounts previously billed by GCHD.
3) Works as a liaison with outside billing contractors and collection agency
4) Makes approved adjustments in computer system.
5) Requests and sends hospital face sheets for GAAA calls to outside billing contractor as needed and balances GAAA payments to cash worksheet monthly.
6) Prepares and sends reports regarding payments monthly.
7) Assist in consolidating NET call log as needed.
8) Preform other duties as assignment by supervisor.

DEPUTY CHIEF OF ADMINSTRATION RESPONSIBILITIES

1) Assure policies, procedures, standard of patient care and the medical director's protocols are followed
2) Manage and maintain administrative oversight of the non-emergency transfer division.
3) Collaborates with hospital social workers on scheduling and problem solving.
4) Address complaints and promptly and efficiently resolving problems and concerns.
5) Manage and maintain administrative oversight of DSHS compliance in conjunction in coordination with EMS Chief

E-MAILED TRANSFER REQUEST

1) If the patient is going to the Emergency Room for any reason it is a 911 call.
    a. Galveston 911 dispatch can be reached at 409-765-3702.
2) UTMB case managers email their ambulance requests on a "Ambulance Scheduling Form" or the GAAA PCS Form
3) Check the request for information needed is accurately completed and add the call to the log.
4) Pay close attention to the pickup date and time. If it is for "stand-by" make sure to get an updated request.
5) Look to see if the patient requires any special equipment or personnel.
6) Reply to email to let the case manager know we have received the request.
7) If the call is being given away, tell the case manager what EMS service we are sending and their ETA.

REQUIRED PAPERWORK

1) PCS form
    a. Must be completed accurately prior to transport.
    b. Required on all NET transfers.
        i. Exceptions:
            1. Interfacility transfers moving to high level of care, requires an MOT as well.
            2. Known contract transfers.
    c. Repetitive transfers require the signature to be a physicians' **only.**
        i. Once a patient is on a repetitive transfer he/she must always be transported the same way or the repetitive PCS in voided.
        ii. Repetitive transfer require a preauthorization. Medical records are to be requested from the provider requesting the transfers.
        iii. PCS and medical records are to be given to the Deputy Chief of Administration (or Delegee) for submission for pre-authorization if it is a Medicare patient.
    d. PCS forms for ambulance transfers can be for the following reasons:
        i. Bed Confined
            1. Unable to get up from bed without assistance AND unable to ambulate AND unable to sit in a chair or wheelchair.
        ii. Contractures
        iii. Non-healed fractures
        iv. Moderate/Severe Pain on movement
        v. Danger to self/others
        vi. IV medication/fluids required.
        vii. Special Handling/Isolation required
        viii. Third party assistance/attendant required to apply, administer, or regulate or adjust oxygen enroute.
        ix. Restraints (chemical or physical)
        x. Patient is confused, combative, lethargic, or comatose.
        xi. Cardiac/Hemodynamic monitoring required enroute.
        xii. DVT requiring evaluation of lower extremity.
        xiii. Orthopedic device (Backboard, HALO, USE of pins and traction, etc.) requiring special handling during transport.
        xiv. Unable to maintain erect sitting position in a chair for the time needed to transport.
        xv. Unable to sit in a chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks.
        xvi. Morbid obesity requires additional personnel/equipment to safely handle the patient.
        xvii. All others require approval by Director of EMS.
2) Memorandum of Transfer (MOT) form
    a. Required on all interfacility transfers going to a high level of care.
        i. This includes Hospitality ER to UTMB ER or to the Floor
        ii. Transfers to an LTAC do not require a MOT but do require a PCS.
        iii. Make a copy of this as you will not get a separate copy. The original stays with the patient.
3) Medical Transfer order form (*attached*) can be completed for any transfer requiring orders by sending physician.
    a. Forward the Medical Transfer Order form to the sending facility or ensure NET crew has a blank copy with them to be completed on arrival.

NURSING HOME REQUESTS

1) Get the patient's name, room number, destination, reason for transport, and requested pickup time.
2) Give the caller an ETA.
3) If the nursing home says they need an ambulance because their wheelchair van isn't working, then make a note to the side of the log to bill the nursing home and who requested the transfer. Requires admin approval

LIFT ASSIST

1. Lift assists are prescheduled lifts to help the patient in and out of their home to their own vehicle.
    a. The fee for lift assists is $89 of which the patient will be billed. Inform the patient on scheduling.

