

Policy: Emergency Department Transfers

Manual: Emergency Department Williamson Street Campus – Departmental Policy

Review responsibility: Director of Emergency Services

Formulated: 5/2018


Reviewed: 8/2021

Revised: 8/2021

Policy applies to: All () All clinical staff ()

*Committee Endorsement:
(If applicable)*

Approval:



VP, Chief Medical Officer/Chairman of
Emergency Medicine



Director of Emergency Services

POLICY: There shall be a transfer of protocol that governs inter-hospital transfers of patients, including but not limited to pediatric and trauma patients.

SCOPE: Departmental

PROCEDURE:

1. Transfer means the movement (including the discharge) of an individual outside a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital, but does not include such a movement of an individual who:
 - a. Has been declared dead
 - b. Leaves the facility without the permission of any such person.
2. Trinitas Regional Medical Center shall provide for an appropriate transfer of the individual if either the individual requests the transfer or the hospital does not have the capability or capacity to provide the treatment necessary to stabilize the patient (or he capability or capacity to admit the individual);
3. Trinitas Regional Medical Center shall accept transfers of individuals with emergency medical conditions if the hospital has the specialized capabilities not available at the transferring hospital, and Trinitas Regional Medical Center has the capacity to treat those individuals.
4. The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.
5. All interfacility transportation shall be coordinated through the Trinitas Regional Medical Center EMS Dispatch Center at Extension 8888.
6. If a patient has an emergency medical condition which has not been stabilized, the hospital staff shall not transfer the patient unless:
 - a. The patient (or a legally responsible person acting on the patient's behalf), after being informed of the hospital's obligation under this action and of the risk of transfer, in writing requests transfer to another medical facility, or
 - b. A physician has signed a certification that based upon the information available at the time of transfer; the medical benefits reasonably expected from the

provision of appropriate medical treatment at another medical facility outweigh the increased risk of the patient and, in the care of labor, to the unborn child, from affecting the transfer. This certification shall include a summary of the risks and benefits upon which the certification is based.

7. The receiving facility:
 - a. Has available space and qualified personnel for the treatment of the individual, and
 - b. Has agreed to accept transfer of the individual and to provide appropriate medical treatment.
8. The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification and the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer.
9. A patient shall be transferred to another healthcare facility only for a valid medical reason or by patient choice. The sending ED shall receive approval from a physician and the receiving healthcare facility before transferring the patient. Documentation for the transfer shall be sent with the patient, with a copy or summary maintained by the transferring hospital. This document shall include at least:
 - a. Informed consent of the patient or responsible individual, if possible;
 - b. Reason for transfer;
 - c. Signature of physician who ordered transfer;
 - d. Condition of the patient upon transfer;
 - e. Patient information collected by sending ED, including x-ray films or written interpretation by a radiologist, and
 - f. Name of the contact person at the receiving hospital.
10. Documentation of a patient's transfer sent by the transferring hospital shall be a permanent part of the patient's medical record at the receiving hospital.
11. Trinitas Regional Medical Center shall maintain medical and other records related to individuals transferred to or from the hospital for a period of five (5) years from the date of transfer.
12. Trinitas Regional Medical Center shall report to CMS or the State survey agency any time it has reason to believe it may have received an individual who has been transferred in an unstable emergency medical condition from another hospital.