

HARRIS HEALTH SYSTEM

POLICY AND REGULATIONS MANUAL

Policy No: 4600
Page Number: 1 of 11
Effective Date: 01/25/07
Board Motion No: 07.1-57

TITLE: TRANSFER OF PATIENTS

PURPOSE: To provide guidelines for the transfer of patients between outside hospitals including hospitals licensed under the Texas Health & Safety Code Chapters 241 and 577, and Harris Health System inpatient hospital locations, as well as between Harris Health inpatient hospital locations. This policy, which governs patient transfers not covered by a transfer agreement, is intended to assure compliance with State and Federal Laws relating to transfer of patients.

POLICY STATEMENT:

Harris Health shall provide for patient transfers in an efficient, medically appropriate, and safe manner pursuant to all laws and regulations affecting the transfer of patients between hospital facilities.

POLICY ELABORATIONS:

I. DEFINITIONS:

- A **CAPABILITY:** The ability of the staff and facilities available to the hospital to provide the level of treatment required by the patient as determined by the Hospital Administrator in consultation with the Chief Nursing Officer and Chief of Staff. The capability of Ben Taub General Hospital (BTGH) for the treatment of trauma patients is that of a Level I trauma center. The capability of Lyndon B. Johnson General Hospital for the treatment of trauma patients is that of a Level III trauma center.
- B. **CAPACITY:** The ability of the hospital to accommodate the individual requesting examination or treatment of the transferred individual as determined by the Hospital Administrator in consultation with the Chief Nursing Officer and Chief of Staff. Capacity encompasses such things as numbers and availability of qualified staff, beds and equipment and the hospital's past practices of accommodating additional patients in excess of its occupancy limits.
- C. **DESIGNATED PROVIDER:** A provider of healthcare services, selected by a health maintenance organization, a self-insured business corporation, a beneficial society, the Veteran's Administration, Civilian Health and Medical Program of

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the Uniformed Services. (CHAMPUS), a business corporation, an employee organization, a county, a public hospital, a hospital Harris Health, or any other entity to provide healthcare services to a patient with whom the entity has a contractual, statutory, or regulatory relationship that creates an obligation for the entity to provide the services to the patient.

- D. **EMERGENCY MEDICAL CONDITION:** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in 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; serious impairment to bodily functions; or serious dysfunction of any bodily part or organ; or with respect to a woman who is having contractions, that there is inadequate time to effect a safe transfer to another hospital before delivery or that transfer may pose a threat to the health safety of the woman or unborn child.
- E. **MANDATED PROVIDER:** A person who provides healthcare services, is selected by a county, public hospital, or hospital Harris Health, and agrees to provide healthcare services to eligible residents.
- F. **PATIENT:** An individual seeking diagnosis or medical treatment who may or may not be under the immediate supervision of a personal attending physician, has one or more undiagnosed or diagnosed medical conditions, and who, within reasonable medical probability, requires immediate or continuing hospital services and medical care; or an individual who has been admitted to a hospital.
- G. **PATIENT TRANSFER AGREEMENT:** An agreement between a Harris Health hospital facility and another hospital governing patient transfers between hospitals, which has been reviewed by the Texas Department of State Health Services.
- H. **STABILIZED:** With respect to an individual presenting to a hospital's emergency department with an emergency medical condition, to provide medical treatment of such medical condition necessary to assure that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility or, with respect to a pregnant woman, that the woman has delivered the child and the placenta.

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- I. **TRANSFER:** 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 with, directly or indirectly, hospital, excluding deceased patients and patients leaving against medical advice of any such person described above. Movement of a patient between Harris System inpatient hospital locations (i.e. Intra-Harris Health transfer) is not considered a transfer under 25 Tex. Admin. Code §§133.44 or 133.2(50). The movement of a stable patient from one hospital to another separately licensed hospital also is not considered a transfer under this Policy if it is the understanding and intent of both hospitals that the patient is going to the second hospital only for tests, the patient will not remain overnight at the second hospital, and the patient will return to the first hospital. The patient must also remain stable both during transport and testing.
- J. **TRANSFER CENTER:** Harris System staff responsible for coordinating and documenting all incoming and outgoing calls related to the transferring of patients. This staff also coordinates the processing and approvals of all patient transfers.

