

TITLE **TRANSFERS - INTERFACILITY**

APPROVED \_\_\_\_\_  
Executive Director

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Medical Director

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**TRANSFERS - INTERFACILITY**

I. Authority and Definition

In accordance with Section 1798.172 of Division 2.5 of the Health and Safety Code, the local EMS agency shall establish guidelines and standards for completion and operation of formal transfer agreements between hospitals. These guidelines shall include provision for associated logistics for transfer, evaluation and monitoring of the patient.

"Interfacility transfer" shall mean the transfer of a patient from a clinic, hospital emergency department, hospital inpatient area or other hospital outpatient area, chronic care facility or physician's office hereafter referred to as "facility" to any other facility.

II. Purpose

To assure that all interfacility transfers that occur within the region are conducted in compliance with Federal COBRA regulations.

III. Policy

- A. No patient shall be transferred from a facility until examined by a physician to determine that such a transfer is compatible with the patient's condition and is in the best interests of the patient's medical care. Stabilization of the patient prior to transfer shall include adequate evaluation and initiation of treatment to assure that the transfer will not, within reasonable medical probability, result in death or loss/serious impairment of bodily functions, parts or organs. It is recognized that there are times when such stabilization is not possible because the transferring facility does not have the personnel or equipment needed. In such cases, as much as can be done shall be done and the transfer accomplished as quickly as possible.
- B. The patient should be transferred to a facility that is appropriate to the medical needs of the patient. The receiving facility must have space, equipment and personnel adequate for the needs of the patient.
- C. A physician at the receiving facility must agree to accept the patient prior to the transfer taking place. Acceptance of the transfer shall be accomplished by voice contact between a physician at the transferring facility and a physician at the receiving facility. The transfer should not be refused if the transfer is indicated and the receiving facility has the capability and/or responsibility to care for the patient.
- D. The physician at the receiving facility is responsible for arranging for the reception and care

for the patient when the transfer is accepted.

- E. A patient is to be transferred in a vehicle that is staffed by a qualified trained personnel and that contains life-support equipment. It may be necessary for additional specialized personnel arranged by the transferring hospital to accompany the patient whenever appropriate.
  
- F. The following general responsibilities apply in transfers:
  - 1. The transferring physician has primary responsibility for ensuring that adequate arrangements have been made for patient transport, in consultation with the receiving physician. The receiving physician is responsible for assuring patient disposition arrangements and approval for admittance prior to acceptance.
  - 2. The responsibility for the patient during the transfer rests with the transferring "facility" until the patient has arrived at the receiving "facility".
  - 3. The transferring physician must contact the receiving physician, and the receiving physician must accept the patient, prior to transport.
  - 4. The transferring facility shall ensure that copies of all pertinent medical records accompany the patient during transport.
  
- G. Patients may be transferred when the following conditions are met:
  - 1. The transferring physician determines that appropriate diagnostic and/or treatment services are not available at the transferring facility and are available at the receiving facility.
  - 2. The patient's attending physician or the patient himself requests the transfer and the transferring physician determines that such a transfer would not jeopardize the patient's condition.
  - 3. The patient has been under the continued care of the receiving facility and the transfer will not jeopardize the patient.
  - 4. The patient's health care insurance and/or method of payment requires treatment at the receiving facility and the transfer will not jeopardize the patient.
  - 5. Any other conditions which might warrant transfer are to be considered on a case-by-case basis.
  
- H. Evaluation and treatment of patients prior to transfer should include the following:
  - 1. Establishing and assuring an adequate airway and adequate ventilation;
  - 2. Initiating control of hemorrhage;
  - 3. Stabilizing and splinting the spine or fractures when indicated;
  - 4. Establishing and maintaining adequate access routes for fluid administration;

5. Initiating adequate fluid and/or blood replacement; and
6. Determining that the patient's vital signs (including blood pressure, respiration, and urinary output, if indicated) are sufficient to sustain adequate perfusion. The vital signs should remain within these parameters for a sufficient time prior to transfer in order that physicians may be reasonably certain that they will not deteriorate while the patient is enroute to the receiving hospital.

IV. Procedure

- A. Direct voice contact between transferring physician and receiving physician shall be made and agreement regarding all aspects of the transfer shall be reached prior to transfer.
- B. The receiving facility shall make the necessary arrangements for the transfer (including accompanying personnel where appropriate) in compliance with the agreement reached between the transferring physician and receiving physician.
- C. The following medical records shall accompany the patient:
  1. A summary of care received prior to the transfer.
  2. Copies of all current pertinent medical records including laboratory data, current physician's and nursing notes.
  3. Copies/originals of all pertinent x-rays, sonograms, CT scans, ECGs and other diagnostic tests.
  4. Copies of pre-hospital care forms including paramedic run reports and Emergency Department records where applicable.
- D. A verbal report on the patient by a nurse or physician shall be made to the transport crew prior to transport.
- E. The transferring emergency department will call a patient transport provider and arrange for appropriate transportation. If warranted by his condition, the patient should be accompanied by appropriate medical personnel. The transferring emergency department is obliged to provide appropriate personnel if the patient's treatment needs are beyond the scope of practice of the transport personnel.
- F. Written orders shall be provided for the transport personnel, as appropriate, on the transfer sheet, and signed by the transferring physician with the approval of the Base Hospital.
- G. The transferring facility personnel shall utilize a standardized Regional Interfacility Emergency Transfer Form, with checklist and transfer orders, to ensure that the patient has been appropriately prepared for transport. This Regional Transfer form shall accompany the patient, and the receiving facility shall review and complete the form when the patient

arrives, and forward a copy of the completed form and the pre-hospital run form, with arrival time. to the Regional EMS Agency.