



## CLINICAL POLICY

### Safe Transfer of Patients Between Hospitals or Ambulatory Clinics

**A. EFFECTIVE DATE:**

December 20, 2022

**B. PURPOSE:**

Policy to provide how to safely transfer patients from ambulatory clinic sites to the UConn John Dempsey Hospital (JDH) Emergency Department (ED) or between hospitals.

**C. POLICY:**

**Ambulatory clinic site patients**

1. **Any life threatening situation occurring in an office practice that requires immediate emergency evaluation - CALL 911.**
2. All patients being seen in a UConn Farmington Campus ambulatory clinic who present with emergency medical needs are recommended to be transported to the UConn John Dempsey Hospital (JDH) Emergency Department (ED) by UConn EMS.
3. For patients who have non-emergency medical needs, the *"Stable Patient Transfer from Ambulatory Practice to JDH for direct admission/further ED evaluation"* procedure within this policy will be followed by clinic staff.
4. Patient who require an Urgent Direct Admit should call 911 to book an ambulance to be transferred to the inpatient unit.
5. Patients in need of emergency medical treatment will not be transported to the ED by the shuttle or in a staff member's personal vehicle.

**UConn John Dempsey Hospital patients**

1. Transfer of patients will be completed based upon the medical needs of the patient and with the collaboration of both the sending and receiving providers.
2. Transfers will be done in a safe and timely manner and in compliance with the state and federal laws and guidelines.
3. The referring provider is responsible for determining whether a transfer is necessary, and the level of care required during transport.
4. The transferring provider will take necessary steps to stabilize the patient's condition prior to transfer.
5. If the care needs of the patient exceed the scope of practice of the available EMS personnel, the transferring provider or designee will arrange for the patient to be accompanied by appropriate staff, equipment, and supplies as outlined in Table 1, *Guidelines for Determining the Level of Transfer 1* within this policy.
6. For patient transfers across state lines, all applicable licenses remain active and covered under State and Federal regulations.

7. The mode of transportation will be determined by the referring/transferring provider and based on several factors, such as severity of patient condition and stability of the patient. The mode of transportation may include,
  - a) Medical helicopter (dependent on availability)
  - b) Ambulance
  - c) Private car for a lateral transfer at the request of the patient/family, and if deemed safe by provider
8. All ED to ED transfers must follow EMTALA regulations.
9. Nursing documentation for any transfer will comply with, *Transfer Nursing Guidelines*, as outlined in Table 2 within this policy.

**D. SCOPE:**

This policy applies to UConn John Dempsey Hospital (JDH) and ambulatory clinic locations on the UConn Health Farmington lower campus (OP, MSI). This does not apply to ambulatory clinic locations off the UConn Health Farmington campus. This does not apply to ambulatory clinics based in upper campus (JDH).

**E. DEFINITIONS:**

1. **ED:** Emergency Department
2. **JDH:** UConn John Dempsey Hospital
3. **OP:** Outpatient Pavilion
4. **MSI:** Musculoskeletal Institute
5. **EMTALA:** Emergency Medical Treatment & Labor Act. Medicare-participating hospitals that offer emergency services must provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.
6. **EMS:** Emergency Medical Services

