

Section 9 Subject 9.1	Clinical Policies Admissions, Transfers, and Discharges	12/01/90 - Originated 08/14/14 - Reviewed w changes 07/06/07 - Reviewed w/o changes 08/14/14 - Effective Hospital Administration - Author
Policy 9.1.12	Interfacility Transfer of Patients from UTMB	

Interfacility Transfer of Patients from UTMB

Definitions

Disaster Conditions: a “disaster” might necessitate the transfer of patients when a hurricane is imminent. A state of disaster may be declared before a hurricane makes landfall by a municipal executive, county judge, or the governor. A declaration by the governor would allow for the use of state assets to transport patients by ground and air.

Emergency Conditions: an “emergency” might necessitate the evacuation of patients (e.g., after a tornado, fire, explosion, etc.) due to a condition that has compromised UTMB’s ability to render care. A state of emergency may be declared if the President of UTMB activates the Emergency Operations Plan.

Policy

Patient safety is UTMB’s first consideration in coordinating patient transfers between facilities. In compliance with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA), a Memorandum of Transfer (MOT) form will be completed for every patient being transferred to another facility from UTMB during non-disaster or non-emergency conditions.

UTMB recognizes the right of a patient to request a transfer into the care of a physician and/or hospital of the patient’s choosing and UTMB will collaborate with the receiving organization regarding their respective roles in keeping the patient safe.

Before initiating the process for transferring a patient to another facility, the attending physician shall advise the patient (or personal representative) of the need, risks, and benefits of the transfer. This information shall be documented by the attending physician in the progress notes of the patient’s medical record.

All reasonable attempts to secure the written informed consent of the patient (or personal representative) should be taken. If a patient (or personal representative) refuses to consent to the transfer, the refusal shall be documented in the progress notes of the patient’s medical record and the transfer will not occur unless disaster or emergency conditions have been declared.

For pediatric patients, Pediatric Transport Team members will attempt to obtain consent, to the extent possible, using the *Consent for Transport and Treatment* form.

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Policy, continued

All patient transfers will be performed using medically appropriate life support measures to stabilize the patient before and during transfer. Licensed nurses and other qualified personnel will be available and on duty to assist with patient transfers and provide accurate information regarding eligibility and payment practices. Written protocols or standard delegation orders are in place to guide hospital personnel if a patient requires transfer.

Patient transfers will not be predicated on arbitrary, capricious, or unreasonable discrimination because of race, religion, national origin, age, sex, physical condition, economic or insurance status, or ability to pay.

The movement of a stable patient from UTMB to another hospital is not considered a patient transfer as discussed in this policy if the patient is only going to another hospital for tests, will not remain there overnight, and will return to UTMB after testing.

UTMB respects the diverse cultural needs, preferences, and expectations of the patients and families it serves to the extent reasonably possible while appropriately managing available resources and without compromising the quality of health care delivered.

Completing the MOT

MOT documentation which must be completed for patients transferring from UTMB includes:

1. The patient's Medical Record Number (MR#) and demographic and next-of-kin information, including the following to the extent known: the patient's full name, race, religion, national origin, age, sex, physical handicap (if any), address, phone number, and address and phone number of next-of-kin..
2. Signature, time, and title of the hospital administrator (or designee) who contacted the receiving hospital.
3. Signature of the physician attesting that the medical benefits reasonably expected from the provision of appropriate medical treatment at the receiving medical facility outweigh the increased risks to the patient (and/or unborn child if the patient is in labor) of the transfer or remaining at UTMB.
4. Information regarding contact made with the receiving hospital, including the name and city of hospital, date and time of initial contact, contact person, and names of the accepting physician and hospital administrator secured by the transferring physician.
5. Names, telephone numbers, and addresses of the transferring and receiving physicians and hospitals.

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6. Mode of transportation, including type of equipment and personnel needed, type of vehicle and company used.
 7. Diagnosis by transferring physician, and time and date on which the patient first presented to the transferring physician and UTMB.
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Completing the MOT (cont'd)

The first copy of the MOT will be sent with the patient to the receiving facility.

The second copy of the MOT will be filed in the patient's record.

Additional attachments to the MOT may include documentation of the patient's medical condition, observations, signs and symptoms, preliminary diagnosis, treatment provided, results of any tests, informed consents, and any other necessary records for continuing the care of the patient.

Emergency or Disaster Conditions

In the event emergency or disaster conditions, it may not be possible to use a MOT to document patient transfers from UTMB to receiving facilities. Instead, the UTMB Hospital Incident Command Center will work with the Catastrophic Medical Operations Center in Houston or other Incident Command System organizations which will identify facilities capable of receiving patients from UTMB.

The coordination of all transfers facilitated by the Hospital Incident Command Center will be performed using the Hospital Incident Command System (HICS) Form 260, which reflects each patient's demographic information, summary of medical information, and hospital of destination.

Reference

Texas Health and Safety Code §241.027-.028
25 Texas Administrative Code §133.44 (Hospital Patient Transfer Policy)
25 Texas Administrative Code §133.61 (Hospital Patient Transfer Agreements)
Texas Health and Safety Code §§61.030-.032 and 61.057-.059
Texas Government Code Chapter 418
UT System Policy 172
IHOP Policy 9.1.14 *Patient Discharge Planning*
IHOP Policy 9.1.16 *Admission of Interfacility Transfer Patients*