WAIT AND RETURNS

1) The dispatcher will issue two run numbers. One is for the transport going to the appointment and one is for the return transport.
2) The crew will be picking up the patient and waiting at the appointment with the patient. Wait and return calls can be lengthy. Adjust accordingly with staffing and dispatch times.
3) Wait and returns are to be documented as follows
    a. In the flow chart section- Under general comments- document every 30 minutes of wait time and why. At the completion of the call document the total wait time in the Narrative.
    b. In the incident times section-
        i. patient transferred time is when the patient is transferred to the receiving facility
        ii. Call closed time is when you start your return trip.
        iii. The run numbers will be the same except for the suffix. i.e. T21-0000a and T21-0000b
        iv. Under billing section →Transport→reason for transport→ type "Wait and Return"

FLIGHT CALLS

1) All 911 flight calls will be sent the flight request form *(attached)*. This is to be completed by their flight dispatch or requesting party. The form is to be completed in its entirety and emailed back to NET@GCHD.ORG email. This form will also need to be attached to the ESO chart.
    a. Verify all information on the form
    b. Tail number and air medical flight company to be charted in ESO
    c. EXCEPTION- Hermann Life Flight
2) When a flight pickup is requested, there will be two run numbers. One is for the transport to the hospital; the other is for the return of the flight crew.
    a. Common flights include Shriner's burn patients, organ transplants, and offshore helicopters such as PHI.
3) There will be times when helicopters are unable to land at the hospital, so they land at the airport instead and request ground transport to the hospital. They may request it to be an emergency transfer.
4) Give quotes to any company that is requesting transport and does not have a contract with us.
5) Crew member only legs of the trip, bill to flight company.

NICU TRANSFERS

1) NICU calls are treated like wait and returns.
    a. Follow wait and return charting directions above.
2) The unit dispatched to this call will need to be in box truck not a van. The crew may need to switch trucks to accommodate the NICU stretcher as it requires a side mount stretcher mount. Compatible ambulances have been labeled in PSTrax

3) The crew may be picking up the NICU team and taking them to get the baby to be transported back to UTMB or they may already have the baby and are taking it to another facility.
4) NICU team may request that the crew come and pick them up running emergency traffic if the baby is critical.
5) The crew is almost always asked by the team to run emergency traffic when they are transporting a baby. (This means that the crew may not answer the phone/radio right away if the dispatcher is trying to contact them.)
6) Verify who is requesting the transport and who is responsible for the bill.

DIALYSIS TRANSFERS

1) The patient will have a set pickup time for the dialysis appointment. Make sure the patient is at the facility before their chair time.
2) Dialysis patients go Mon/Wed/Fri or Tues/Thurs/Sat. They will always be picked up on their days unless a caregiver calls to cancel.
    a. Notate on the Transfer log
3) The crew will pick up the patient at residence/facility and drop them off at the dialysis facility.
4) Dialysis will call the dispatcher when the patient is ready to go back home. (Usually, it's about 4 hours after they are dropped off.)
5) Dispatch/supervisor to ensure the crew has the PCS/LMN signed by the Physician to attach to **every** transport. Repetitive PCS preferred and must be attached to every leg of the transport with PAN number documented in the chart.

HOSPICE

1) Obtain patient information, ask about any special equipment needed (oxygen, suction, etc.) and ask specifically which hospice company is responsible for the transport.
2) If we are billing hospice make a note on the log in the comment section with the billing address and any other important information.
3) If hospice has a copy of the patient's Out of hospital DNR (do not resuscitate) have them fax it to 409-765-2503 or email to NET@gchd.org. Attach it to the email you send the crews with the call information.
4) If the hospital requests the transport, ensure an out of hospital DNR is with the paperwork.
5) If the patient does not make it through the transport the crew will call the supervisor and let them know. The crew will then have to wait where they are for the medical examiner to come and get the patient. This may take several hours.

EMERGENCY TRANSFERS

1) Crews may be asked to run emergency transfers. This means that they respond to the call running lights and sirens or that they transport the patient emergency traffic.
2) Examples of emergency transfers include NICU calls, critical flights, cath lab transports, emergency interfacility transports or if a transfer patient becomes unstable during transport and needs to be redirected to the ER.

INMATE TRANSFERS

1. The following two items must be in place prior to transport and noted in ePCR.
    a. Inmate number
    b. Certification number (Pre-cert number)
2. Receive prior approval from the supervisor for guard returns if applicable.

