

# Interfacility Transfer Clinical Response Model

February 2, 2026

Dear Colleagues,

This memo is to inform our valued partners of updates to the BC Emergency Health Services (BCEHS) Interfacility Clinical Response Model (IFT-CRM).

Patient Condition	Colour
Immediately life threatening (Eg. Cardiac Arrest)	Purple
Immediately life threatening or time critical (Eg. Chest Pain)	Red
Urgent / Potentially serious, but not immediately life threatening (Eg. Abdominal Pain)	Orange
Non-urgent (not serious or life threatening) (Eg. Sprained Ankle)	Yellow
Non-urgent (not serious or life threatening). Possibly suitable for treatment at scene <b>** NOT Being implemented immediately</b>	Green
Non-urgent (not serious or life threatening) Further clinical telephone triage and advice Referrals to HealthLink BC (8-1-1 calls)	Blue

The IFT-CRM has been updated to address limitations in the previous Red and Yellow categories, which were broad and did not consistently support effective transport prioritization. The updated model introduces Purple and Orange acuity levels to improve clinical clarity, support consistent decision-making, and better align clinical urgency with operational realities.

There is no change in how interfacility transfer requests are initiated via PTN.

### What's Changing

Effective February 10, 2026, Purple and Orange acuity levels will be incorporated into the IFT-CRM.

- Purple and Red interfacility transfers are classified as Life, Limb, or Organ Threatened (LLTO) events.
- Orange interfacility transfers are classified as high priority non-LLTO events and represent stable patients who have a moderate likelihood of deterioration or require an urgent diagnostic or therapeutic intervention.

For requests covered under the First Nations Nursing Stations Auto Acceptance policy, calls will automatically be coded as Orange in the background to enable dispatch to immediately initiate a review of air resources. Concurrently, a clinical conference will occur. If the patient is clinically assessed as LLTO, the acuity will be immediately updated to Red or Purple, as clinically appropriate.

This policy recognizes the level of care available at Nursing Stations and the realities of remote locations, where timely transfers are critical. As such, Yellow, Green, and Blue acuities will not be applied for these requests.

An additional layer of logistical upgrade capability has been incorporated into the model. Once clinical priority has been established, dispatch may further upgrade a call based on logistical considerations such as site capabilities, access limitations, weather, and available resources. This may result in a call being upgraded by dispatch up to a maximum of Red, reducing the risk of delay due to non-clinical constraints.

These updates have been tested in practice from the PTN call taking perspective since August 2025 and have been socialized with partners through ongoing operational and clinical discussions. As part of this change, the updated color designations will be visible on the Patient Transfer Services (PTS) Health Authority facing dashboard, providing greater transparency and shared situational awareness during interfacility patient transfer coordination.

BCEHS remains committed to working closely with our partners to support culturally safe, timely, clinically appropriate, and coordinated interfacility patient transfers.

We encourage you to share this information more broadly within your organizations, including with physicians and clinical teams.

If you have questions, please contact your usual BCEHS Patient Transfer Services point of contact.

Sincerely,

Jennie Helmer  
Chief Operations Officer  
BC Emergency Health Services