

## The need for setting standards in critical care transfers

M Venter,<sup>1</sup> BTech EMC; D Stanton,<sup>1</sup> Critical Care Assistant (CCA); N Conradie,<sup>2,3</sup> BTech EMC; L Jordaan,<sup>4</sup> BTech EMC;  
C Venter,<sup>5</sup> BTech EMC; M Venter,<sup>5</sup> BTech EMC; W Stassen<sup>3,5</sup> BTech EMC, MPhil EM

<sup>1</sup> Netcare 911, Netcare (Pty) Ltd., Midrand, South Africa

<sup>2</sup> Critical Care Transport Unit, Department of Health, Gauteng Provincial Government, South Africa

<sup>3</sup> Department of Emergency Medical Care, Faculty of Health Sciences, University of Johannesburg, South Africa

<sup>4</sup> Department of Emergency Medical Care, Faculty of Health Sciences, Cape Peninsula University of Technology, Cape Town, South Africa

<sup>5</sup> Critical Care Retrieval Services, ER24, Johannesburg, South Africa

**Corresponding author:** M Venter ([monique.venter@netcare.co.za](mailto:monique.venter@netcare.co.za))

South Africa (SA) has a well-described shortage of critical care resources and specialists, often necessitating interfacility transfer to meet the needs of patients requiring further care.<sup>[1]</sup> Previously published work has reported high rates of adverse events when transfers of critically ill patients (critical care transfers, CCTs) are undertaken by prehospital providers who lack advanced skills and training.<sup>[2-4]</sup>

In our recently published article in *SAJCC*,<sup>[5]</sup> we suggested that a remedy for this could be the development postgraduate training curricula for prehospital providers undertaking CCTs, which would allow for an additional scope of practice. Although this is an ideal to strive towards, it is not a realistic solution in the short term. We propose a national standard-setting (board) exam for all prehospital providers undertaking these high-risk transfers. This would enable a standardised level of care, more consistent practice, and significant clinical risk mitigation.

Within SA, advanced life support (ALS) practitioners with various qualifications are undertaking CCTs. The training of these providers in critical care has been variable at best.<sup>[5]</sup> In October 2016, the Health Professions Council of SA released newly proposed scopes of practice for all prehospital providers for commentary.<sup>[6]</sup> These proposed changes, pending acceptance, would see providers at the technician level, with even less critical care training, undertaking the transfer of ventilated patients, for example. The term ALS would no longer hold its current definition and ALS practitioners of different levels would no longer have the same skill set. The CCT environment would soon be confronted with the new challenge of redefining which practitioners are competent to undertake high-acuity transfers.

Internationally, practitioners who undertake CCTs undergo further training and are required to pass a board exam before becoming certified critical care paramedics.<sup>[7,8]</sup> This is not the case locally. A concerted effort should be undertaken by critical and prehospital care societies to develop, moderate, and administer the exams to ensure that those involved in CCTs are adequately knowledgeable and skilled to do so safely – this is in the best interest of patient outcomes.

*S Afr J Crit Care* 2017;33(1):32. DOI:10.7196/SAJCC.2017.v33i1.319

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