	<b>Johns Hopkins Bayview Medical Center</b> <b>Patient Care Practices</b> <b>Section T</b>	<i>Policy Number</i>	T039
		<i>Effective Date</i>	10/25/2017
		<i>Approval Date</i>	02/27/2017
	<i>Subject</i> <b>Transfer of Patients to Another Hospital</b>	<i>Original Date</i>	10/01/1988
		<i>Supersedes</i>	07/20/2012

**Keywords:** ambulance, EMTALA, hospital, transfer, transport


Table of Contents	Page Number
<b>I. <a href="#">PURPOSE</a></b>	<b>1</b>
<b>II. <a href="#">POLICY</a></b>	<b>1</b>
<b>III. <a href="#">LOCATION</a></b>	<b>2</b>
<b>IV. <a href="#">DEFINITIONS</a></b>	<b>2</b>
<b>V. <a href="#">RESPONSIBILITIES</a></b>	<b>2</b>
<b>VI. <a href="#">DOCUMENTATION</a></b>	<b>2</b>
<b>VII. <a href="#">PROCEDURE</a></b>	<b>2</b>
<b>VIII. <a href="#">SUPPORTIVE INFORMATION</a></b>	<b>3</b>
<b>IX. <a href="#">SIGNATURES</a></b>	<b>3</b>
<a href="#">Appendix A: Authorization for Transfer</a>	<a href="#">Click Here</a>
<a href="#">Appendix B: Authorization for Transfer-Emergency Department</a>	<a href="#">Click Here</a>

## **I. PURPOSE**

To outline the situations appropriate for patient transfer to another hospital, the steps to facilitate safe transfer and adequate documentation of all transfers.

## **II. POLICY**

- A. The Johns Hopkins Bayview Medical Center (JHBMC) is adherent with Maryland and Federal law and the Joint Commission standards for transferring patients. It is required that one of the following situations exist and necessitates transfer to another acute hospital:
  1. The patient does not have a physician with privileges at the Medical Center and the patient refuses treatment by any other Medical Center physician.
  2. The patient or legally authorized representative of the patient requests the transfer in writing.
  3. The transfer is in compliance with the relevant Federal and Maryland laws.
  4. The patient has undergone a screening examination and has been stabilized such that, within reasonable medical probability, no material deterioration of the patient's condition is likely to result from transfer.
  5. A physician signs a certification that based upon the information available; the medical benefits reasonably expected from the provision of the appropriate medical treatment at another facility outweigh the increased risks to the individual or the unborn child.
  6. The patient's insurance company requests the transfer to a participating facility and the patient is in agreement with the request.
  7. The patient remains an inpatient of Johns Hopkins Bayview Medical Center but is transferred for a procedure, test or treatment which is not available at the Medical Center.
- B. Patients can be transferred only when:
  1. Determination has been made that the patient can be transferred without causing harm to the patient.
  2. The receiving facility has available space and qualified personnel for the treatment of the patient.
  3. The receiving facility has agreed to accept the patient and to provide medical treatment.
  4. The receiving facility will be provided with appropriate medical records of the examination and treatment of the patient (including all pertinent events, actions, diagnosis, and treatment).
  5. The patient will be transported by qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures.

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### **III. LOCATION**

This policy applies to admitted observation and emergency department patients in JHBMCM.

### **IV. DEFINITIONS**

- A. HAL: Hopkins Access Line: Johns Hopkins Health System referral and transport service for Hopkins patients. Cost of the transport is charged to the requesting facility.
- B. EMTALA: Emergency Medical Treatment and Active Labor Act: is a U.S. Act of Congress passed in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act (COBRA). It requires hospitals to provide care to anyone needing emergency health care treatment regardless of citizenship, legal status or ability to pay. There are no reimbursement provisions. Participating hospitals may only transfer or discharge patients needing emergency treatment under their own informed consent, after stabilization, or when their condition requires transfer to a hospital better equipped to administer the treatment.
- C. NUS: Nursing unit secretary.
- D. Transport: Ambulance transportation of patients for scheduled visits to hospital or to clinics for treatment, physical examination or diagnostic investigations or for transfer from one hospital to another.
- E. Two Way Transport: Ambulance transportation of patients for scheduled visits to hospital or to clinics for treatment, physical examination or diagnostic investigations with intent for the patient to return back to the sending hospital.
- F. Transfer: Transportation of patients to another hospital for scheduled visits or to clinics for treatment, physical examination or diagnostic investigations with intent for the patient to be admitted to the receiving hospital.

