



**Institutional Handbook of Operating Procedures**  
**Policy 09.01.12**

Section: Clinical Policies	Responsible Vice President: EVP and CEO, Health System
Subject: Admissions, Transfers, and Discharges	Responsible Entity: Hospital Administration

**I. Title**

*Intrafacility and Interfacility Transfer of Patients Policy*

**II. 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.

UTMB may choose to transfer a patient to a non-UTMB facility if the needed procedure, resources, or level of care is not available at UTMB.

UTMB differentiates transfers within UTMB facilities as an intrafacility transfer and transfers from UTMB to a non-UTMB facility as an interfacility transfer.

Before initiating the process for an intrafacility transfer of a patient, from one UTMB facility to another UTMB facility, the attending faculty 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 faculty physician in the progress notes of the patient’s medical record.

Before initiating the process for an interfacility transfer of a patient, from UTMB to a non-UTMB facility, the physician (house staff, resident, or attending faculty physician), shall advise the patient (or personal representative) of the need, risks, and benefits of the transfer. This information shall be documented by the house staff, resident, or attending faculty physician and countersigned by the attending faculty physician authorizing the transfer as soon as possible, if applicable.

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 physician members will attempt to obtain consent, to the extent possible, using the *Consent for Transport and Treatment* form.

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.

Patient transfers will not be predicated on arbitrary, capricious, or unreasonable discrimination because of race, color, religion, national origin, age, sex, physical condition, disability, sexual orientation, gender identity or expression, genetic information, veteran status, 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.

### **III. Completing the Memorandum Of Transfer**

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.
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.

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.

### **IV. 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.

**V. Relevant Federal and State Statutes**

- [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](#)

**VI. Relevant System Policies and Procedures**

- [UT System Policy 172](#)

**VII. Related UTMB Policies and Procedures**

- [IHOP – 09.01.10 – Admission, Discharge, and Transfer – Neonatal Nurseries](#)
- [IHOP - 09.01.16 - Admission of Interfacility Transfer Patients](#)
- [IHOP - 09.01.21 – Examination and Treatment for Emergency Medical Conditions and Women in Labor](#)

**VIII. Dates Approved or Amended**

<i>Originated: 12/01/1990</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
07/06/2007	
08/14/2014	
01/31/2018	

**IX. Contact Information**

Hospital Administration  
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