



POLICIES AND PROCEDURES

SUBJECT: INTRA-COUNTY HEALTH FACILITY HIGHER LEVEL OF CARE PATIENT TRANSFER PROCEDURE

POLICY NO: 373.3

PURPOSE:

To provide a mechanism to expeditiously transfer patients from a Los Angeles County Department of Health Services (DHS)-operated health facility to another DHS-operated health facility capable of providing the medical services needed by a patient,

POLICY:

The policy shall govern the procedures to follow in accomplishing an intra-county transfer (transfer from one county health care facility to another) for patients needing a higher level of care.

DEFINITIONS:

Higher Level of Care Transfer is a transfer request made when the transferring hospital does not, or cannot, provide the medical services needed by a patient. Such services include, but are not limited to: burn care, neurosurgery, or neonatal intensive care. The stability of a patient's condition is not a consideration when the benefits of transfer outweigh the risks of the transfer itself, or the risk of remaining at the current level of care. For the purposes of this policy, Higher Level of Care Transfers may be requested in any of the following situations:

1. **Emergency Life Threatening Condition (ELTC)** is a situation in which the transferring DHS-operated health facility has determined that an **inpatient** requires an immediate transfer to another DHS-operated health facility for a higher level of medical care in order to prevent loss of life, limb or permanent disability that is not provided within that DHS-operated health facility.
2. **Emergent/Urgent Condition** is a situation in which the transferring DHS-operated emergency department has determined that an emergency department patient has a need for immediate medical attention in which there is an actual or potential risk for loss of life, limb or permanent disability, where the needed treatment is not provided within that DHS-operated health facility, and no capacity exists at non-DHS facilities.
3. **Non-Urgent/Routine Transfer Request** is a higher level of care transfer in which the transferring hospital or physician has triaged the patient (regardless of physical location

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REVIEW
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within the facility) as not having an emergency condition. In general, these patients may safely wait for the required medical services without an increase in morbidity or mortality.

AMION - A web-based database hospitals use to schedule physician on-call panels and contact information.

Central Dispatch Office (CDO) - The ambulance dispatch office for the County ambulance services operated by the EMS Agency. It is located in the same work area as the MAC.

PRINCIPLES:

1. In general, transfer requests made by DHS-operated health facilities unable to provide the medical services required by the patient shall be deemed a Higher Level of Care Transfer under one of the three above categories.
2. Patients at DHS-operated hospitals who are **inpatients** with emergent needs shall be categorized as an ELTC transfer request. If there are no beds available at DHS-operated health facilities, and the patient has no placement options at outside facilities, the Medical Alert Center (MAC) will select and contact the accepting DHS facility based on an alternating schedule.
3. Patients at DHS-operated hospitals who are **emergency department** patients with emergent needs shall be categorized as an Emergent/Urgent transfer. If there are no beds available at DHS-operated emergency departments, and the patient has no placement options at outside facilities, the Medical Alert Center (MAC) will select and contact the accepting DHS facility based on an alternating schedule.
4. Patients, regardless of physical location within a DHS-operated hospital, who do not have emergent/urgent needs, but require a service provided at another DHS-operated licensed acute care hospital shall be triaged as a Non-urgent/Routine transfer request. If there are no beds available, the patient shall be placed on the MAC Priority 1 transfer list.
5. In all instances, it is the medical judgment of the on-site transferring (sending) facility physician that takes precedence over the judgment of the off-site receiving physician.
6. In instances involving ELTC, the patient's emergency life threatening condition shall be confirmed by the transferring (sending) facility's Chief of Service/Chief Medical Officer.

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7. The appropriate level of transportation shall be determined by the on-site transferring facility physician with the guidance of the MAC transfer coordinator.

NOTE:

BED AVAILABILITY IS NOT AN ACCEPTABLE REASON TO REFUSE A "COUNTY" RESPONSIBLE ELTC or Emergent/Urgent transfer. When bed availability is an issue for the particular service required, the patient will be transferred to the Emergency Department of the receiving DHS-operated acute care facility.

