

PRAIRIE PSYCHIATRIC CENTER

POLICY/PROCEDURE

Title: Patient Transfer to Another Facility	Issued By: Clinical Services Policy No.: CC.008 Date Issued: 1/99 Date Reviewed/Revised: Approved: MEC – 1/99 Governing Board – 1/99
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POLICY

It is the policy of Prairie Psychiatric Center to provide for transfer of patients when clinically indicated, using the most appropriate mode of transport relative to the individual's clinical condition. This policy applies to patients for whom transfer is indicated after admission or stabilization following assessment and treatment of a medical or psychiatric condition.

PROCEDURE

- 1.0 TRANSFER OF PATIENTS NOT ADMITTED TO THE FACILITY AND EMERGENCY TRANSFER FOLLOWING ADMISSION -- Patient with an emergency medical (non-psychiatric) condition which has not been stabilized.
 - 1.1 An appropriate screening examination should be provided to the individual by Qualified Medical Personnel (QMP) to determine the treatment needs of the individual and whether an emergency medical condition exists (Refer to Policy: Assessing an Emergency). Assessment of an emergent medical condition should be conducted by a physician or, if none is immediately available, a registered nurse.
 - 1.1.1 Appropriate treatment measures should be implemented by Qualified Medical Personnel to stabilize an emergent condition to the extent possible, including life-saving or other emergency measures in accordance with the Emergency Plan of Services and/or approved emergency medical protocol.

In a life-threatening situation, 9-911 should be called for emergency medical services and transport to an acute-care facility for appropriate treatment. To the extent possible, the emergency medical services should be informed of a patient and/or family request for treatment at a specific facility.

- 1.1.2 In non-emergent situations where further treatment is indicated, the physician or his/her designee should secure an accepting facility and physician prior to patient transport. (See Section 2 of this policy).
- 1.2 The patient should be examined and evaluated by a physician prior to transfer. If a physician is not immediately available, the physician on call or other available physician should be contacted by the Needs Assessment Counselor or nursing staff and provided with a full telephone report of the patient's clinical condition. The physician may give a telephone order for transfer without a personal examination if he/she determines that an immediate transfer of the patient is medically appropriate and that the time required to conduct a personal examination would be detrimental to the patient due to unnecessarily delay the transfer and further treatment.
 - 1.2.1 The physician or QMP should directly communicate with and secure a physician at the receiving facility who is available and who should accept responsibility for the patient's medical treatment and facility care at the receiving facility.
 - 1.2.2 The QMP, or Needs Assessment Counselor, is responsible to facilitate transfer and secure acceptance by a receiving facility which provides treatment appropriate to the clinical condition of the patient.
 - 1.2.3 The risks and benefits of the transfer should be explained to the patient (and/or family or guardian) by the physician or his/her designee and should be documented on the Transfer Consent/Refusal form.
- 1.3 The physician should determine the most appropriate mode of transport based upon the clinical condition of the patient. The mode of transport may include:
 - 1.3.1 An emergency medical vehicle with EMS personnel;
 - 1.3.2 Non-emergency ambulance; or
 - 1.3.3 Designated facility vehicle with staff of the same gender as the patient. The physician should determine whether another personnel in addition to the driver are required to transfer by facility vehicle.

1.3.3.1 A patient who is determined to be at risk of harm to self or others should be accompanied by at least one additional staff member. The physician should determine the number of personnel in addition to the driver who are required for transport.

1.4 Consent to transfer should be obtained and documented. The patient may refuse transfer in non-emergent situations. Attempts should be made to secure a written statement of the patient=s informed refusal on the Transfer Consent/Refusal form. If a patient refuses to be transferred and has an emergency medical condition, the court or other authority having jurisdiction may be contacted for an emergency warrant. A description of the patient=s emergent condition and necessity for treatment should be fully documented in the progress notes.

1.5 A Memorandum of Transfer should be completed, including the certification statement that the benefits of transfer outweigh the risks, and should be signed by (i) the physician or his/her designee and (ii) an administrative representative of the facility. If the certification is provided by Qualified Medical Personnel because of physician unavailability at the time of transfer, the physician is required to sign the certification on the Memorandum of Transfer as soon as possible.

A copy of the Memorandum of Transfer should be retained in the patient=s clinical record and the original and one copy should be sent with the patient to the receiving facility.

