

Type of Policy:	PATIENT CARE	Category:	PROVISION OF CARE, TREATMENT AND SERVICES (PC)
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Title:	<i>Transfer Process for Patients to another Acute Care Facility</i>	Policy #:	2900
Page:	1 of 5	Replaces #:	7040
Issue Date:	11/02	Developed By:	Transfer Center, Case Management, Health Information Management, Nursing, Patient Business
Revision Dates:	10/12, 4/16, 3/19, 1/20, 9/21, 1/22, 12/24	Approved By:	Patient Care Executive <i>KEdmondson MSN, RN, NEA-BC</i>

I. PURPOSE:

This policy outlines the process for transfer of patients from an Orlando Health acute care facility to another Orlando Health campus or non-Orlando Health acute care facility.

II. DEFINITIONS:

When used in this policy these terms have the following meanings:

- A. Downtown Campus: Refers to Arnold Palmer Hospital for Children (APH) and Winnie Palmer Hospital for Women and Babies (WPH); and Orlando Regional Medical Center (ORMC), Jewett Orthopedic Institute and Orlando Health Cancer Institute.
- B. Campus: Refers to Orlando Health Dr. P. Phillips Hospital, Orlando Health South Seminole Hospital, Health Central Hospital, St. Cloud Hospital, South Lake Hospital, Horizon West Hospital, Bayfront Hospital and Free-Standing Emergency Departments (FSED).
- C. Hours of Operation: Business hours are between 0800 and 1830 Eastern Standard time, Monday through Friday (excluding designated holidays).
- D. Transfer Center (TC): Centralized call location for all transfers into and out of Orlando Health.
- E. Administrative Supervisor (AS): The individual(s) who assign patients to rooms based on bed availability.
- F. Transfer agreement: Standardized agreement between a facility and Orlando Health outlining the policy, process, and obligations of Orlando Health and the transferring/receiving hospital.
- G. Protected Health Information (PHI): Data, including demographic and financial information, collected from an individual and created or received by Orlando Health that:
 - 1. Relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual and
 - 2. Identifies or can be used to identify the individual.
- H. EMTALA: The Emergency Medical Treatment and Active Labor Act.
- I. Emergency Medical Condition: A medical condition manifested by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
 - 1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 - 2. Serious impairment to bodily functions; or
 - 3. Serious dysfunction of any bodily organ or part; or
 - 4. With respect to a pregnant woman who is having contractions:
 - a. That there is inadequate time to affect a safe transfer to another hospital before delivery; or
 - b. That the transfer will pose a threat to the health or safety of the woman or the unborn child.
 - c. To stabilize with respect to an emergency medical condition: To provide such medical treatment of the condition necessary to guarantee, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the

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transfer of the individual from the facility, or that with respect to an emergency medical condition the woman has delivered the child and the placenta.

- J. Care Manager: RN Care Coordinators, Care Managers, Transfer Coordinator, Social Workers, or Discharge Planners who are assigned to a unit and responsible for coordinating issues related to non-emergent transfers.

III. POLICY:

It is the policy of Orlando Health that:

- A. The transfer of patients to acute care facilities complies with the regulations of the Emergency Medical Treatment and Active Labor Act (EMTALA).
- B. Transfers to other acute care facilities will occur for any of the following reasons:
 - 1. The patient is medically stable to return to the sending facility.
 - 2. Orlando Health is unable to provide required service.
 - 3. The patient/family and/or physician request the transfer due to personal preferences.
 - 4. The patient/family requests transfer due to their managed care plan.
- C. No transfer will occur if there is an emergency medical condition that is not stabilized unless:
 - 1. The person requesting the transfer, having been notified verbally or in writing of the risks of the transfer; or
 - 2. The physician feels the benefits of the transfer outweigh the risks and signs a certification explaining that; or
 - 3. Orlando Health has provided all services within its capacity for treatment, and the receiving hospital has the capacity and accepts the transfer.

IV. PROCEDURE:

- A. Emergent or Non-Emergent Transfers:
 - 1. When an emergent or non-emergent transfer is requested for a patient going to another facility, call the Transfer Center @ 407-649-6838 and follow the below prompts:
 - Option 1: physicians returning a call, STEMI or stroke
 - Option 2: air and ground dispatch
 - Option 3: The OH Transfer Center
 - Option 4: Non-emergent Transfer Center
 - Option 5: peds specialist (peds and babies/neo)
 - 2. Neonatal transfers requested for Bayfront Health St. Petersburg, call the Stork Team at All Children's Hospital (727)215-1007.
- B. Processing a transfer request: (Emergent or Non-Emergent)
 - 1. The Care Manager or Orlando Health nurse/designee will:
 - a. Review or request the order for transfer from the physician.
 - b. Verify the accepting physician has agreed to admit the patient.

