VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS

STANDARD PROCEDURES FOR INTERHOSPITAL PATIENT TRANSFERS

March 10, 1999

I. Preamble

The coordination of policies and procedures for the interhospital transfer of patients is an issue of importance to Vermont patients, medical staffs and the families of the sick and injured. Recognizing that professionals trained in patient management are best qualified to develop standard patient transfer procedures, Vermont hospitals and other bordering hospitals, through the Vermont Association of Hospitals and Health Systems ("VAHHS"), have volunteered to work together to formalize and update the standard procedures for the transfer of patients that will best meet the needs of patients and their families, and allow Vermont hospitals to offer the highest quality care in the most appropriate facility. These policies and procedures are intended to meet the requirements of the federal Emergency Medical Treatment and Active Labor Act ("EMTALA"), 42 USC Section 1395dd, and shall be coordinated with any Agreement regarding the provision of Disaster Aid Services, if adopted subsequent to the above date.

II. Scope and Applicability.

The Standard Procedures set forth herein have been adopted by the Board of Trustees of VAHHS by resolution dated March 10, 1999. Hospitals servicing Vermont patients, if desirable, shall become Participating Institutions by each separately adopting the Standard Procedures set forth herein and utilizing them for the transfer and receipt of all patients. The Standards Procedures shall be reviewed and updated periodically by the Board of Trustees of VAHHS.

III. Definitions of Terms used in Standard Procedures.

A. A Participating Institution is a hospital which provides medical services to Vermont Patients and who has adopted the Standard Procedures for the transfer and receipt of transfer of patients.

B. A "Patient" is an individual who is seeking or receiving medical care. For decision making purposes, the word "patient" includes the patient's legal representative, if the patient is a minor or is incompetent or is otherwise incapacitated.

C. An Emergency Medical Condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in -

1. placing the physical or mental health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or

2. serious impairment to bodily functions, or

3. serious dysfunction of any bodily organ or part.

4. With respect to a pregnant woman who is having contractions, the term includes situations where:

a. there is inadequate time to effect a safe transfer to another hospital before delivery, or

b. the transfer may pose a threat to the health or safety of the woman or the unborn child.

D. For the purposes of establishing the priority of transfer, the severity of a patient's medical condition shall be defined as follows:

1. "Emergency" - An emergency is a situation requiring immediate intervention to assist a person with potentially disabling or life threatening conditions and includes an "emergency medical condition" as described in Section C above.

2. "Urgent" - Urgent refers to a degree of severity of an illness or injury that is less severe than immediately life threatening (emergency) but requiring care more quickly than elective; a pressing necessity to treat a condition or illness to avoid a serious risk of harm.

3. "Elective" - Elective refers to any procedure or service that can be deferred without significant risk to the patient and scheduled at a later date and time.

E. A Transfer Liaison is a staff position (or hospital department) designated by each Participating Institution and held by individuals who may be contacted to facilitate communications regarding patient transfers. The position should include responsibilities for reviewing and monitoring transfer communications and procedures at a Participating

Institution.

IV. Responsibilities of Transferring Institution.

A Participating Institution transferring a patient shall effect the transfer of a patient only upon compliance with the following conditions:

A. Indications for Transfer. The transfer of a patient to another institution shall be undertaken only in situations in which either:

1. the patient requests transfer to another facility;

2. the transfer is necessary in order for the patient to obtain the most appropriate medical care; or

3. the transfer is elective and planned in advance with the cooperation and agreement of the medical staffs and administrative representatives from the Transferring Institution and the Receiving Institution with regard to treatment and discharge plans.

B. The Transferring Institution shall identify:

1. the severity of the patient's medical condition at the time of transfer - whether emergency, urgent or elective;

2. the level of care needed by the patient; and

3. whether inpatient or outpatient care is sought by transfer.

C. Communication with/Confirmation by Receiving Institution.

1. The Transferring Institution shall transfer a patient only upon confirmation from the Receiving Institution that:

a. it has available space and qualified personnel for the treatment of the patient; and

b. the Receiving Institution has agreed to accept the transfer of the patient and to provide appropriate medical treatment.

2. If the physician at the Transferring Institution is uncertain as to the appropriate physician or department to contact, communications with the Receiving Institution shall be initiated by contacting the Receiving Institution's emergency department, unless another designated contact is known.

3. If a physician at the Transferring Institution has communicated directly with a physician at the Receiving Institution to arrange a transfer, it is the responsibility of the physician at the Receiving Institution to initiate all appropriate internal communications.

D. Patients' Rights. A patient shall not be transferred to another institution unless the patient has received complete information and explanation concerning the need, benefits, risks and alternatives to the transfer. It is recognized that a patient has the right to refuse examination, treatment or transfer to another medical facility.

V. Documentation - Medical Records. The Transferring Institution shall at the time of a transfer provide to the Receiving Institution copies of all medical records related to the patient's medical condition, of the examination and treatment of the transferred patient at the Transferring Institution. Such records shall accompany the patient and should include a Patient Transfer Form, in the form attached hereto as Appendix B-1, or Appendix B-2, if the transfer is to or from the Veterans Administration Center, and, at a minimum, the following information:

1. patient's name, address, hospital number, age, and name, address and telephone number of next of kin;

2. history of injury or illness;

3. condition on admission and preliminary diagnosis;

4. noted observations of symptoms and vital signs, as available prehospital, during stay in emergency department, and at time of transfer;

5. treatment rendered to patient, including medications;

6. laboratory and x-ray findings, including films;

7. fluids given by type and volume;

8. informed written consent of patient to transfer;

9. any additional information which is necessary for the maintenance of the patient during transit or for treatment upon arrival at the Receiving Institution.

