Subject: Administration - Provider
Inter-Facility Transfer Procedure

Associated Policies:

I. Authority and Reference (incorporated herein by references)
- A. Division 2.5 of Health & Safety Code
- B. California Code of Regulations, Title 22
- C. North Coast EMS Policies & Procedures

II. Policy

Patient transfers between acute care hospitals will be completed based upon the medical needs of the patient and through the cooperation of both the sending and receiving hospitals in accordance with approved procedures.

III. Procedures

A. Application of Policy and Procedure:

This policy shall be utilized for all patient transfers between acute care hospitals. These procedures are suggested for patient transfers from skilled care facilities to acute care hospitals, but are not necessary for transfers to a chronic care skilled care facility.

This procedure is not a substitute for required transfer policies and agreements. Each hospital shall have its own internal written transfer policy, clearly establishing administrative and professional responsibilities. Transfer agreements must also be negotiated and signed with hospitals that have specialized services not available at the transferring facility.

B. Responsibilities:

Hospitals licensed to provide emergency services must fulfill their obligation under California Health and Safety Code to provide emergency treatment to all patients regardless of their ability to pay. Transfers made for reasons other than immediate medical necessity must be evaluated to assure that the patient can be safely transferred without medical hazard to the patient's health and without decreasing the patient's chances for or delaying a full recovery. In these cases, the involved physicians and hospitals should generally take a conservative view, deciding in favor of patient safety.

If a hospital does not maintain an emergency department, its employees shall nevertheless exercise reasonable care to determine whether an emergency exists and shall direct the persons seeking emergency medical care to a nearby facility which can render the needed services, and shall assist in obtaining the emergency services, including ambulance transportation services, in every way reasonable under the circumstances. Notwithstanding the fact that the receiving facility or physicians at the receiving facility have consented to the patient transfer, the transferring

physician and facility have responsibility for the patient that he or she transfers until that patient arrives at the receiving hospital. The transferring physician determines what professional medical assistance should be provided for the patient during the transfer (if necessary, with the consultation of the appropriate EMS Base Hospital Physician).
The transferring physician has a responsibility to candidly and completely inform the receiving physician of the patient's condition so that the receiving physician can make suitable arrangements to receive the patient.
It is the responsibility of the receiving facility, when accepting the patient, to provide personnel and equipment reasonably required in the exercise of good medical practice for the care of the transferred patient, in order to assure continuity of care.

C. Standard for Transfers:
   1. Physicians considering patient transfer should exercise conservative judgment, always deciding in favor of patient safety.
   2. If the patient presents to an emergency department, the patient must be evaluated to determine if the patient has emergency medical condition or is in active labor. If an emergency medical condition or active labor exists, the emergency department must provide emergency care and emergency services where appropriate facilities and qualified personnel are available. Emergency care shall be limited to diagnostics and procedures which directly contribute to patient survival.
   3. Immediate transfer of Major Trauma Patients
      a. Immediate transfer is at the discretion of the examining physician. It may be based on patient condition, availability of surgeon and operating room but not the patient's ability to pay.
      b. Those patients immediately transferred may be audited for both medical care and compliance with this procedure.
      c. As in all transfers, prior acceptance of the transfer by the receiving facility is required prior to transfer. Cases that are refused may be audited.
   4. The transferring physician must determine whether the patient is medically fit to transfer and when indicated, will take steps to stabilize the patient's condition.
   5. No transfer shall be made without the consent of the receiving physician and hospital. The receiving hospital may designate physicians who may provide consent for both the physician and the hospital. It is the responsibility of the receiving physician to

inform the transferring physician of the need for additional administrative consent.

6. The patient or the patient's legal representative must be advised, if possible, of the impending transfer. Adequate information shall be provided regarding the proposed transportation plans. This process should be documented according to State and Federal requirements.
7. Once the decision to transfer the patient has been reached, every effort should be made to effect the transfer as rapidly and safely as possible. The transferring physician must take into account the needs of the patient during transport and the ability of the transport personnel to care for the patient.
   Transport personnel are not authorized to, and shall not, provide services beyond their scope of practice.
   North Coast EMS Policy and Procedure details the scope of practice for EMT-I's, EMT-II's, and EMT-Paramedics. If the patient's needs are within the scope of practice of an EMT-IA, no interaction with a base hospital is necessary. EMT-II and EMT-P personnel may only function under the direction of a Base Hospital Physician or MICN. If the patient requires EMT-II or EMT-P level care, the transferring physician must contact the base hospital so that the patient's care can be coordinated during transport.
   If the patient's care needs exceed the scope of practice of the available EMS personnel, the transferring physician will arrange for the patient to be accompanied by a physician or registered nurse along with any other personnel, equipment, and supplies necessary for patient care. In these cases, while assisting the MD or RN with patient care, EMS personnel must function as EMT-IA's, unless authorized by the base hospital to function as an EMT-II or EMT-P, as appropriate.
8. Additional Requirements for Transfer for Non-Medical Reasons
   When patients are transferred for non-medical reasons, the transferring hospital must follow all of the above requirements. In particular, the transferring physician must ensure that emergency care and emergency services have been provided, and shall determine the transfer would not create a medical hazard to the patient and would not decrease the patient's chances for or delay the patient's full recovery.

