

HARBOR-UCLA MEDICAL CENTER

SUBJECT: GUIDELINES FOR ACCEPTANCE OF STABLE INPATIENT TRANSFERS

POLICY NO. 303A

PURPOSE:

To provide guidelines governing the acceptance of stable inpatient transfers into Harbor-UCLA Medical Center.

DEFINITIONS:

- EMTALA: The Federal Emergency Medical Treatment and Active Labor Act.
- Stable means that the patient’s condition is such that, within reasonable probability, the transfer will not create a medical hazard to the person.
- Capacity is determined by the availability of the following:
  1. Capability – hospital provides medical and surgical service appropriate for the patient;
  2. Open bed in the appropriate medical service (i.e., Intensive Care Unit, telemetry, ward, isolation room);
  3. Accepting physician who can provide the level of care requested;
  4. Required nursing and technical personnel (i.e., dialysis, respiratory therapist, etc.);
  5. Operational capability (i.e., Operating Room, diagnostic and interventional equipment);
  6. Other considerations include pending admissions from the Emergency Department, Clinics, etc., or inter-unit transfers (i.e., transfers from ICU to ward beds) and pending;
  7. Intra-county transfers including Managed Care Department of Health Services (DHS) patients.

POLICY:

1. This policy pertains only to stable patients being considered for inpatient transfer into Harbor-UCLA. It does not apply to EMTALA patients who have an “emergency medical condition” as that term is defined in EMTALA (for example, patients in Emergency Departments or inpatients who originally came into the transferring hospital and never “stabilized” as that term is defined in EMTALA).
2. The decision to accept or refuse any inpatient transfers to Harbor-UCLA is based on the following:
  - a. Current hospital capacity.
  - b. The clinical stability and medical condition of the patient as determined during the telephone consultation between the sending physician and the designated receiving physician. In general, it is the medical judgment of the sending physician that takes precedence over the judgment of the receiving physician. However, all inappropriate transfers must be reported.

EFFECTIVE DATE: 7/1/03


SUPERSEDES:


REVISED: 1/11, 12/11, 12/14, 12/17

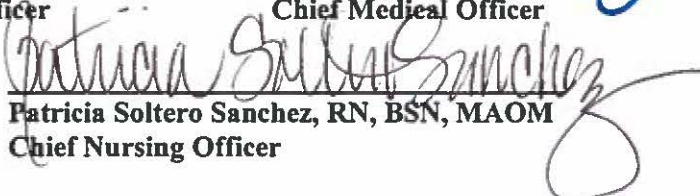
REVIEWED: 12/14, 12/17

REVIEWED COMMITTEE:

APPROVED BY:

  
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3. In cases where disputes regarding medical issues arise, either the Attending physician at Harbor-UCLA or the Medical Alert Center (MAC) Medical Supervisor shall be contacted for advice.
4. Transfer Limits: Limits on the number of inpatient transfers to a particular service area based on the capacity available for the required service at that time and not on a daily quota.
5. Arrangements for patient transfers must be completed by the sending facility. MAC shall not accept transfer requests from patients or family members.
6. The sending facility and physicians shall ensure the transfer complies with the following:
  - a. Appropriate personnel at the MAC and Harbor-UCLA have been notified in advance of the transfer and have accepted the patient prior to initiation of the transfer (Harbor-UCLA's Policy No. 303).
  - b. The appropriate transport modality and personnel are utilized.
  - c. All pertinent medical records and copies of all the appropriate diagnostic test results that are available at the time of transfer accompany the patient.
  - d. The records transferred with the patient include a "Transfer Summary" signed by the transferring physician that contains relevant transfer information consistent with the requirements of the California Code of Regulations, Health and Safety Code, Division 2, Licensing Provisions. The form of the "Transfer Summary" shall, at a minimum contain the person's name, address, sex, race, age, insurance status, medical condition, the name and address of the sending physician and surgeon or Emergency Department personnel authorizing the transfer; the time and date the person was first presented at the sending hospital; the name of the physician and surgeon at the receiving hospital consenting to the transfer and the time and date of the consent; the time and date of the transfer; the reason for the transfer; and the declaration of the signor that the signor is assured, within reasonable medical probability that the transfer creates no medical hazard to the patient.

**PROCEDURE:****A. Role of the Patient Flow Facilitator**

1. The Patient Flow Facilitator shall evaluate the hospital's capacity on an ongoing basis by determining the availability of:
  - a. Open beds in each of the medical services.
  - b. Specialty physicians in each of the medical services.
  - c. Nursing and technical personnel in each of the medical services.
  - d. Operational capability (i.e., operating room, diagnostics and intervention equipment).

Special considerations include pending admissions from the Emergency Department, Clinics, and Scheduled Admissions as well as pending intra-county transfers and inter-unit transfers.

2. The Patient Flow Facilitator shall determine the hospital's capacity by:
  - a. Communicating with the physician of service to assess bed capacity in the intensive care units or PCU/SDU's.
  - b. Communicating with the Emergency Department to assess its pending admissions, and Bed Control to assess pending Clinic and Scheduled Admissions' admissions.
  - c. Communicating with Nursing regarding the availability of operating rooms, diagnostic and intervention equipment.

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**B. Role of Bed Control**

1. Bed Control shall submit bed capacity report via ReddiNet at predetermined times.
2. Bed Control shall notify the MAC:
  - a. With bed assignments.
  - b. When the patient has not arrived within four hours of acceptance. (The MAC will contact the transferring hospital to determine the status of the transfer.) This should be considered a problem transfer. (Please see Section C below).

**C. Problem Transfers**

1. The MAC should be notified whenever there is a problem transfer.
2. Any patient not transferred in accordance with the Los Angeles County Department of Health Services protocol must be documented and recorded on a Problem Transfer Report (Harbor-UCLA's Policy No. 309).

**CROSS REFERENCES:**

- California Code of Regulations Health and Safety Code, Division 2, Licensing Provisions
- Harbor-UCLA Medical Center's Policies Nos. #303-Direct Admissions – Acceptance and Transfer of Non-Emergency Adult Patients from Outside Facilities, and #309-Problem Transfer Report and Follow-up.