II. PATIENT TRANSFERS:

There are four types of patient transfers governed by this Policy: (i) emergency medical condition transfers (ii) non-emergency medical condition transfers (including inpatient to inpatient transfers); (iii) Intra-Harris Health transfers (which may be emergency or non-emergency); and (iv) transfers at a patient's request.

A. General Guidelines:

1. The Transfer Center shall be responsible for coordinating all transfers and for expediting appropriate physician contact to include Emergency Room-to-Emergency Room transfers, Inpatient-to-Inpatient transfers, and Intra-Harris Health transfers. The Transfer Center will also maintain written protocols, procedures, or standing orders which are established to guide hospital staff in patient transfers.
2. A Memorandum of Transfer (MOT) shall be initiated for all transfer requests (other than Intra-Harris Health transfers) and will be scanned into the transferring patient's electronic medical record. An MOT will be completed regardless of whether a Harris Health facility is the transferring or receiving hospital.

3. All requests received for transfer into the Harris Health will be identified as trauma or non-trauma by the Transfer Center and entered into the electronic system in order to track request, denials and acceptance of transfers.
 - a. The Harris Health will accept the transfer of a patient who requires necessary stabilizing treatment for an emergency medical condition provided that it has appropriate facilities, services and staff available for providing care to the patient.
 - b. All requests for transfer of a *trauma* patient into the Harris Health will be received by the Transfer Center and immediately forwarded to the Trauma Faculty on call for discussion with the transferring facility. The General Surgery attending physician may consult other applicable services, as deemed appropriate, so long as the consult is timely, prior to deciding to accept or deny the transfer. Once a decision has been made, trauma transfers will be expedited by the General Surgery or accepting Service communicating with an Emergency Center (EC) attending physician (if EC is not the accepting service). Upon approval of the transfer, the Transfer Center will be notified to facilitate obtaining patient information.
 - c. For transfers involving non-trauma patients, the appropriate attending physician with whom to discuss the transfer will be determined by the Transfer Center. If the Transfer Center is not sure which service would be most appropriate, the Transfer Center will contact the EC attending physician to either accept the transfer or determine the correct service to contact about the transfer.
4. Harris Health shall accept the transfer requests of hospitals to transfer inpatients who are residents of Harris County if Harris Health has appropriate facilities, services and staff available for providing care to the patient.
5. A patient has a right to request a transfer into the care of a physician and a hospital of the individual's own choosing provided that the financial/eligibility requirements of the chosen physician/hospital have been disclosed to the patient.
6. All patients who arrive at a Harris Health hospital will be evaluated by a physician who is either present in the hospital at the time the patient arrives or is presented or evaluated by a physician on call.

7. All patients considered for a transfer from a Harris Health inpatient hospital location will be personally examined and evaluated by the transferring physician before an attempt to transfer the patient is made to determine the patient's medical needs and to ensure that the proper transfer procedures are used. In the unlikely event that there is no physician available to assess the patient, if after receiving a report on the patient's condition from the hospital's nursing staff by telephone or radio, the physician on call determines that an immediate transfer of the patient is medically appropriate, and that the time required to conduct a personal examination and evaluation of a patient will unnecessarily delay the transfer to the detriment of the patient, the physician on call may order the transfer by telephone or radio. Physician orders for the transfer of a patient that are issued by telephone or radio shall be reduced to writing in the patient's medical record, signed by the hospital staff member receiving the order, and countersigned by the physician authorizing the transfer as soon as possible. Any patient transfers resulting from physician orders issued by telephone or radio shall be subject to automatic review by the medical staff to determine that the appropriate standard of care has been met.
8. All transfers processed must be approved by both a receiving hospital and by a receiving physician and will require that the appropriate level of care bed is available, the required equipment is available, and the appropriate level of staffing is available. Prior to transfer, the transferring physician shall ensure that a receiving hospital and physician that are appropriate to the medical needs of the patient have accepted responsibility for the patient's medical treatment and hospital care.
9. The transferring physician will be responsible for determining the need for life support measures which are medically appropriate to stabilize the patient prior to transfer and to sustain the patient during transfer. The transferring physician is also responsible for determining and arranging appropriate personnel and other equipment for the transfer. Such determinations will be exercised with that degree of care which a reasonable and prudent physician exercising ordinary care would use in the transfer.
10. Transportation to a receiving facility will be arranged by the Transfer Center on all patients without private insurance unless specified differently by the accepting facility.