D. Transfer Procedures:
   The following are the basic transfer procedures for all patient transfers:
   1. Transferring Facility

a. The transferring hospital will first provide all immediately necessary diagnostic tests, procedures, and treatment (including, if necessary, consultation) deemed appropriate by the transferring physician.

b. After determining the need for transfer, the transferring physician will notify the patient or his/her representative, explaining the reason for transfer. This process should be documented according to State and Federal requirements.

c. The transferring physician will contact and consult the receiving physician. The receiving physician will be advised of all information regarding the patient's condition, test results, procedures, and current treatment. (In case of STAT transfers, consider faxing information, so that patient transfer is not unnecessarily delayed.) The patient may be transferred only with the approval of the receiving facility and physician. The receiving hospital may designate physicians who may provide consent for both the physician and the hospital. It is the responsibility of the receiving physician to inform the transferring physician of the need for additional administrative consent.
If EMT-II or EMT-P personnel are requested for the transfer, the transferring physician must be consulted by base hospital personnel to facilitate care by EMS personnel.

d. To request an ambulance:
   1) Call the appropriate ambulance service directly.
   2) Identify sending and receiving facilities.
   3) Identify sending and receiving physicians.
   4) Provide patient's name, location, and condition.
   5) Detail the level of care and type of equipment needed (EMT-I, EMT-II or EMT-P) or advise if a RN or MD will accompany the patient.
   6) If the transferring facility is not the base, the base hospital should be informed that an ALS or LALS transfer is under way.

e. The transferring physician and nurse will complete documentation of the medical record. All pertinent test results, x-rays, and other patient data, including the patient transfer form will be sent with the patient at the time of transfer. If data is not available at the time of transfer, such data will be telephoned or faxed to the receiving hospital and sent as soon thereafter as possible.

2. Receiving Facility
   The receiving hospital shall instruct its personnel (including physicians who are authorized to accept patient transfers) on the appropriate procedures for completing transfers.

E. Audit of Transfer Procedures:
Violations of transfer procedures can result from either clinical or procedural errors on the part of individual hospitals and physicians, and/or other parties involved in the transfer process.
Examples of candidates for audit might include:
1. Inadequate stabilization of the patient.
2. Patient sent without adequate level of personnel or equipment.
3. Patient subject to excessive delay in transfer.
4. Patient sent without medical records and results of diagnostic tests.
5. Serious deterioration of the patient's condition enroute.
6. Inappropriate refusal or delay of the transfer by the receiving facility.

Audits may be conducted by North Coast EMS upon notification of any of the above, or complaints may be forwarded to the State Department of Health Services.

F. Procedure for Complaint Review:
The receiving hospital, and all physicians, other licensed emergency room health personnel, and certified prehospital emergency personnel who know of apparent violations of transfer procedures shall, and the corresponding personnel at the transferring hospital and the transferring hospital may, report the apparent violations to the State Department of Health Services on a form prescribed by the Department of Health Services within one week following its occurrence.

IV. Consideration for Emergency Trauma Transfer

A. Based on the patient's condition, geographic locale, expertise of prehospital providers, and the resources of the base, a decision must be made to accept the patient, to stabilize and transfer, or to bypass the patient to a more appropriate facility for definitive care.

B. Deactivation and mechanism of transfer arrangements should be simultaneous with patient stabilization. Once the need for transfer is recognized, this should be expedited. Obtain diagnostics and intervene only on aspects of patient care needed for safe transfer. (If obvious severe head injury is present and no neurosurgeon is available, initiate transfer proceedings without awaiting elaborate diagnostics.)

C. Consider and prepare for transfer early for children with severe multi-system injury.

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D. Permission for emergency transfer should be predetermined by written transfer agreements.
E. Fax of transfer documents is encouraged.

Approved: _____

Approved as to Form: _____