ROLLING CALLS

1) The dispatcher will receive patient information that is found in the email. If it is called in, then they will gather all appropriate information. They will also collect insurance information. If the patient is uninsured, we keep the call.
2) If the patient does not have insurance, or we have an agreement with the hospital for certain types of calls then we need to keep them. We do not give away contract calls unless there is no unit in service (see contract section)
    a. If you have to roll a contract call inform the social worker they will be responsible for the other services rates.
3) If the patient is being picked up and dropped off on the island (Island to Island transfer) and there are no available transfer trucks, the dispatcher will call the supervisor and ask what 911 truck they want sent. The dispatcher will then email the crew and give them the call information.
4) When rolling a call to another service, call the person who requested the transport (Case manager) and let them know what service will be picking up the patient and give them the ETA that the service gave you.

    Mescon EMS 281-397-3727 They have a station in Texas City. Ask if they have an ALS crew that day if needed.
    City Ambulance- 281-894-7100 They have a station in Webster; Will put up additional trucks if they know we are going to be busy
    CLEMC EMS 281-204-7797 They have a station in Webster, they have ALS and BLS capabilities.
    Acadian EMS 281-548-7772 The closest station is in Webster but that may not always be the unit responding.

ESO DOCUMENTATION FOR ROLLED OR CANCELLED CALLS

When the dispatcher gives a call to another service or if a call is cancelled, they will write a report for that call in ESO daily.

- Log into www.esosuite.net
- Click EHR
- Click “new record” at the bottom of the screen
- Under the Incident tab fill in the Response, Scene, Personnel, Disposition, and Times sections
- Under the Patient tab fill in the first and last names.
- Under the Narrative tab click Narrative on the side. Click Add Narrative. Write where the call is coming from, who requested it, and why it was cancelled or given away. If another service took the call, write who we gave it to and the ETA they gave us.
- Under the Signatures tab click Provider Signature click the box and sign your name.
- In the upper right-hand corner click on the green check mark.
- If there is anything missing it will prompt you to correct it. If everything is good, it will ask if you want to lock the record. Click yes.

ALS VS. BLS

1) ALS services include: cardiac monitoring, IVs with drugs being administered, and patients that are being ventilated or on CPAP/BiPAP.
2) BLS services include: patients that have IV with no active drips, patients requiring oxygen, and patients that do not require any special equipment.
3) See the GAAA Clinical Guidelines for a complete list.

911 VS. TRANSFER CALL

1) If the caller requests transport to the emergency room for any reason it must be a 911 call.
2) The dispatcher can advise the caller to call 911 or they can take the information down and call 911 dispatch at 409-765-3702 and ask that EMS respond non-emergency if the caller has requested that.
3) The supervisor may call the NET dispatcher and ask for a run number for a lift assist call.
4) Any of the following signs/symptoms should be considered a 911 call:
   - Sudden onset of shortness of breath/ difficulty breathing
   - Sudden onset of chest pain
   - New onset of altered mental status (confused person that's normally alert)
   - New onset of stroke like symptoms (facial drooping, weakness on one side, slurred speech)
   - Bleeding from injury, bowel movement with blood, or vomiting blood
   - New onset of high blood pressure or low blood pressure
   - Choking
   - Allergic reactions
   - Elderly falls or fractures
   - Low blood sugar reading

TRANSFER LOG

1) Check your email at the beginning of the shift for one with the log attached. The email should say what units are on calls and who is available. On the phone hit the "CFwdALL" button to have the phones transferred back to the dispatcher.
2) Open the log to see if there are any calls holding or if there is something scheduled to go out that day.
3) For every call dispatched you need to fill in the following boxes:
   - Date
   - Run number
   - Patient name
   - Unit assigned (who is taking the call)
   - Mutual aid (yes, if we helped out 911 from out of our service), if another service took it, list them.
   - Status (standby, waiting, dispatched, done, cancelled)
   - Pick up location
   - Drop off location
   - Requested received (time they sent or called in the call)
   - Requested Time (time they want the patient picked up) if they change it or we change it put that ETA in ()
   - Requested by (case manager or caller's name)
   - Call back number
   - Notes (delays, special equipment needed, billing notes)
   - Date of Birth
   - Billing Information with PAN number if there is one

4) There is a section for future transfers/ standbys. Place the call information here if the call is going out on a later date or the call is on standby (unknown when it's going out). For standby calls, the case manager will call the dispatcher when the patient is ready to be picked up.
5) Dialysis patients are on bottom of the log. When adding a patient to the log you also have to fill in the days that they need to be transported.
6) At the end of your shift send the log to the GAAA Supervisor Reports on duty and to billing specialist. Transfer the phones to the supervisor cell phone. On the phone hit the "CFwdALL" button, type 9-409-392-3232.