8. DHS Hospitals shall maintain receiving facility physician on-call schedules and physician contact information specific to medical service on the AMION System. This includes Chief Medical Officer/Medical Officer of the Day.
9. Transportation shall be arranged concurrently while transfer arrangements are made. The ultimate decision in determining the level of transportation shall rest with the on-site transferring physician. With the guidance of the MAC transfer coordinator, on-site transferring physicians should consider the various transport options listed below that are available through the Patient Transportation Services Division or private contractors.
- Basic Life Support (BLS) – Transport – This level of transport consists of two (2) Emergency Medical Technician I's (EMT-Is). The average estimated time of arrival (ETA) for a BLS Unit is **30-45 minutes**.
 - Advanced Life Support (ALS) or Critical Care Transport (CCT) – This level of transport requires ALS personnel (EMT Paramedic (EMT-P) or nurse). The average EMT-P ETA is **45 minutes**, and **120 minutes** for a nurse staffed ambulance.
10. All CCTs are contracted to the private ambulance sector. For patients who are unable to wait for the projected ETA of contractor provided CCT services, the transferring DHS-operated hospital may consider placing its own personnel and/or equipment on board the County BLS vehicle for immediate transport. Patient Transportation Services will ensure the return of staff to the transferring hospital.
11. For purpose of continuity of care, and once stabilizing treatment has been provided, patients shall be returned to their original transferring facility.

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I. RESPONSIBILITIES OF THE TRANSFERRING (SENDING) DHS-OPERATED FACILITY (Refer to attached flowchart identifying process for transferring ELTCs)

1. Contact the Medical Alert Center (MAC) by calling (866) 940-4410 and follow the telephone menu for 'DHS' facilities.
2. The transferring hospital will, at minimum, present the following patient information to the MAC transfer coordinator.
 - a. Patient's name
 - b. Medical record number
 - c. Primary diagnosis
 - d. Reason for transfer
 - e. Triage status (ELTC or Emergent/Urgent or Non-urgent/Routine)
 - f. Name of transferring (sending) Chief of Service/Chief Medical Officer
 - g. Physical location the patient is being transferred from (i.e. ward, unit, emergency department)

II. MEDICAL ALERT CENTER (MAC) RESPONSIBILITIES FOR ELTC and EMERGENT/URGENT TRANSFER REQUESTS

1. The MAC Transfer Coordinator will obtain the patient information noted above as well as the transfer category (ELTC, Emergent/Urgent, Non-urgent/Routine) assigned by the transferring hospital.
2. If the sending hospital has categorized the inpatient as ELTC or Emergent/Urgent, MAC will obtain the basic patient information within five minutes. **DO NOT DELAY** the transfer if the sending hospital is unable to provide recent vital signs, x-ray results or labs. The Senior Emergency Patient Transfer Coordinator (EPTC) or Supervisor shall be notified immediately of the ELTC or Emergent/Urgent transfer request.
3. The MAC Transfer Coordinator shall contact the hospital Patient Flow Manager at each facility to determine capacity. The hospital with available capacity shall be assigned as the receiving hospital. If more than one hospital has available capacity, the MAC Transfer Coordinator shall identify the receiving facility based on alternating assignment, and contact the receiving hospital's Patient Flow Manager to designate an accepting physician.

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4. If there is no available capacity at any facility, the MAC Transfer Coordinator shall identify the receiving facility based on alternating assignment.
5. Communication shall be arranged between the transferring (sending) **ATTENDING** physician and the receiving **ATTENDING** physician to allow for physician to physician report and consultation. The transferring on-site physician's decision regarding the patient's medical needs, with concurrence of the hospital Service Chief/Chief Medical Officer shall take precedence over the judgment of the receiving off-site physician. **DO NOT DELAY** the transfer for tests/lab results.
6. The transfer request shall be documented on the Patient Transfer Information System (PTIS). Patient assessment and narrative information received through inter-physician communication shall also be documented in PTIS. If additional information is required to complete PTIS documentation, the primary nurse, case manager or physician shall be contacted once the patient has been accepted.
7. Once the level of transport has been determined by the transferring on-site physician, the MAC Transfer Coordinator shall arrange transportation through the Central Dispatch Office, and then confirm transportation arrangements with the transferring hospital.
8. In the event the receiving **ATTENDING** physician cannot be reached within fifteen (15) minutes, the MAC transfer coordinator shall:
 - a. Contact the receiving hospital's Chief Medical Officer (CMO)/**Medical Officer of the Day (MOD)** by contacting the hospital's telephone office and present the higher level of care transfer request.
 - b. Contact the MAC Medical Supervisor on-call for assistance.
9. If, following consultation between the transferring and receiving physicians, the receiving **ATTENDING** physician refuses to accept an **ELTC or Emergent/Urgent transfer**, the MAC transfer coordinator shall:

State the following to the receiving **ATTENDING** physician.

