

Type of Policy:	<b>PATIENT CARE</b>	Category:	<b>PROVISION OF CARE, TREATMENT AND SERVICES (PC)</b>
Title:	<b><i>Transfer of Patients from Non - OH Facilities</i></b>	Policy #:	<b>2875</b>
Page	1 of 4	Replaces #:	7045, 490
Issue Date:	<b>4/02</b>	Developed By:	Transfer Center, Care Management, Nursing, Trauma, Patient Financial Services
Revision Dates:	10/10, 10/12, 12/13, 6/14, 11/17, 12/20	Approved By:	Patient Care Executive <i>Janet Williams MSN, RN</i> NEA-BC

**I. PURPOSE:**

This policy outlines the process for review of both emergent and non-emergent transfer requests from other acute care facilities to Orlando Health.

**II. DEFINITIONS:**

When used in this policy these terms have the following meanings:

- A. Admitting RN Care Manager: RN Care Manager in the department of Care Management designated to coordinate issues relating to non-emergent transfers.
- B. Hours of Operation: Business hours are between 0800 and 1630 Eastern U.S. time, Monday through Friday (Except designated holidays).
- C. Administrative Supervisor (AS): The individual(s) who assigns patients to rooms based on bed availability.
- D. Emergency Medical Condition: A medical condition manifested by acute symptoms (including symptoms of severe pain, psychiatric disturbance, and/or substance abuse) of sufficient severity that the absence of immediate medical attention could reasonably be expected to result in:
  - 1. Placing the life or health of the patient (or the patient's unborn child) in serious jeopardy;
  - 2. Serious impairment to bodily functions;
  - 3. Serious dysfunction of any bodily organ or part; or
  - 4. Inadequate time to transfer the pregnant woman who is having contractions safely to another hospital or that a transfer will pose a threat to the health or safety of the woman or the unborn child.
- E. Emergent Transfers: Transfers to Orlando Health of patients with an emergency medical condition (as defined in subparagraph D).
- F. Transfer Center (TC): Centralized call location for all transfers into and out of Orlando Health.
- G. Non-emergent Transfer Request: A request for transfer for a non-emergent medical condition as determined by the referring physician.
- H. Transfer Agreement: Standardized agreement between a facility and Orlando Health outlining the policy, process, and obligations of the transferring hospital and Orlando Health.
- I. EMTALA: The Emergency Medical Treatment and Active Labor Act.
- J. International Transfer Requests: Any transfer request coming from outside of the United States.

**III. POLICY:**

It is the policy of Orlando Health that:

- A. The appropriateness of all transfers to Orlando Health from facilities outside the system shall be reviewed by assigned staff.
- B. The Utilization Management Committee (UMC) is responsible for the review and reporting of transfers that are not compliant with local, state, and federal rules and regulations.

**IV. PROCEDURE:**


- A. Emergent Transfers:
  - 1. When an emergent transfer is requested, always refer or transfer the phone call to the Transfer Center 321-841-XFER (9337) or toll free 1-800-895-4614.
  - 2. If an Orlando Health attending physician agrees to accept the patient:
    - a. The Administrative Supervisor (AS) will advise the TC of bed availability.

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- B. The priorities for transfers will be determined by reference to Attachment A for emergent and non-emergent / international transfer requests during hours of operation:
1. All non-emergent transfer requests shall be called to the Transfer Center 321 841-XFER (9337)
  2. The Admitting RN Care Manager will:
    - a. Contact the referring hospital and obtain clinical and insurance information. This will include working with the transferring facility and payor to secure any necessary authorization for admission. Contact consultants to verify acceptance. Obtain or coordinate schedule for surgical procedures as needed.
    - b. Discuss the transfer request with the accepting physician and/or Care Management Physician Advisor to determine medical necessity. If patient is not deemed medically necessary for transfer, advise the referring hospital the transfer will not be accepted.
    - c. Discuss bed availability with AS, once patient has been accepted by physician. If hospital condition is Red, advise the outlying facility that the transfer has been accepted, but there is no immediate bed available. Admitting RN Care Manager will then advise the accepting physician and referring hospital of bed availability and advise the referring hospital to check other hospitals, if desired. The Admitting RN Care Manager will contact the referring hospital daily, to monitor the continued need for transfer, as appropriate.
    - d. Coordinate with the Patient Access site manager/designee, for insurance verification/ authorization for all payor(s).
    - e. Document in Affinity, the standard agreement on file or secure individual transfer agreement prior to patient's arrival. Provide copies of the transfer agreements to referring hospitals, as requested.
    - f. Forward a copy of the Standard Transfer Agreement or the individual agreement to the Care Management Department.
- C. Non-emergent and international transfer requests after hours:
1. Non-emergent and international transfer requests will only be accepted during hours of operation.
  2. If the referring facility or physician insists on requesting a non-emergent or international transfer after hours the referring physician will be conferenced via the TC with the TC MD on call.
    - a. If the patient is accepted after hours, the Admitting RN Care Manager will obtain the necessary clinical and insurance information, next business day, and will follow-up with the referring hospital if an individual agreement is needed.
    - b. If the patient is not accepted after hours the information will be forwarded to the Admitting RN Care Manager for follow-up during normal business hours.