1.6 Pertinent patient clinical information available and relevant to the transfer and to the continuing care of the patient should be provided to the receiving facility and physician. In the event the necessary information is not available at the time of transfer, the records should be forwarded as soon as possible. The clinical information provided should include:

1.6.1 A brief description of the patient=s medical history and physician examination;

1.6.2 Initial diagnosis and recorded observations of physical assessment of the patient=s condition at the time of transfer;

1.6.3 Reason for transfer;

1.6.4 Results of all diagnostic tests as are available, such as laboratory test results;

1.6.5 Pertinent x-ray films and reports as are available; and

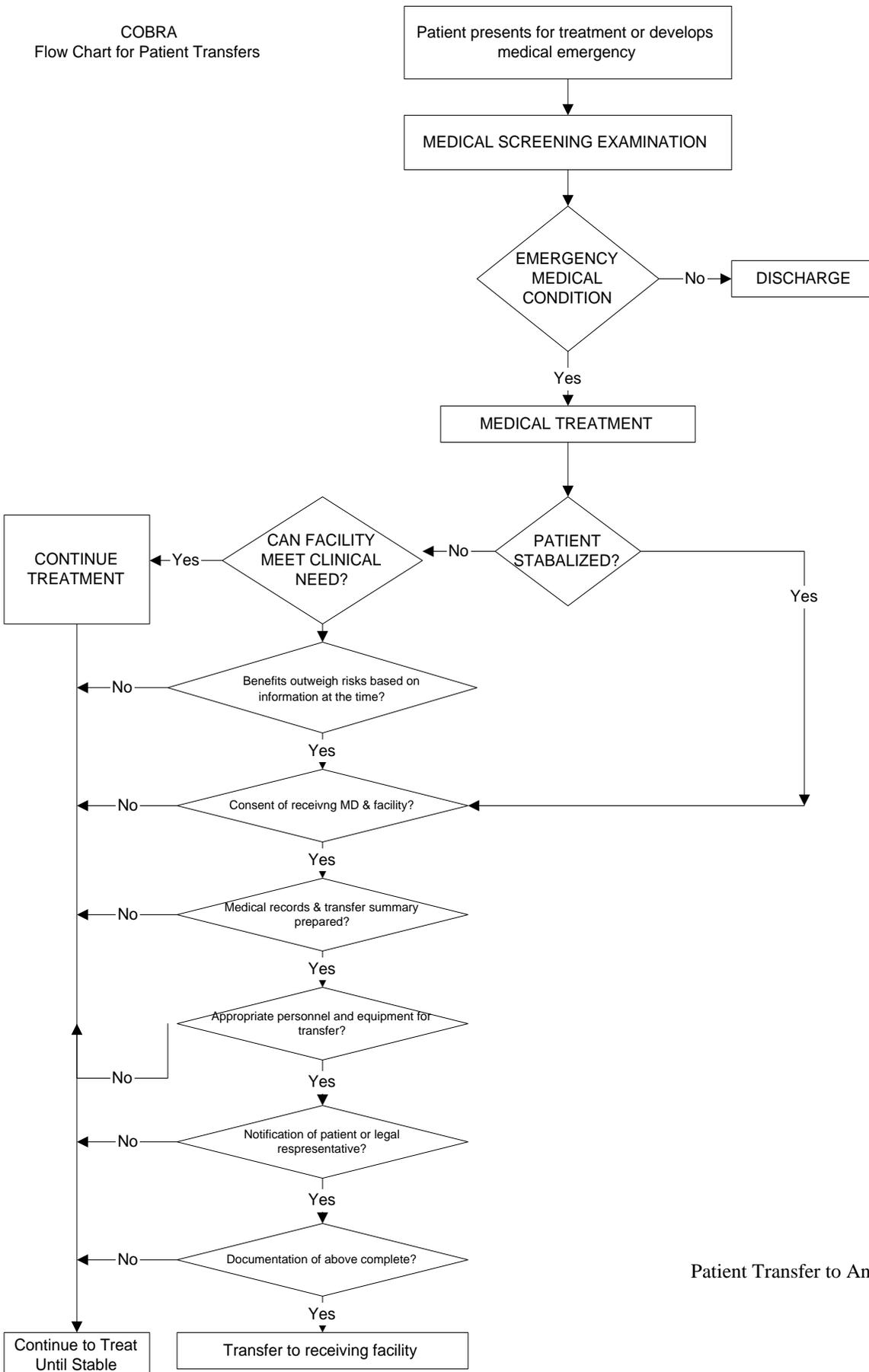
1.6.6 Any other pertinent information.

