

## POLICY AND REGULATIONS MANUAL

**TITLE: TRANSPORTING PATIENTS BETWEEN HARRIS HEALTH SYSTEM HOSPITAL CAMPUSES**

**PURPOSE:** To outline the situations and processes for transporting patients between Harris Health System hospital campuses or transferring patients to non-Harris Health facilities.

### **POLICY STATEMENT:**

Harris Health System (Harris Health) operates as one single system. Coordination of transport of patients from one Harris Health hospital campus to another must occur prior to physically transporting the patient and must occur through the Harris Health System Transfer Center (Harris Health TC). Harris Health's hospital campuses are Lyndon B. Johnson Hospital (LBJ) and Ben Taub Hospital (BT).

### **POLICY ELABORATIONS:**

#### **I. DEFINITIONS:**

- A. **CONSULT SERVICE:** A clinical service within Harris Health that performs clinical evaluations and consultation regarding specific organ systems, body areas, or types of patients.
- B. **EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA):** A federal regulation enacted in 1986 and codified at 42 U.S.C. 1395dd. EMTALA requires any hospital that accepts payments from Medicare to provide a Medical Screening Examination (MSE) and any necessary stabilizing treatment to an individual who comes to the hospital and requests examination and treatment for a medical condition, regardless of the patient's citizenship, legal status in the United States, or ability to pay for the services. EMTALA applies to an individual who presents to the emergency department or elsewhere on hospital grounds, including in an ambulance. EMTALA guarantees that all patients will receive an appropriate MSE and, if an Emergency Medical Condition (EMC) is found, stabilizing treatment or an appropriate Transfer to another hospital.

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- C. **HOSPITAL CAMPUS:** The physical area immediately adjacent to the hospital's main buildings, and other areas and structures that are not strictly contiguous to the hospital's buildings, but are located within 250 yards of the hospital's buildings.
- D. **MEDICAL SCREENING EXAMINATION (MSE):** The process performed by Qualified Medical Personnel (QMP) required to reach, with reasonable clinical confidence, and within Harris Health's capabilities (services and staff), a decision as to whether the patient has an emergency medical condition or is in labor. A Medical Screening Examination is not an isolated event. It is an ongoing process that begins with triage and includes monitoring of the patient until QMP determine whether or not an EMC exists.
- E. **SPECIALTY SERVICE:** A clinical service within a Harris Health hospital that generally manages or staffs a number of inpatient beds in the hospital (e.g., Trauma Service, Medicine Service, Surgery Service).
- F. **TRANSFER:** The movement of a Harris Health patient to a non-Harris Health facility. Please see Harris Health Policy 4600, Transfer of Patients, for a more detailed definition.
- G. **TRANSPORT:** The movement of a Harris Health patient from one Harris Health facility to another, normally with the assistance of an ambulance.

## II. COORDINATION OF PATIENT TRANSFERS AND PATIENT TRANSPORTS:

- A. Patient Transfer v. Patient Transport:
  - 1. Because Harris Health has one provider number issued by the Centers for Medicare and Medicaid Services (CMS), patient movement from one Hospital Campus to another is considered patient Transport rather than a Transfer of a patient from one Hospital Campus to another. The regulatory requirements related to patient Transport are the same as when a patient is moved from floor to floor or room to room within the same hospital building.
  - 2. Harris Health is not required to complete a Memorandum of Transfer (MOT) to Transport patients between Harris Health Hospital Campuses.

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3. A formal Transfer of a patient involves moving the patient to a non-Harris Health facility.