FLEET TRACKER

1) Go to: https://cloud.samsara.com/signin
2) Log in with your credentials. Click on the map. You can now see where the units are at in real time.

ERRANDS / 911 BACKUP

1) When the crews are not on transfers, they may be asked to run errands. These can include moving trucks around, delivering supplies to stations or other things that need to be done that day.
2) When the island gets busy with 911 calls the supervisor may call the NET dispatcher and ask what transfer units are in service. They will be used to run the other 911 calls.

KEEPING TIMES

1) It is the responsibility of the crews to keep accurate times for their ESO chart.
2) Crews are expected to check in with NET Dispatch or Supervisor on duty when enroute, on location, back in service, and back on the island. As a courtesy, dispatch will mark times on the NET LOG
    a. Dispatch or supervisor is to monitor location of crews via fleet tracker and radio communications
3) Document every 30 minutes of crew delay time at sending/receiving facility in the narrative of the chart or flow chart.
    a. Document this situation in the flow chart under general comments with total time documented in the narrative

RADIO COMMUNICATIONS

1) All NET crew members will communicate with dispatch/supervisor via radio as a primary form of communication.
2) Crew members are required to call NET dispatch via radio on all the following;
    a. When enroute to sending location
    b. At arrival to sending location
    c. While enroute at the receiving location
    d. When cleared from the receiving location and back enroute to the island
    e. Call when they are back in district on the island (on GEMS1 and DISPATCH channels)
3) NET Crews will always monitor both GEMS1 as well as 911 DISPATCH in case of 911 back up or new transfer.
4) If on a long-distance transfer and out of radio communications, the NET crew will contact dispatch via issued cell phone to relay the required information.

PAYMENT PROCESSING

1) In the event that the patient is prompt pay (self-pay) patient. The NET Dispatcher, Supervisor, or Billing Specialist will provide the base rate as well as milage rate to either the case manager or patient. Included should be a map of the route
2) Half of the payment is due up front prior to transport being initiated.
3) Use the online credit card application to process payment
    a. Use the excel credit card form if the online application is unavailable.
    b. All transactions are to be sent to Billing Specialist for tracking and accuracy as per billing specialist responsibilities.

CONTRACT LIST

Contract list as of 9/1/2023	
A* Med Community Hospice v.1	GAAA Transport Agreement
Absolute Hospice v.1	Absolute Hospice
Air Ambulance 1 v.1	Air Ambulance 1
Air Ambulance Forum, Inc. v.1	Air Ambulance Forum, Inc.
Anchor Hospice v.1	GAAA Transport Agreement
Aserene Hospice transport Agreement v.1	Aserene Hospice
Correctional Medical Services, Inc. v.2	Correctional Medical Services, Inc.
Essential Hospice and Palliative Services v.1	Essential Hospice and Palliative Services
GAAA -Anchor Hospice v.1	Anchor Hospice-Ambulance Services Agreement
Harbor Hospice of Houston v.1	Harbor Hospice of Houston
Heart of Texas Hospice v.1	Heart of Texas Hospice
Jail Transportation Agreement v.1	NET - County Jail
North Star Hospice LLC v.1	Ambulance Service Agreement
Resolutions Hospice v.1	Resolutions Hospice
Shriners Hospitals for Children v.1	Shriners Hospitals for Children
Silverado Hospice South Houston v.1	
Texas Home Health Hospice, LP v.1	Texas Home Health Hospice, LP
The Meridian Retirement Community v.1	Meridian - Non-Emergency Transfer Supplementation
The Providence Hospice, Inc. v.1	Providence Hospice, Inc. - Hospice Contract
University of Texas Medical Branch at Galveston v.1	UTMB Ambulance Services

ATTACHMENTS

FLIGHT REQUEST FORM

Galveston Area Ambulance Authority

Flight Team / Medical Team Transfer Request

409-938-2424 (GAAA NET Dispatch)

Thank you for choosing Galveston Area Ambulance Authority (GAAA for your transfer needs). To complete the arrangements of the ground transportation portion of your transfer we request that you provided the below fillable form (all fields completed) so that we better facilitate our services provided to you. When completed please email to NET@GCHD.ORG

Your Agency: _____ **Tail Number:** _____
ETA to Airport of Helipad _____ **Landing Location:** Scholes Field ___ Other _____
Special Equipment needs _____
_____ _____
Responsible Billing Party: Flight Company ✓ Current transport contract with GAAA? ___

