

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5070.12
	<u>PROGRAM DOCUMENT:</u> Hospital Transfer Agreements	Initial Date:	08/30/99
		Last Approval Date:	09/08/22
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Signature on File

 EMS Medical Director

Signature on File

 EMS Administrator

Purpose:

- A. To establish general guidelines and standards for the completion and operation of formal transfer agreements between hospitals.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

General Guidelines:

- A. A hospital should execute and maintain transfer agreement(s) with other health facilities that offer a higher level of accepted specialty care services. Hospitals with transfer agreements should have a written policy that clearly establishes internal administrative and professional patient transfer responsibilities.
- B. Patient transfers, and related agreements, must comply with state and federal mandates, including, but not limited to, provisions of the: California Health and Safety Code; California Welfare and Institutions Code; California Code of Regulations; and United States Code.
- C. No Emergency Medical Services (EMS) personnel shall be placed in charge of monitoring or administering a drug or procedure outside their scope of practice, as defined by the State of California and the Sacramento County Emergency Medical Services Agency (SCEMSA).
- D. During any transfer, if the patient's condition deteriorates and requires treatment not covered by physician orders or scope of practice, the transferring ambulance should immediately divert to the closest receiving hospital. Ambulance personnel should notify all involved hospitals of their diversion and the patient's status as soon as possible.

Conditions for Transfer:

- A. Stabilization of the patient prior to any transfer should 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, the patient should be stabilized to the best ability of the transferring physician and then promptly transferred.
- B. No transfer should be made without the consent of the receiving physician, and confirmation is received from the receiving hospital's transfer liaison (admitting department

- or other administrative personnel) that the patient meets the hospital's admission criteria relating to available beds, personnel, and equipment.
- C. Transfers from patient care areas of an acute care hospital should require that the patient be informed of the reason(s) for transfer and the destination proposed by the transferring facility. The patient's written consent for the transfer should be obtained, if possible.
 - D. All patient records and copies of pertinent patient information should be transferred with the patient. If not available at the time of transfer, test results may be faxed or telephoned with hard copies sent as soon as practically possible.
 - E. Patients may be transferred when the following conditions are met:
 - 1. The patient has received a medical screening examination and is stabilized (see IV.A. above).
 - 2. Appropriate transfer forms, consent, and documentation are completed.
 - 3. The transferring physician determines that appropriate diagnostic and/or treatment services are not available at the transferring facility and these services are available at the receiving facility OR,
 - 4. 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 and is in the best interest of the patient OR,
 - 5. 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, or the patient has been under the continuing care of the receiving facility, and the transfer will not jeopardize the patient.

Transfer Responsibilities:

The following general responsibilities apply in transfers:

- A. The responsibility for the transfer rests with the transferring physician/facility. The transferring physician/ facility should minimally:
 - 1. Obtain the appropriate informed consent signatures;
 - 2. Consult with the receiving physician/ hospital;
 - 3. Make appropriate transport arrangements;
 - 4. Complete all transfer forms;
 - 5. Provide administrative and medical instructions/orders and arrange for continuous medical control (as outlined in the SCEMSA Program Document (PD) #5101 "Inter-facility Transfers: Medical Control") for hospital / transferring personnel; and
 - 6. Notify the receiving hospital physician.
- B. The responsibility for assuring patient disposition arrangements at the receiving facility rests with the receiving physician/facility.

Transfer Staffing Options:

- A. Emergency Medical Technician (EMT) / Physician Transport.
The physician accompanying the patient will provide / direct medical treatment.
- B. EMT / Transferring Hospital Registered Nurse (RN) Transport:
The transferring hospital should provide written orders for patient care to the registered nurse accompanying the patient. Medical direction during transport may be provided by the transferring or receiving physician via telephone or radio.
- C. EMT / RN [Critical Care Transport (CCT)] Transport:
The transferring hospital should provide written orders for patient care to the registered nurse accompanying the patient. Medical direction during transport may be provided by either the transferring or receiving physician or the ambulance provider's medical director.

D. Paramedic Transport:

The transferring hospital should provide written orders for patient care. The transferring physician/hospital should be familiar with the SCEMSA PD# 2221 – Paramedic Scope of Practice, PD# 5101 – Inter-facility Transfers: Medical Control, and PD# 5102 Inter-facility Transfers: Level of Care.

E. EMT Transport:

The transferring hospital should provide written orders for patient care. The transferring physician/ hospital should be familiar with the SCEMSA PD# 2220 – EMT Scope of Practice and PD# 5102 – Inter-facility Transfers: Level of Care.

Reporting / Complaints:

Any person who knows of or suspects an inappropriate patient transfer should report it to the State Department of Public Health within seventy-two (72) hours following the occurrence(s). Information should be reported to:

California Department of Public Health Licensing and Certification, Sacramento
3901 Lennane Drive, Suite #210
Sacramento, CA 95834
Phone: (916) 263-5800
Toll-Free: (800) 554-0354
FAX: (916) 263-5840

Cross Reference:

PD# 2220 – EMT Scope of Practice
PD# 2221 – Paramedic Scope of Practice
PD# 5101 – Inter-facility Transfers Medical Control
PD# 5102 – Inter-facility Transfers Level of Care