### **V. RESPONSIBILITIES**


- A. Physician: Determines when a patient is stable and appropriate for transfer; identifies an accepting physician and communicates the appropriate medical information to the accepting physician for treatment.
- B. Charge Nurse: Contacts the receiving hospital admissions department for bed and contact information, and gives report to the receiving nurse. Charge nurse contacts HAL, the Department of Social Work or Lifeline for non HAL transports. The charge nurse may delegate the responsibility to another unit nurse or the case manager.
- C. NUS: Prepares documents to accompany the patient.
- D. Social Work Support Staff: Arranges appropriate BLS or ALS transports and enters the transport codes with correct date of service into Epic.

### **VI. DOCUMENTATION**

- A. Copies of the signed Authorization for Transfer Form, or Authorization for Transfer Form: Emergency Department will accompany the patient. The original form will remain in the medical record.
- B. The nurse transferring the patient will complete the documentation of transfer and the handoff report in the medical record.

### **VII. PROCEDURE**

- A. The treating physician identifies the need for transfer, discusses the proposed transfer with the patient/patient representative, and determines if the patient is medically stable for transfer.
- B. The treating physician obtains patient consent for the transfer using the appropriate Authorization for Transfer Form (Inpatient versus Emergency Department), completing sections 1 – 6.
- C. The treating physician will contact the receiving hospital/ provider and obtain acceptance of the transfer.
- D. Once the receiving provider has agreed to accept the patient, the charge nurse will contact the admissions office of the receiving facility to confirm there is a bed available, obtain the bed number, and obtain the contact information for the receiving nursing unit.

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- E. The Charge Nurse will contact the receiving nursing unit to give report on the patient in accordance with the Joint Commission standards for handoff communication and document that handoff in the electronic health record (EHR).
- F. The NUS will copy the Facesheet and MOLST to accompany the patient for transfers to Johns Hopkins Entities.
- G. The NUS will copy the Facesheet, MOLST, Discharge Summary, and the Transfer to Non-Epic Facility Report for transfers to hospitals outside of the JHHS.
- H. The charge nurse will set up transportation by contacting Hopkins Access Line, The Department of Social Work or Lifeline for transport.
- I. Social Work support staff will contact Lifestar billing weekly for a listing of patients with two- way ambulance trips. The trip cost will be rebundled by entering the transport codes and date of service into Epic, using Unit Charge Entry Function.

## **VIII. SUPPORTIVE INFORMATION**

### References:

- Emergency Medical Treatment and Active Labor Act

### Sponsor:

- Katherine Shea, MSW, LCSW-C, Director of Social Work

### Reviewers:

- Renee Blanding, MD, Vice President, Medical Affairs, October, 2017
- Susan Longley, RN, JD, CPHRM, Sr. Counsel, JHBMC Risk Management, Patient Care, Ethics and Regulatory Matters, September, 2017
- Richard Rzeczkowski, Director, Admitting Services, February, 2017
- Barbara Feege, NHA, Administrator, Care Management Services, February, 2017
- Katherine Shea, MSW, LCSW-C, Director of Social Work, February, 2017
- Patient Care Practices Committee, February, 2017

## **IX. SIGNATURES**

<b>Electronic Signature(s)</b>	<b>Date</b>
Maria Koszalka Vice President, Patient Care Services	10/25/2017
Samuel Durso Chair, Medical Board	10/25/2017