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11. The transferring facility will be responsible for the continuum of patient care during the transfer, and the patient evaluation and consultation period.
12. The patient's medical record, M.O.T. and other transfer consent forms will be sent with the patient during the transfer to another hospital facility. If all necessary medical records for the continued care of the patient are not available at the time the patient is transferred, the records shall be forwarded to the receiving physician and hospital as soon as possible. The medical record shall contain at a minimum: (i) a brief description of the patient's medical history and physical examination; (ii) a working diagnosis and recorded observations of physical assessment of the patient's condition at the time of transfer; (iii) the reason for the transfer; (iv) the results of all diagnostic tests, such as laboratory tests; (v) pertinent X-ray films and reports; and (vi) any other pertinent information.
13. Harris Health will acknowledge all contractual obligations and all transfer agreements that currently apply, and will comply with all regulatory and statutory obligations.
15. Except as otherwise provided in contractual obligations, as well as statutory or regulatory obligations between a patient and a Designated Provider or obligations between a patient and a Mandated Provider, the transfer of a patient may not be based upon arbitrary, capricious, or unreasonable discrimination based upon race, religion, national origin, age, sex, physical condition, economic status, insurance status or inability to pay.
16. Reasonable steps will be taken to obtain the informed refusal of a patient (or patient's representative) refusing a transfer. Reasonable steps include:
 - a. A factual explanation of the increased medical risks to the patient reasonably expected from not being transferred to, examined at, or treated at the receiving hospital;
 - b. A factual explanation of any increased risks to the patient from not affecting the transfer;
 - c. A factual explanation of the medical benefits reasonably expected from the provision of appropriate treatment at another hospital; and
 - d. The informed refusal is documented on Form 280331 (Authorization for Release of Information/Informed Refusal to Transfer Form) and signed if possible by the patient or by a person

acting on the patient's behalf, dated and witnessed by the attending physician or Harris Health employee, and placed in the patient's medical record.

17. Transfer of patients to or from a Harris Health inpatient hospital location, in accordance with this policy, may occur routinely in order to obtain optimal care of patients at a more appropriate or specialized facility.
18. If any Harris Health staff believes that a hospital transferring a patient to a Harris Health hospital facility may have violated Emergency Medical Treatment and Active Labor Act (EMTALA), he/she should report the alleged violation to a Hospital Administrator for his review. Hospital administration will review the allegation, consult with the county Attorney's Office, if needed, and contact the hospital administration from the transferring facility for further information regarding the transfer. In the event Harris Health hospital administration believes an EMTALA violation has occurred, he/she will report the alleged violation to the Region VI office of Center for Medicare & Medicaid Services (CMS).

III. EMERGENCY MEDICAL CONDITION TRANSFERS:

- A. Harris Health will expedite the evaluation, treatment, and transfer of a patient with an emergency medical condition which has not been stabilized or when stabilization of the patient's vital signs is not possible because Harris Health does not have the appropriate equipment or personnel. Except when required by obligations between a patient and a Designated [or Mandated] Provider, Harris Health will transfer a patient with an emergency medical condition for medical reasons only. Harris Health or any non-Harris Health transferring hospital must provide medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child.
- B. A hospital that has specialized capabilities or facilities may not refuse to accept from a referring hospital an appropriate transfer of an individual who requires such specialized capabilities or facilities if the receiving hospital has the capacity to treat the individual.

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- C. The Harris Health will not transfer a patient with an emergency medical condition which has not been stabilized unless:
1. The patient or legally responsible person acting on the patient's behalf, after being informed of the Harris Health's obligations regarding the transfer of patients who have emergency medical conditions and of the risk and benefits of transfer, requests transfer to another hospital in writing indicates the reasons for the request, as well as that he or she is aware of risks and benefits of transfer;
 2. A physician has signed a certification, which includes a summary of the risks and benefits, that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another hospital outweigh the increased risks to the patient and, in the case of labor, to the unborn child from effecting the transfer; or
 3. If the physician who made the determination to transfer the patient with an emergency medical condition is not physically present in the emergency department at the time of transfer, a qualified medical person may sign the certification, after consultation with the physician. The physician shall countersign the certification within a reasonable period of time.