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- D. Specialized transfers:
1. All requested neonatal transfers will be forwarded to the Neonatologist on call for review and coordination at 321-841-6629.
  2. All emergent requested psychiatric transfers will be completed by the TC as an emergent request for transfer. Non-emergent requests will be forwarded to South Seminole Hospital Behavioral Health Triage for review and coordination at 407-262-2200.
  3. For all requested transfers to Winnie Palmer Hospital for Women and Babies;
    - a. The Orlando Health Transfer Center will contact the attending physician for maternal transfer requests.
    - b. The Orlando Health Transfer Center will notify the Triage Charge Nurse of all accepted transfers via the Obstetrical (OB) recorded phone line located in the Women's Triage Unit, 321-841-8721.
    - c. The Triage charge nurse will keep the attending physician and the on call perineonatologist informed of bed availability.
    - d. Report from the referring facility will be directed to the Triage charge nurse through the OB recorded line at 321-841-8721 and the patient will be sent to triage.
    - e. If the patient's condition is reported as advanced labor or unstable, the Triage charge will notify the Clinical Assistant Nurse Manager (CANM) and Labor and Delivery (L & D) charge for placement.
    - f. The appropriate physician will be notified of patient's arrival.
  4. When an obstetrical consult is requested on an Emergency Department patient at ORMC or APH, the Obstetrical RN will:
    - a. Assess the patient's history, chief complaint, and obtain a minimum twenty minutes of fetal monitor tracing on gestations greater than 23 weeks.
    - b. For gestations 20-23 weeks, obtain Doppler fetal heart tones and place on continuous tocodynamometer to evaluate uterine activity. For gestations less than 20 weeks obtain Doppler fetal heart tones.
    - c. Collaborate care with the Emergency physicians and nurses to facilitate transport to Winnie Palmer Hospital for Women and Babies.
    - d. Contact the 4<sup>th</sup> year obstetrical resident or attending Physician for obstetrical management issues.
    - e. Notify Women's Triage Unit charge nurse and remain with the patient during transport if patient's condition is advanced in labor or unstable.
- E. Review of emergent and non-emergent transfers:
1. All inter-facility transfers will be screened or reviewed retrospectively for appropriateness and insurance matters by the Care Management Department. Care Management will document the initial discharge plan note in the electronic medical record.
  2. Questionable transfers will be reviewed by the UMTF for any further action needed.

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**V. DOCUMENTATION:**

- A. Emergency Transfer Center requests.
- B. Emergency Transfer Center log.

**VI. REFERENCES:**

- A. 42 C.F.R. §§ 489.20, 489.24, and 489.53.
- B. Florida Department of Health, Trauma Office-Trauma Transfer Guidelines. Retrieved from <http://www.floridahealth.gov/licensing-and-regulation/trauma-system/index.html>
- C. Florida. Statute § 395.1041, Access to Emergency Services and Care.
- D. NICU Process #PRCS-1120-1050, *Admissions, Transfers, and Discharges in NICU Level II & III*.
- E. Patient Care Policy and Procedure # 2900, *Transfer process for patients to another acute care facility*.
- F. Kilpatrick, S., Papile, L., et al (2017). Guidelines for Perinatal Care AAP/ACOG (8<sup>th</sup> e. d.). Library of Congress Cataloging-in-Publication Data.
- G. Simpson, K. & Creehan P., O'Brien-Abel, N. (2020). Association of Women's Health, Obstetric and Neonatal Nurses, Perinatal nursing (5<sup>th</sup> e. d.). Philadelphia: Lippincott Williams & Wilkins.

**VII. ATTACHMENTS:**

- A. Transfer Priorities Table, one page.

Approved by: Medical Director of Emergency Transfer Center and Air Care Team 11/3/2020

**Attachment A - Transfer Priorities Table**

**Transfer Priorities Table**

The following table shows the priority by which transfers will be determined.

<b>PRIORITY</b>	<b>REASON FOR TRANSFER</b>	<b>COMMENTS</b>
1	Emergent for trauma, burn or pediatrics care not provided by transferring facility	
2	Emergent from other Orlando Health facilities	
3	Emergent for care not provided by transferring facility except for trauma/burn/pediatrics	
4	Emergent for managed care patients in a non-participating facility	
5	Non-emergent for services not provided by transferring facility (1)	Requires review by Admitting RN Care Manager/Care Management Physician Advisor
6	Non-emergent for managed care patients in a non-participating facility (1)	Requires review by Admitting RN Care Manager/ Care Management Physician Advisor and health plan authorization
7	Physician preference (1)	Requires review by Admitting RN Care Manager/ Care Management Physician Advisor and health plan authorization
8	Patient/family preference (1)	Requires review by Admitting RN Care Manager/ Care Management Physician Advisor and health plan authorization

Notes:

- (1) Non-emergent transfers will only be accepted during hours of operation, with bed availability.