"THIS IS AN (ELTC or Emergent/Urgent) TRANSFER REQUEST.

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*According to DHS policy 373.3 INTRA-COUNTY HEALTH FACILITY HIGHER LEVEL OF CARE PATIENT TRANSFER PROCEDURE, patients with an ELTC or Emergent/Urgent condition shall be transferred to an accepting DHS operated hospital on an alternating basis. It is my responsibility to notify your hospital's **Chief Medical Officer/Medical Officer of the Day** of your refusal to accept this higher level of care (ELTC or Emergent/Urgent) transfer request."*

10. If the ELTC or Emergent/Urgent transfer is still refused by the receiving **ATTENDING** physician, the MAC Transfer Coordinator shall contact the **Chief Medical Officer/Medical Officer of the Day** of the same DHS-operated receiving hospital and present the ELTC or Emergent/Urgent transfer request. If the **Chief Medical Officer/Medical Officer of the Day** also refuses the patient, the MAC Transfer Coordinator shall state the following:

"According to DHS policy 373.3 INTRA-COUNTY HEALTH FACILITY HIGHER LEVEL OF CARE PATIENT TRANSFER PROCEDURE, patients with an ELTC or Emergent/Urgent condition shall be transferred to an accepting DHS operated hospital on an alternating basis."

11. If the patient is still refused by the receiving hospital's **Chief Medical Officer/Medical Officer of the Day** state the following to the **Chief Medical Officer/Medical Officer of the Day**:

"It is my responsibility to contact the DHS Chief Medical Officer for further action."

ELTC and Emergent/Urgent patient transfer requests must have a disposition within sixty (60) minutes of presentation to the MAC. If placement attempts are unsuccessful, the MAC Transfer Coordinator shall contact the DHS Chief Medical Officer.

III. MEDICAL ALERT CENTER (MAC) RESPONSIBILITIES FOR NON-URGENT/ROUTINE TRANSFER REQUESTS

1. The MAC Transfer Coordinator will obtain the usual transfer information and transfer category assigned from the transferring hospital.

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2. If the transferring hospital has categorized the patient as Non-urgent/Routine, MAC will obtain all available patient transfer information. **DO NOT DELAY** the transfer if the sending hospital is unable to provide recent vital signs, x-ray results or labs.
3. The transfer request shall be documented on the PTIS system. Additional information to complete PTIS documentation shall be obtained by contacting the primary nurse, case manager or physician assigned to the patient.
4. The MAC Transfer Coordinator shall present and determine bed availability with the most appropriate DHS-operated acute care receiving hospital (based on the transferring hospital's reason for transfer and where the patient originated from).
5. If the transfer request has been presented to the appropriate DHS-operated hospital and there is no bed available, the MAC Transfer Coordinator shall contact the MAC Medical Supervisor to obtain approval to place the patient on the Daily Patient Transfer Waiting List. Approval by the MAC Medical Supervisor shall be obtained each day the patient remains on the Daily Patient Transfer Waiting List.
6. Attempts to transfer patients at DHS-operated hospitals placed on the Daily Patient Transfer Waiting List must be made at least once every eight hours by presenting the patient to the **ATTENDING** physician of the intended service at the appropriate DHS-operated facility regardless of bed/closure status, until the patient is transferred or cancelled off of the Daily Patient Waiting List.
7. Once the patient has been accepted for transfer, the MAC Transfer Coordinator shall:
 - a. Contact the transferring hospital to advise them that the patient has been accepted and to facilitate the pre-registration process at the receiving facility. Advise the transferring hospital who the accepting receiving physician will be, where to send the patient, and to send copies of the patient's chart, x-rays, CT scans and other pertinent patient information with the patient. In addition, confirm the mode of transportation (BLS or ALS/CCT) with the transferring physician.
 - b. Request appropriate mode of transportation through the Central **Dispatch Office**.

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