IV. NON-EMERGENCY MEDICAL CONDITION TRANSFERS:

- A. Harris Health will process the transfer of patients who do not have an Emergency Medical Condition by following the guidelines in the above Section II.
- B. These Transfers will include transfers for a higher level of care and transfers from non-Harris Health hospitals as Inpatient-to-Inpatient transfers.
- C. Requests for Inpatient-to-Inpatient transfers (excluding higher level of care requests) will be processed after financial clearance.
1. Patients that are members of the Harris Health Financial Assistance Program will receive priority.

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2. Patients who may be eligible for the Harris Health Financial Assistance Program will be responsible for establishing eligibility prior to the non-emergency transfer.

V. INTRA-HARRIS HEALTH TRANSFERS:

- A. Intra-Harris Health Transfers are not subject to the same state and Federal law requirements (i.e. EMTALA and the Texas Administrative Code Title 25, Part 1, Chapter 133. Subchapter C, Rule 133.44) as transfers between outside hospitals and Harris Health inpatient hospital locations.
- B. Intra-Harris Health transfers among Harris Health inpatient hospital locations (either emergency or non-emergency) will follow the procedures as described above in Sections II and III or IV. However, an MOT shall not be required.
- C. The Transfer Center will establish procedures for transferring patients among Harris Health inpatient hospital locations.
- D. The Transfer Center shall be the primary interface between the House Supervisors and the Referring and Accepting Physicians of Ben Taub General Hospital and Lyndon Baines Johnson General Hospital. The Chief of Staff of the respective hospital shall have final approval and override authority for clinical issues regarding transfers. The Hospital Administrator of the respective hospital shall have final approval and override authority for operational issues regarding transfers.
- E. When an ICU bed is required by a Harris Health inpatient hospital location, every possible option to facilitate patient flow shall be explored and exercised by both facilities to meet this need as soon as possible. When all options have been exhausted, the Harris Health Chief Operating Officer shall be contacted and informed of an external transfer.

VI. PATIENT TRANSFER AGREEMENTS:

- A. Patient transfer agreements between the Harris Health and a non-Harris Health hospital are voluntary. Any request for a patient transfer agreement with another non-Harris Health hospital facility shall be coordinated through the appropriate Hospital Administrator for consideration by the Harris Health and possible

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referral to the County Attorney's Office for review. In the event the Harris Health desires to enter into a patient transfer agreement, that agreement must be submitted to the Board of Managers for their approval.

- B. If a patient transfer agreement is executed the Harris Health and a non-Harris Health hospital, any patient transfers between such hospitals shall be governed by the agreement and any applicable laws, rules, and regulations.

VII. PATIENT TRANSFERS DURING PUBLIC HEALTH EMERGENCIES:

- A. In the event of a public health emergency as declared by federal authorities (e.g., bio-terrorism attack), Harris Health may transfer patients in accordance with federal, state or local government approved disaster plans.
- B. The transfer of patients carried out in accordance with such plans may supersede other transfer requirements set forth in this policy.

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REFERENCES/ BIBLIOGRAPHY:

Texas Administrative Code Title 25, Part 1, Chapter 133. Subchapter C, Rule 133.44.
 The Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. §1395dd.
 Texas Hospital Licensing Law, Chapter 241 of the Texas Health & Safety Code.

OFFICE OF PRIMARY RESPONSIBILITY:

Associate Administrator, Clinical Case Management

REVIEW/REVISION HISTORY:

Effective Date	Version# (if Applicable)	Review or Revision Date (Indicate Reviewed or Revised)	Reviewed or Approved by: (If .Board of Managers Approved, include Board Motions)
2/1998	1.0 Original		Board of Managers
	2.0	Revised 9/28/2006	HARRIS HEALTH Policy Review Committee
1/25/2007			Board of Managers (No. 07.1-57)
		Reviewed 10/26/2007	Associate Administrator, Clinical Case Management
	3.0	Approved 11/6/2007	HARRIS HEALTH Policy Review Committee - * Substantive Revision pending, due 2/5/2008.
	4.0	Revised for EMR 7/20/2010	Transfer Center Director, Clinical Case Management
		Review & Approval: 8/12/10	NPPC
		12/30/2011	Nursing Policy and Procedure Council
		01/24/2012	Nurse Executive Council
		7/2/2012	BTGH Medical Executive Committee
		7/3/2012	LBJ Medical Executive
		7/10/ 2012	Medical Executive Board
		7/10/2012	Interdisciplinary Clinical Committee