- 1.7 The Needs Assessment log should fully document the disposition of the patient.
- 2.0 NON-EMERGENT TRANSFER FOLLOWING ADMISSION -- Patient does not have an emergency medical condition or the patient's emergency medical condition is stabilized.
- 2.1 The attending physician should make a determination as to the appropriateness of transfer for treatment of the patient's condition. The physician should provide and fully document an explanation to the patient and, as appropriate, the family, of the reason for transfer, together with the benefits and risks of transfer.
- 2.2 The attending physician or QMP should directly communicate with and secure a physician at the receiving facility who is available and should accept responsibility for the patient's medical treatment and facility care at the receiving facility. An order for transfer should be written by the physician or accepted from the physician by a QMP.
- 2.3 A designated administrative representative is responsible to facilitate transfer and secure acceptance by a receiving facility which provides treatment which is appropriate to the clinical condition of the patient.
- 2.4 Consent to transfer should be obtained and documented. The patient may refuse transfer in non-emergent situations. Attempts should be made to secure a written statement of the patient's informed refusal on the Transfer Consent/Refusal form.
- 2.5 The attending physician should determine the most appropriate mode of transport based upon the clinical condition of the patient. Such transport may include a non-emergency ambulance transport or a designated facility vehicle with staff of the same gender as the patient
- 2.6 A Memorandum of Transfer should be completed and signed by the attending physician or QMP and an administrative representative of the facility, including the certification statement that the benefits of transfer outweigh the risks. The physician is required to authenticate by signature the Memorandum of Transfer on the next possible day when the initial signature is provided by a QMP.
- A copy of the Memorandum of Transfer should be retained in the patient's clinical record and the original and one copy provided to the receiving facility.
- 2.7 A full description of the patient's clinical condition should be documented in the progress notes of the medical record. Pertinent patient clinical information available and relevant to the transfer and to the continuing care of the patient should be provided to the receiving facility and receiving physician. In the event the necessary information is not available at the time of transfer, the records should be forwarded as soon as possible. The

clinical information provided should include:

- 2.7.1 A brief description of the patient=s medical history and physician examination;
 - 2.7.2 Initial diagnosis and summary of physical assessment of the patient=s condition at the time of transfer;
 - 2.7.3 A summary of the patient=s progress;
 - 2.7.4 Reason for transfer;
 - 2.7.5 Results of all diagnostic tests as are available, such as laboratory test results, pertinent x-ray films and reports; and
 - 2.7.6 Any other pertinent information.
- 2.8 The following should be notified of the transfer:
- 2.8.1 The designated family member contact; and
 - 2.8.2 Appropriate administrative and support staff.

COBRA
Flow Chart for Patient Transfers



**PRAIRIE PSYCHIATRIC CENTER
PATIENT=S CONSENT/REQUEST/REFUSAL TO TRANSFER**

TRANSFER CONSENT

I acknowledge that my medical condition has been evaluated and explained to me by my attending physician and/or designee who has recommended that I be transferred to the service of Dr. _____ at _____ . The potential benefits of such transfer, the potential risks associated with such transfer and the probable risks of not being transferred have been explained to me and I fully understand them as:

With this knowledge and understanding, I agree to be transferred.

Signature of Individual or Legally Responsible Individual Signing on Individual=s Behalf

Date

Relationship to Individual

TRANSFER REQUEST

I acknowledge that my medical condition has been evaluated and explained to me by my attending physician and/or designee who has recommended and offered to me further medical examination and treatment. The potential benefits of such further medical examination and treatment as well as the potential risks associated with transfer to another facility have been explained to me and I fully understand them as:

_____. In spite of this understanding, I refuse to consent to the further medical examination and treatment which has been offered to me and I request transfer to _____.

Signature of Individual or Legally Responsible Individual Signing on Individual=s Behalf

Date

Relationship to Individual

TRANSFER REFUSAL

I acknowledge that my medical condition has been evaluated and explained to me by my attending physician and/or designee who has recommended that I be transferred to the service of Dr. _____ at _____ . The potential benefits of such transfer, the potential risks associated with such transfer and the probable risks of not being transferred have been explained to me and I fully understand them as:

Signature of Individual or Legally Responsible Individual Signing on Individual=s Behalf

Date

Relationship to Individual

**PRAIRIE PSYCHIATRIC CENTER
PATIENT TRANSFER CHECKLIST**

TO BE SENT WITH THE PATIENT:

Memorandum of Transfer form (should include name of accepting physician and name of administrative representative in receiving facility and date/time of actual transfer).

Original and one copy sent

One copy filed in patient medical record

History and physical examination (copy)

Psychiatric evaluation (copy)

Recent lab, EKG, x-ray and other pertinent diagnostic test results (copies)

Recent physician orders (copy)

Medication Administration Record (copy)

AFTER THE PATIENT LEAVES THE FACILITY:

The registered nurse should document the following in progress notes:

Nursing interventions (other involved nursing staff should also document this with respect to their actions/interventions and observations)

Date/time and mode of transport

List of records sent with the patient

Patient condition at time of transfer

Any delay over 30 minutes in reaching the receiving physician or facility

Information related to risks and benefits of transfer explained to patient

The physician documents:

The risks and benefits of transfer

Patient informed of the risks and benefits of transfer

That the benefits of transfer outweigh the risks

Physician order should include the name of the receiving facility and mode of transport