Your Agencies Contact Information

GAAA Dispatch Call back Point of Contact:
Name: _____
Phone: _____
Email: _____

Flight Companies Account payables department address.
ATTN: _____
Street: _____
_____
City _____ State _____ Zip _____

To inquire about future contracted rates please contact our office for more information at 409-765-2524

Patient Demographics
Name (last, First MI) _____
Street: _____
_____
City _____ State _____ Zip _____
Primary Insurance: _____
Policy # _____ Group# _____
Secondary Insurance: _____
Policy # _____ Group# _____

**Please note: the financial responsibility for transportation by GAAA to and from the landing destination in Galveston County and the medical facility is the responsibility of the Requesting Flight Agency or the Transporting Team's agency without prior authorization from the GAAA EMS Director.*

BILLING QA CHECKLIST

BILLING QA CHECK LIST

Ensure the following is complete and correct on all transports.

INCIDENT TAB

1. Run number (in the incident number section)
2. Run type
3. Priority
4. Pick up location
5. Disposition
6. Level of service (BLS/ALS/Critical Care)
7. Hospital chart number
8. Times and mileage

Patient Tab

1. Name
2. DOB
3. SS#
4. Mailing address
5. Belongings

Vitals Tab

1. At least 2 sets of vitals (not required on scheduled lift assists)
2. EKG interpretations

Flow Chart Tab

1. Any interventions documented in Flow chart

Assessment Tab

1. Initial completed
2. Ongoing completed (if transported)
3. Extremities pulse documented

Narrative tab

1. Primary / Secondary impression (ensure a COVID impression is here if they are COVID related)
2. In narrative section: Why they are being transported by ambulance to the facility or home
3. Tail number of aircraft

Billing Tab

1. ALL Sections (except next of kin and consumables is required)

Signatures Tab

1. Billing authorization signatures.
    a. Valid reasons for patient not signing ONLY:
    b. Auditory - Disturbances/Difficulties • Distress Level • Immobilization • Drug Use/ETOH/Intoxication • Mental Status/Impaired • Pain • Physical Impairment of Extremities • Visual Disturbances/Difficulties • Vomiting (Actively)
    c. Any of this must also be documented in the narrative and assessment.
    d. The reason listed on the signature page must also match the findings you document in the narrative.
2. Both providers signatures
3. Facility Signatures (name and title)

Attachments

1. PCS form
2. MOT form if IFT (original stays with patient)
3. Face sheet
4. Monitor file if ALS call.

TRANSPORT ORDER FORM

GALVESTON COUNTY HEALTH DISTRICT
EMERGENCY MEDICAL SERVICES

MEDICAL TRANSFER ORDERS

OXYGEN SUPPORT

- ☐ Nasal Canula @ _____ LPM Target SPO2 _____%
- ☐ Non-Rebreather @ _____ LPM Target SPO2 _____%
- ☐ Ventilator Support
  - **MODE**: CPAP / BiPAP / AC / SIMV (circle one)
  - Rate: _____ PEEP: _____ vT: _____ PIP _____ FIO2 _____
  - MAP: _____ I-Time: _____ ETC02 Target range _____
  - IPAP: _____ EPAP: _____
- ☐ OTHER: _____
- ☐ OTHER: _____
- ☐ OTHER: _____

INTRAVENOUS FLUIDS

- ☐ 9% Normal Saline at _____ml/hr
- ☐ OTHER: _____
- ☐ OTHER: _____

COMMON MEDICATIONS

- ☐ Norepinephrine - Concentration _____mg/_____ml, rate _____mcg/min, Target MAP > _____
- ☐ Epinephrine - Concentration _____mg/_____ml, rate _____mcg/min, Target MAP > _____
- ☐ TPN _____
- ☐ Ondansetron _____ mg IV / ODT
- ☐ Diphenhydramine _____mg IV
- ☐ Acetaminophen _____mg / gm IV / PO
- ☐ Haloperidol _____mg IV / IM
- ☐ OTHER: _____
- ☐ OTHER: _____
- ☐ OTHER: _____

PAIN / AXIETY MANAGMENT

- ☐ Morphine _____mg IV / IM PRN / _____
- ☐ Diazepam _____mg IV / IM PRN / _____
- ☐ Fentanyl _____mcg IV / IM PRN / _____
- ☐ Lorazapam _____mg IV / IM PRN / _____
- ☐ Ketamine _____mg IV / IM PRN / _____
  - DRIP: _____mg / _____ml @ _____ mg/kg/hr - *RASS Target Score _____
- ☐ OTHER: _____
- ☐ OTHER: _____
- ☐ OTHER: _____