**F. MATERIAL (S) NEEDED:**

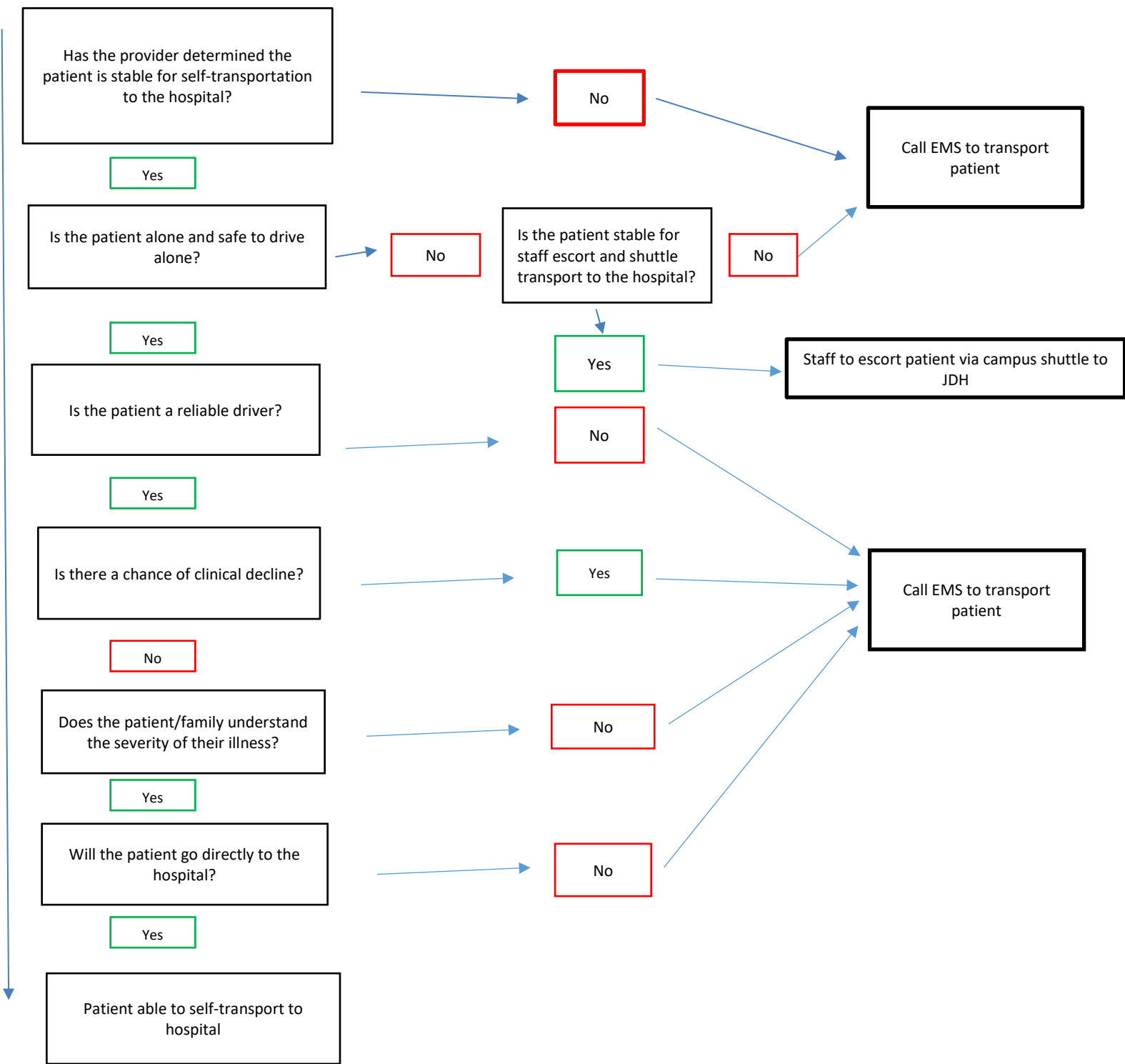
MD line form - For Transfers from outside hospitals *into* JDH

**G. PROCEDURE:**

**Stable Patient Transfer from Ambulatory Practice to JDH for direct admission/further ED Evaluation**

1. If patient is in any of the ambulatory clinics requiring direct hospital admission or ED evaluation, is stable without cardiac or critical neurological concerns\*, and it has been determined to have limited possibility of harm, provider discretion is used to determine if the patient requires EMS transport vs patient/family transport.
2. If a patient refuses to be transported to the hospital for admission or ED evaluation, the risks must be discussed with the patient and documented in the patient record.
3. Provider discretion for stable patients determined to have limited risk for acute deterioration can be used for direct admissions or patients that need further evaluation in the ED. When evaluating EMS vs. Non-EMS transport to John Dempsey Hospital use the following algorithm:

\*Due to the unpredictability and risk of acute decline in condition, all patients with a cardiac or neurological concern require EMS transport.