### B. Coordination of Patient Transport:

1. Harris Health operates as one single system; however, there are distinct operations for each clinical unit in the respective hospitals, e.g., Emergency Center (EC), Post Anesthesia Care Unit (PACU), Intensive Care Unit (ICU), and Operating Room (OR).
2. Patients cannot be transported from one Hospital Campus to another without appropriate coordination. The coordination is necessary in order to verify that open beds (capacity) are truly “staffed” (capability) beds, and to evaluate the number of patients waiting for beds in the EC or the PACU and the number of operating rooms currently available.
3. Coordination of Transport of patients from one Harris Health Hospital Campus to another Harris Health Hospital Campus must be done through the Harris Health Transfer Center (Harris Health TC) except outgoing Transport to Quentin Mease Hospital (QM).
4. Cases determined to be time sensitive by the Transporting facility requesting physician will be accepted by the receiving facility.
5. Cases determined to be non-time sensitive by the Transporting facility requesting physician may require consultation by the Transporting facility Specialty Service.
6. The Harris Health TC will coordinate the physician-to-physician conversation between the requesting EC requesting physician and the accepting Consult Service requesting physician.
7. In all cases, a physician-to-physician conversation will occur, preferably requesting physician-to-requesting physician.
8. A receiving physician may request that additional diagnostic tests be completed prior to transport in non-time sensitive cases.
9. The final decision as to a Transport from one hospital campus to the other or to order additional diagnostic tests prior to Transport rests with the physician who has his/her eyes on the patient understanding that the receiving hospital must have the capacity and capability to accept the patient transport from another Harris Health hospital campus facility
10. If there is a disagreement between requesting physicians regarding the necessity to transport the patient, the conflict may always be escalated to the respective Chiefs of Service and Chiefs of Staff.

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11. The receiving hospital campus facility physician will examine the transported patient as soon as possible and a “receiving note” describing the findings upon arrival of the patient will be written into the patient’s medical record as soon as possible.
12. Following the physician-to-physician conversation the Harris Health TC will coordinate the Transport of the patient if appropriate.
13. The clinical responsibility for the care of a patient rests with the transporting physician until the patient arrives at the accepting hospital campus facility.

C. Coordination of Patient Transfers: (See Harris Health Policy 4600 Transfer of Patients).

1. The Harris Health TC will coordinate the physician-to-physician conversation between the requesting EC requesting physician and the accepting non-Harris Health facility.
2. Following the physician-to physician conversation the Harris Health TC will coordinate the Transfer of the patient to the accepting non-Harris Health facility.

### **III. TRANSPORT BETWEEN HARRIS HEALTH HOSPITAL CAMPUSES:**

A. General Principles for Transporting:

1. All EC patients must be evaluated by the EC team prior to initiating a call to another Harris Health Hospital Campus to Transport the patient.
2. If the requesting hospital Specialty Service and/or EC physician believes the patient should be transported, the requesting hospital Specialty Service and/or EC physician must initiate a call through the Harris Health TC to the receiving Hospital Campus Specialty Service.
  - a. A physician to physician conversation must occur, preferably requesting to requesting .
  - b. If the hospital Specialty Services or the EC physician and the receiving hospital Specialty Service disagree, the discussion should be escalated to the Chiefs of Service for the disagreeing services and if necessary, to the Chiefs of Staff.

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3. All transports between Hospital Campuses must be to an inpatient unit (ICU/OR/Cath Lab/etc.) unless the patient's condition deteriorates during transport. In this case, the patient may be transported to the EC of the receiving Hospital Campus. If the receiving hospital does not have the capacity and/or capability to accept the patient Transport, the TC will attempt to Transfer the patient to a non-Harris Health facility.

### IV. ROUTINE OUTPATIENT PROCEDURES:

- A. No Harris Health provider should request to Transport a patient to a Harris Health EC or inform a patient to report to a Harris Health EC for the purpose of receiving an outpatient procedure or treatment other than Emergency treatment.
- B. Patients needing Transportation to another hospital campus in order to receive outpatient services not provided by the Transporting campus should arrange the Transport through the Harris Health TC and the respective outpatient diagnostic service. These patients should not be Transported through the EC of the respective Hospital Campus.

### V. TRANSFER/TRANSPORT COMMITTEE:

- A. Harris Health Transfer Center:
  1. The Harris Health Transfer Center will prepare a report of all patient Transfer and Transport requests.
  2. The report will be prepared within ten (10) days of the previous month end.
- B. Responsibilities:
  1. Review Transport requests and Transfers having clinical or administrative issues.
  2. Determine whether any Transport requests were inappropriate or questionable.
  3. Make recommendations for changing policies or processes related to findings of the Transfer/Transport Committee.

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C. Committee Members:

1. Chiefs of Staff;
2. Chief Medical Officer;
3. Administrators of each Hospital Campus;
4. EC Service Chiefs (as needed to discuss a specific case);
5. Trauma Service Chiefs (as needed to discuss a specific case);
6. Medicine Service Chiefs (as needed to discuss a specific case);
7. Administrative Director of Utilization Management.;
8. Vice President of Clinical Affairs and Integration; and
9. Corporate Compliance Officer (as needed to discuss administrative issues).

D. Frequency (as needed to discuss a specific case(s)).