OTHER: GENERAL ORDERS / COMMENTS*

_____
_____
_____
_____
_____

_____
Physician Name and Signature

*See Reverse for a general list of medications that are stocked on GAAA ambulances. Medications not listed must be started prior to transport by sending facility. Medications not listed can be continued by appropriate EMS crew configurations. Contact Transfer Dispatcher with questions 409-938-2424

GALVESTON COUNTY HEALTH DISTRICT
EMERGENCY MEDICAL SERVICES

MEDICAL TRANSFER ORDERS

GAAA Ambulance General Medication list *(subject to change at GAAA Medical Director's discretion)*

***Diazepam**
***Fentanyl**
***Haloperidol**
***Morphine**
***Versed**
***Ketamine**
***Ativan**

Acetaminophen IV 1 g
Acetaminophen tablets
Acetaminophen liquid 160 mg
Activated Charcoal 50 g
Adenosine 6 mg
Albuterol 2.5 mg
Amiodarone 150 mg
Cefazolin 1 g
Aspirin 81 mg
Atropine 1 mg
Bactracin
Calcium Gluconate 1 g
Diltiazem 25 mg
Dexamethasone 10 mg
Dextrose 50% 25 g
Diphenhydramine 50 mg
Enalapril 1.25 mg
Etomidate 20 mg
Epi 1:1000
Epi 1:10000
Ibuprofen 120ml
Ipratropium 0.5 mg
Labetalol 40 mg
Norepinephrine 4 mg
Lidocaine 2% 100 mg
Magnesium Sulfate 1 g
Naloxone 2 mg
Nitroglycerine bottle
Nitroglycerine Paste
Oral glucose 15 g
Rocuronium 50 mg
Vecuronium 10 mg
Sodium Bicarb 50 mEq
Methylprednisolone 125 mg
Succinylcholine 100 mg
Tranexamic Acid (TXA) 1g
Ondansetron IV 4 mg
Ondansetron ODT 4 mg

The Richmond Agitation and Sedation Scale: The RASS*

Score	Term	Description	
+4	Combative	Overtly combative, violent, immediate danger to staff	
+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive	
+2	Agitated	Frequent non-purposeful movement, fights ventilator	
+1	Restless	Anxious but movements not aggressive vigorous	
0	Alert and calm		
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to *voice* (**≥10 seconds**)	Verbal Stimulation
-2	Light sedation	Briefly awakens with eye contact to *voice* (**<10 seconds**)	Verbal Stimulation
-3	Moderate sedation	Movement or eye opening to *voice* (**but no eye contact**)	Verbal Stimulation
-4	Deep sedation	No response to voice, but movement or eye opening to *physical* stimulation	Physical Stimulation
-5	Unarousable	No response to *voice or physical* stimulation	Physical Stimulation

Procedure for RASS Assessment

1. **Observe patient**
   a. Patient is alert, restless, or agitated. **(score 0 to +4)**
2. **If not alert, state patient's name and say to open eyes and look at speaker.**
   a. Patient awakens with sustained eye opening and eye contact. **(score –1)**
   b. Patient awakens with eye opening and eye contact, but not sustained. **(score –2)**
   c. Patient has any movement in response to voice but no eye contact. **(score –3)**
3. **When no response to verbal stimulation, physically stimulate patient by shaking shoulder and/or rubbing sternum.**
   a. Patient has any movement to physical stimulation. **(score –4)**
   b. Patient has no response to any stimulation. **(score –5)**

PCS FORM

Physician's Certification Statement (PCS)

Galveston Area Ambulance Authority (GAAA)
Galveston EMS (GEMS)

INITIAL TRANSPORT DATE:_____/_____/_____

Patient Name: _____

Patient SSN:_____ DOB: ___/___/___

Transport From: _____

Room No._____ Unit Phone No.: _____

Transport to: (Facility) _____

Facility Address: _____

Medicare Number: _____

GAAA Trip Number: _____

Physician Name: _____

Phone: _____

Fax: _____

PAN No:_____

NPI No: _____

PTAN No: _____

(1) **This form must be completed in its entirety**. In the absence of a physician, other signers as identified below may complete the document.
(2) The patient's condition, at the time of transport, must be document.
(3) Medical necessity and reasonableness criteria must be clearly documented according to CMS requirements.
(4) If this PCS is for a **repetitive patient** the PCS must be obtained **in advance** of the first transport from the attending physician. The PCS must be dated no earlier than 60 days in advance of the transport physician must sign the form prior to the first transport. This form may serve for a period of sixty (60) days.