**ED to ED Transfer**

1. All ED to ED transfers **must** follow EMTALA regulations

**Emergent Transfers from outside hospitals accepted into JDH**

1. The transferring hospital provider must call the MD line 860-679-5555, select option 1
2. The call will be connected to Case Management (CM): CM to complete the MD line (860-679-5555) form.
3. Case Management (CM) will collaborate with UConn Health provider to determine if patient is accepted as a transfer.

**Hospital to Hospital Transfer out of JDH for acute, higher level of care**

1. The referring provider will discuss benefits and risks of the transfer with patient/family/designee. Patient/family/designee can decline or accept transfer.
2. The referring provider will find an accepting provider at an alternative hospital that can provide the care needed.
3. Once patient is accepted at alternative hospital, the referring provider will obtain contact information, such as phone number and unit, where the RN calls report.
4. Referring provider **must** contact patient/family/designee to review final plan.
5. RN and HUC will collaborate to gather all appropriate documentation required for transfer.
6. Mode of transportation will be determined by referring provider.
  - a) If patient transfers via ambulance, the RN or HUC will reserve an ambulance via EPIC, as an “Emergent” acute, higher level of care transfer.

**Family Request for Transfer between hospitals**

1. The family must obtain an accepting provider at the accepting facility for transfer to occur. Once there is an accepting provider, staff should follow the **Hospital to Hospital Transfer out of JDH**, listed above.
2. Non-emergent, lateral transfers via ambulance will be at the request and expense of the patient/family/designee. All costs associated with a non-emergent lateral transfer will be discussed with the patient/family/designee prior to transfer.
3. If provider deems safe to do so, patient may be discharged via private car.

**TABLE 1: GUIDELINES FOR DETERMINING LEVEL OF TRANSFER**

<b>Determination of level of transfer required.</b> <b>(X = Minimum level of service required)</b>	<b>Basic Life Support (EMT)</b>	<b>Advanced Life Support (Paramedic)</b>	<b>RN</b>	<b>Respiratory Therapist</b>	<b>Physician or Provider</b>
Vital Signs stable	X				
Oxygen by mask or cannula	X				
Peripheral IV present (no infusions, saline-locked)	X				
Urinary catheter present	X				
Tracheostomy tube	X				
Restraints	X				
IV fluids running (no additives)		X (or EMT-I)			
Peripheral Intravenous medications (running or anticipated) on the North Central Connecticut Regional Paramedic Medications list		X			
Central IV line in use		X			
NG or gastrostomy tube present with or without suction		X			
Endotracheal tube in place - continuous assistance is not needed		X			

Endotracheal tube with continuous assistance		X			
Cardiac monitoring		X			
CPAP		X			
Total Parenteral Nutrition		X			
Tracheostomy with ventilator support		X			

<b>Determination of level of transfer required.</b> <b>(X = Minimum level of service required)</b>	<b>Basic Life Support (EMT)</b>	<b>Advanced Life Support (Paramedic)</b>	<b>RN</b>	<b>Respiratory Therapist</b>	<b>Physician or Provider</b>
Ventilator Dependent (hemodynamically stable/unstable with medium to high risk of deterioration): includes patient transfer from one ICU to another or current endotracheal / nasotracheal intubation, 2 providers necessary; 2 <sup>nd</sup> provider may be an EMT-P, EMT of any level, RN, or LIP		X	X		
Blood Administration		X	X		
Chest tube			X		
IV Medications not on the approved UConn EMS Paramedic Medications list			X		
Blakemore tube in place			X		
Pulmonary artery catheter in use			X		X**
Arterial Line in place			X		X**
Temporary pacemaker in place			X		X**
Intracranial pressure (ICP) monitoring			X		X**
Intraaortic balloon pump in place			X		X**
Ventriculostomy drain in place			X	X*	X**
BIPAP		X		X	

\* RN and/or Respiratory Therapy should accompany patient on transport

\*\* Provider may or may not be necessary during transport, and will depend on patient acuity/condition.