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- c. Verify that the accepting physician has notified the accepting facility of the patient’s admission and has secured a bed. Facilitate transfer agreement with the accepting facility, if required.
 - 1) Obtain facility administrator’s/designee’s signature, if required. (Non-emergent only)
- d. Complete the Transfer Form (#5961-37999). The transfer form must accompany patient to the receiving facility.
- e. Assure that a copy of the chart is forwarded to the accepting facility with the patient if the comprehensive health record is not visible to the accepting facility (See Attachment B for Requirements for Copying a Chart.)
- f. Assure that transportation has been arranged with contracted transportation service or managed care provider, if applicable.
- g. Ensure that the bedside nurse has information/number to provide a patient assessment/handoff report to the receiving facility representative.
- h. Notify the transfer center when the patient has left.

IV. DOCUMENTATION:

- A. As appropriate in the comprehensive health record.
- B. Orlando Health Consent Form #5961-37999, *Patient Transfer Physician’s Certification of Appropriateness of Transfer*. Retrieved from <https://powerdms.com/docs/594304?q=5961-37999>

V. REFERENCES:

- A. 42 C.F.R. §489.20, §489.24, and §489.53.
- B. Florida Statute § 395.1041, Access to Emergency Services and Care.
- C. Health Insurance Portability and Accountability regulations, 45 C.F.R. Parts 160 and 164.
- D. Patient Care Policy and Procedure #2875, *Transfer of patients from other facilities*.
- E. Patient Care Policy and Procedure #1275, *Healthcare Surrogate or Healthcare Proxy*.
- F. Patient Care Policy and Procedure #1125, *Baker Act: Initiation, Completion and Transfer in Acute and Outpatient*.
- G. The Joint Commission. (2024). *Hospital accreditation standards*: PC.04.01.01. Oakbrook Terrace, IL. Joint Commission Resources.

VI. ATTACHMENTS:

- A. Instructions for Obtaining an Accepting Physician and Completing Patient Transfer Form, one page.
- B. Requirements for Copying a Chart, one page.

NON-EMERGENT TRANSFER:

Obtaining an Accepting Physician:

The Care Manager or Orlando Health nurse/designee will obtain an accepting physician by using one of the following procedures.

- ❑ The transferring physician will be the accepting physician at the accepting facility.
Or
- ❑ The transferring physician will contact a colleague/specialist at the accepting facility.
Or
- ❑ The Care Manager or Orlando Health nurse/designee will speak to the hospital representative to obtain the name of the on-call physician or the patient's Primary Care Physician at the accepting facility.
Or

If the transfer is back to the originating facility, the care of the patient will return to the physician who was originally caring for the patient. If that physician refuses to accept the patient, the accepting facility is responsible for locating a physician. The Care Manager or Orlando Health nurse/designee is responsible for obtaining the name of the originating physician for the attending Orlando Health physician. The Care Management Physician Advisor, Care Manager, or Orlando Health nurse/designee will collaborate in facilitating the return if any obstacles occur.

Instructions for Completing the Patient Transfer Form, #5961-37999:

The Care Manager or Orlando Health nurse/designee will complete the transfer form by using the following procedure:

- ❑ The attending physician/designee must complete and sign the Physician's Certification of Appropriateness of Transfer. The attending physician/designee signs the original form prior to transfer.
- ❑ Obtain and document the accepting physician's name from the transferring physician.
- ❑ If the patient or legal representative refuses the transfer, document this refusal in the CHR and inform the receiving physician and discontinue all other activities related to the transfer. Documentation will include the refusal and the risks, benefits and alternatives to transfer. Resume transfer activity if the patient or responsible family member reverses his/her decision.
- ❑ If the patient, guarantor or responsible family member decides to remain inpatient within Orlando Health as an out-of-network provider, Patient Business will explain financial responsibility to the patient, guarantor or responsible family member.



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Attachment B- Requirements for Copying a Chart

ACUTE HOSPITAL REQUIREMENTS:

	YES	NO
FACE SHEET WITH INSURANCE INFO	_____	_____
ADVANCE DIRECTIVES (living will/ Healthcare surrogate documents)	_____	_____
H&P (typed, handwritten, short stay)	_____	_____
CLINICAL RESUME	_____	_____
CONSULTS (all, typed & handwritten)	_____	_____
PROGRESS NOTES (ALL)	_____	_____
OPERATIVE REPORTS	_____	_____
ALL X-RAY AND DIAGNOSTIC REPORTS (discs)	_____	_____
LABS (most recent)	_____	_____
PHYSICAL, OCCUPATIONAL, & SPEECH EVALUATIONS (in Rehab or Ancillary section)	_____	_____
ANCILLARY NURSING NOTES	_____	_____
OTHER _____	_____	_____