Medicare requires under 42 CFR, Part 410.40(d) that ambulance providers obtain a Physicians Certification Statement (PCS) signed by a listed clinician for the provision of non-emergency transportation. This form has been designed to assist clinicians, Medicare beneficiaries and ambulance providers to determine if medical necessity has been met. Authorized signers, please complete the medical necessity criteria and narrative section of this form and sign, listing your credentials.

Medical Necessity Criteria

To be completed by a clinician (as listed below) who is employed by the facility where the beneficiary is being treated with knowledge of the beneficiary's condition at the time the transport was ordered or the service is being furnished.

Check all applicable Medical Necessity Criteria and Complete the Narrative

- ☐ Requires continuous oxygen, airway monitoring or suctioning
- ☐ Comatose and requires monitoring
- ☐ Seizure-prone and requires monitoring
- ☐ Has an unrepaired or recent fracture/joint replacement and must remain immobile
- ☐ Ventilator dependent
- ☐ Requires continuous IV therapy
- ☐ Requires EKG cardiac monitoring
- ☐ Requires restraints and/or sedation
- ☐ Has severe contractures.
- ☐ Has decubitus ulcers and requires wound precautions or special handling (define the stage and location in additional comments section provided in the adjacent column)
- ☐ Exhibiting acute loss of conscious or is in shock
- ☐ Requires isolation precautions (indicate below)
  VRE MRSA COVID Other: _____

☐ Patient is bed confined before and after the transport. Patient is unable to get up from bed without assistance, and unable to ambulate and unable to sit in a chair, including a wheelchair. ***Describe in the narrative, the patient's condition(s) that will not allow the patient to be moved by any other method of transportation except on a stretcher.**

☐ Facility to Facility transfer. ***Specify below the specific service or need that is not available or cannot be met at the transferring facility.**

☐ Patient is chemically restrained or must be physically restrained. ***Specify below the type of restraint and clinical condition requiring such.**

NARRATIVE – MEDICAL NECESSITY EXPLANATION:

_____

_____

_____

_____

LEVEL OF SERVICE (CHECK ONE)

☐ BLS ☐ ALS ☐ SCT

☐ **Repetitive Patient**. (Maintain PCS on file for 60 Days from Date Signed by Physician.)

Clinician Phone No:_____

TITLE (CHECK ONE)

Clinician Name (Printed)_____ ☐ MD/DO ☐ PA ☐ NP ☐ CNS ☐ RN ☐ Discharge Planner

Clinician Signature:_____ Date Signed:_____/_____/_____

Medical Necessity Checklist

This tool is designed to assist you in the accurate completion of the Physician Certification Statement (PCS) section of this form. It does not in any way serve as a replacement for properly completing the PCS and narrative section of this form. Medically Necessary Services requires both the patient need to be in ambulance on a stretcher and the level of service provided (i.e. BLS, ALS, and SCT.) Document on the PCS why the services are medically necessary and reasonable; and the condition(s) at time of transport that will not allow other modes of transportation.

INSTRUCTIONS: Below are eight of the most commonly documented conditions associated with patients requiring transport by ambulance. These are often also difficult to accurately and completely document. Please check the boxes next to the statements that apply.

BED CONFINED:

- ❑ Patient is unable to get out of bed without assistance;

AND

- ❑ Patient is unable to ambulate;

AND

- ❑ Patient is unable to sit in a chair or wheelchair.

All three conditions must be met in order to be considered "Bed Confined".

The term "bed confined" is not synonymous with "bed rest"

CVA - RECENT OR ACUTE:

- ❑ Documentation must specify if the CVA is recent – therefore, include the date of the CVA.
- ❑ If the CVA is a part of the Patients history, document the rationale for the ambulance transport.
  - ❑ Coma – non responsive
  - ❑ Contractures (when associated with CVA) – specify the involved limbs
  - ❑ Paralysis and associative, descriptive, information that can help to determine medical

CONTRACTURES:

- ❑ The Specific limb or limbs must be documented.
  - ❑ Upper extremities bilaterally
  - ❑ Lower extremities bilaterally
  - ❑ Upper and lower extremities on one side
  - ❑ Contractures in all extremities
  - ❑ Contracted into the fetal position

ACUTE LOSS OF CONSCIOUSNESS:

Generalized weakness and muscle atrophy is not a covered condition for ambulance transport.

- ❑ Documentation must describe in detail the specific signs and symptoms that require an ambulance for transportation of the patient.