**TABLE 2: TRANSFER NURSING GUIDELINES**

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| <ul style="list-style-type: none"> <li>• Verify that there is a written order for the transfer</li> <li>• Verify that there is a signed Consent to Transfer form in the medical record</li> <li>• Verify that the provider has explained the rationale for the transfer to the patient</li> <li>• Verify that the provider informed the patient’s family/significant other of the transfer</li> <li>• Provide the patient and family an estimated time of transfer and who will accompany the patient</li> <li>• Call report to the accepting facility</li> <li>• Complete a W10</li> <li>• RN to instruct the Health Unit Clerk to print the following and place in a manila envelope. The envelope must accompany the patient during transport and be handed off to EMS/Paramedic to hand-deliver to nursing staff at the accepting facility. The last 24 hrs of: <ul style="list-style-type: none"> <li>○ Labs,</li> <li>○ Images if applicable,</li> </ul> </li> </ul> |
|--|

- H&P,
- ED record
- Consults
- COVID status & COVID Immunization status if known
- Isolation precautions - should be printed in bold on the envelope
- Medication Administration Records - last 24 hours
- Verify that the patient is wearing an identification bracelet containing at least 2 identifiers
- Confirm patient allergy, and any other bracelet snaps, are in place, if applicable
- Ensure that needed equipment and supplies are available to accompany the patient during transport. If the patient is in isolation, protective supplies should be made available
- Obtain and document a set of vital signs prior to transfer. Identify any changes from baseline that must be reported to the accepting facility
- Ensure that the patient has a stable airway; anticipate any potential concerns with oxygenation or respirations during transfer
- Ensure that the patient's needs for elimination are met prior to transfer
- If an IV is in place, ensure that it is patent and there are sufficient IV fluids remaining for the duration of the transfer
- Ensure patient's comfort; anticipate need for pain medication that may be needed prior to or during transfer
- Give scheduled medications and treatments prior to transfer, if within acceptable time limits, or hold until the patient's return. Contact the physician or licensed provider if there are questions about whether to administer these before transfer
- Verify that appropriate documentation (W-10/AVS) accompanies the patient

**H. ATTACHMENTS:**

[Helicopter Protocol](#)

[Helicopter Protocol - Appendix A](#)

[Helicopter Protocol - Appendix B](#)

[EMTALA - Qualified Medical Person](#)

[EMTALA - On-call Obligations of Medical Staff Physicians](#)

[EMTALA - Ambulance Diversion](#)

**I. REFERENCES:**

None

**J. SEARCH WORDS:**

Emergency, Transportation, EMTALA, Transport, Transfer

**K. ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

**L. STAKEHOLDER APPROVALS:**

On File

**M. COMMITTEE APPROVALS:**

None

**N. FINAL APPROVAL:**

1. Bruce T. Liang, MD (Signed) 01/04/2023  
Bruce T. Liang, MD Date  
**Interim Chief Executive Officer & EVP for Health Affairs  
Dean, School of Medicine**
  
2. Anne Horbatuck (Signed) 12/21/2022  
Anne D. Horbatuck, RN, BSN, MBA Date  
**Clinical Policy Committee Co-Chair**
  
3. Scott Allen, MD (Signed) 12/29/2022  
Scott Allen, MD Date  
**Clinical Policy Committee Co-Chair**
  
4. Caryl Ryan (Signed) 01/03/2023  
Caryl Ryan, MS, BSN, RN Date  
**Chief Operating Officer, JDH  
VP Quality and Patient Services & Chief Nursing Officer**

**O. REVISION HISTORY:**

Policy Effective: 12/2022  
Date Revised: 12/2022  
Date Reviewed:  
Policy Replaces HAM 08-005