FRACTURES AND JOINT REPLACEMENT:

- ❑ For **possible** hip fractures the documentation should include a description of the patient's condition at the time of transport (patient fell from bed onto hip, patient complained of severe pain to hip and/or the leg was shortened and rotated inward)
- ❑ For **post fracture repair**, if the patient is ambulatory and/or moves with a walker, cane or is able to sit upright in a chair or wheelchair, the ambulance transport is "not medically necessary".
  - ❑ **Or, for joint replacement / post fracture repair**, describe in detail why the patient is non weight bearing or unable to place pressure / weight on the fracture site (i.e. a possibility of re-injuring the repair site exists).

CARDIO-RESPIRATORY SUPPORT:

- ❑ Documentation should include the reason why the patient requires oxygen administration / cardio-respiratory monitoring.
  - ❑ Dyspnea
  - ❑ Respiratory arrest
  - ❑ Shock
  - ❑ Terminal debilitating lung cancer
  - ❑ Mechanical ventilation

RESTRAINTS (PHYSICAL OR CHEMICAL):

- ❑ Documentation should describe „why" restraints were used to facilitate transport (i.e. patient restrained because of combative, violent behavior and presented a danger to themselves or others).
- ❑ Restrains are physical or chemical.
  - ❑ For **physical** restraints, document the limbs restrained.
  - ❑ For **chemical** restraints, document the medication used, time given and dosage.

***NOTE**: Stretcher straps are not considered restraints.*

DECUBITUS ULCERS:

- ❑ Documentation must include:
  - ❑ The size and location of the ulceration
  - ❑ The stage of the ulcer healing
  - ❑ Associative information explaining why a wheelchair or other means of transportation could not be used.
  - ❑ Flap surgical repair with location and supporting information can also be accepted.

CREDIT CARD HARD COPY PROCESSING / GAAA FEE CHART

CREDIT CARD PAYMENT REQUEST FORM

Information rcvd by:			**Date rcvd:**	3/11/2024		
Incident Number:						
Patient's Name:						
Credit Card Number:						
Type of Card:	**AMEX**	**VISA**	**MASTERCARD**	**DISCOVER**	*(Highlight One)*	
Card Holders Name:						
Card Holders Address:						
Phone Number:						
Experation Date:			**Security Code:**			
Type of Call:		**Fee:**			(See Chart Below)	
Loaded Miles:		**Rate:**	$20.00	**Total for Mileage:**		$0.00
Total Amount of Call:	**$0.00**		**Min 1/2 to be Collected up front**		**Minimum amount to Collect:**	$0.00
NOTES:					**Total Amount Collecting:**	
Send Credit Card Confirmation to:						
					Total amount to charge	$0.00

Galveston Area Ambulance Authority Fees

Effective October 1, 2023

Service	CPT Code	Billing Code	Description	Fees
SPECIAL EVENTS - STAND BY PER HOUR	A0999		EMS Crew (2) Standby	$165
SPECIAL EVENTS - STAND BY PER HOUR	A0999		EMS First Aid Only (1) Standby	$121
SPECIAL EVENTS - EXPIDITED FEE	A0999		Expedited admin fee charged for special Event Contracts scheduled less than 10-days prior to date of event.	$72
BLS NON-EMERGENCY	A0428	1a	Basic level (EMT) transport	$825
BLS EMERGENCY	A0429	2	Basic level (EMT) response	$1,210
ALS NON-EMERGENCY	A0426	1	Advanced level transport *(EMT Intermediate or Paramedic)*	$1045
ALS EMERGENCY	A0427	M2	Advanced level response *(EMT Intermediate or Paramedic)*	$1,430
ALS 2 EMERGENCY	A0433	M4	Enhanced Advanced level Emergency *(EMT Intermediate or Paramedic) Includes 3 IV Medications & ET Intubation, EKG, defibrillation or pacing*	$1,760
EXTRA ATTENDANT	A0424	14	Difficult lifting and moving situations	$132
MILEAGE	A0425	M5	Per loaded mile	$20
WAITING TIME	A0420	17	Per one-half hour	$110
NO TRANSPORT	A0999	126/127	Person calls for service and then declines	$230
PUBLIC ASSIST	A0999	128	Assist mobility impaired residents	$86
BARIATRIC FEE	A0434		Specialty care transport for patients over 300lbs	$770

Notes:

The United Board of Health By-Laws grant the Chief Executive Officer or his or her designee the right to negotiate contractual rates with third party institutions for patient transportation based on legitimate need and the best interest of GAAA, GCHD, and the United Board of Health.