10. name, address and phone number of physician referring the patient;

11. name of physician at the Receiving Institution to whom the patient is to be transferred;

12. name of physician at the Receiving Institution who has been contacted about the patient; and

13. as mandated by law, the name and address of any on-call physician who refused or failed to appear within a reasonable time to provide necessary stabilizing treatment to a patient in an emergency medical condition.

A. Patient Payment Information. If known prior to transfer, the Transferring Institution shall provide to the Receiving Institution information regarding the status of the Patient's insurance coverage or other payment coverage, such as eligibility for Medicaid or Medicare. No attempt to obtain payment information shall be made if a patient is, and continues to be, experiencing an emergency medical condition.

B. Patient Personal Belongings. The Transferring Institution shall be responsible during the transfer of a patient for the handling of the patient's personal belongings.

C. Patient Transport. The Transferring Institution shall effect the transfer of patients only through accompanying qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.

D. Emergency Transfers.

1. Before a patient with an emergency medical condition is transferred, the Transferring Institution shall provide an appropriate medical screening examination and provide medical treatment to the patient within its capacity which minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child.

2. The Transferring Institution shall provide to the Receiving Institution, at the time of the transfer, the following written evidence:

a. that the transferred patient has requested or has consented to a transfer from the Transferring Institution, after having been fully informed of:

(1) the need for the transfer including the anticipated benefits,

(2) the Transferring Institution's legal obligations under the law as set forth in this Section D,

(3) the risks involved in the transfer and

(4) the alternatives to the transfer; and

b. that (unless the transfer is requested against medical advice) a physician has signed a certification that, based upon the reasonable risks and benefits to the patient, and based upon the information available at the time of the transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at the Receiving Institution outweigh the increased risks to the patient's medical condition from effecting the transfer; or

c. that, in the event that a physician is not readily available in the emergency department at the time the patient is transferred, a qualified medical person as identified in the Transferring Institution's Bylaws, Rules and Regulations has signed the certification described in Subsection (b) after consulting a physician who has made the determination required in Subsection (b), and who will subsequently countersign the certification.

d. The certification described in Subsections (b) and (c) shall include a summary of the specific risks and benefits upon which the certification is based.

e. In each instance in which an emergency transfer decision involves a woman in labor, any consideration or explanation of the risks, benefits and alternatives regarding the transfer shall consider both the individual and the unborn child.

E. Communications to Patients about Financial Responsibility.

Unless the transfer involves a patient experiencing an emergency medical condition, the Transferring Institution may provide information to the patient regarding

the financial responsibility he or she may incur as a result of the transfer.

VI. Responsibilities of Receiving Hospital.

Unless a transfer is made as a result of a request for Disaster Aid Services and is covered by a separate agreement adopted after the effective date of the Standard Procedures, a Participating Institution who receives patients in transfer shall to the best of its ability comply with the following provisions:

A. Time Guidelines for Response to Transfer Inquiry:
A Receiving Institution shall respond to a transfer inquiry by a Transferring Institution pursuant to the following time period guidelines:

1. Emergency - as soon as possible, but not more than twenty minutes;

2. Urgent - within a maximum of one hour; or

3. Elective - within a maximum of one working day (twenty-four hours during a Monday through Friday time period, or if on a weekend or holiday, by the end of the next day).

B. Prioritization of Transfers. Patient transfer shall be accorded the following priorities by Receiving Institutions:

1. Priority One = Emergency patients; the transfer shall be effected immediately.

2. Priority Two = Urgent patients; the transfer shall be effected within a maximum of twenty-four hours from the time transfer is requested or as agreed upon by physicians from the Transferring and Receiving Institutions.

3. Priority Three = Elective patients; the transfer shall be effected as agreed upon between physician and administrative representatives of the Transferring and Receiving Institutions.

C. Tertiary Care Receiving Institutions.
A Receiving Institution providing tertiary care shall accept all transfers of emergency patients so long as it has the capacity to treat the patients. If it does not, it shall provide assistance as set forth in Section F below.

D. Transfer Acceptance. Each Participating Institution shall develop procedures to accept transfers and shall communicate these procedures to those other Participating Institutions from whom it regularly receives transfers.

E. Physician Communications.

If directly contacted by the Transferring Institution, it is the responsibility of the physician at a Receiving Institution to initiate all appropriate internal communications.

F. Diversion Procedures.

1. Each Participating Institution shall develop a diversion plan in the event that it is unable to receive patients for transfer or admission.

2. If a Participating Institution is contacted to receive a patient in transfer and is unable to accept and receive the patient, to the extent of its reasonable capabilities, it shall work with the Transferring Institution to identify an appropriate Receiving Institution who is able to receive the patient and shall assist the Transferring Institution in communicating with potential Receiving Institutions. Nonetheless, the final responsibility for effecting the transfer remains with the Transferring Institution.

G. Post Transfer Communication.

1. Periodic reports shall be made by the Receiving Institution to the Transferring Institution on the transferred patient's status. At a minimum, these periodic reports may include (a) a communication on the patient's disposition, department to department, immediately following the transfer, and (b) the sending of a copy of the patient's discharge summary to the Referring/Attending Physician.

2. The Receiving Physician should communicate with the Referring/Attending Physician on the transferred patient's disposition in a timely manner.

VII. Confidentiality of Patient Information. Confidentiality of the patient's medical records and information shall be maintained by all Participating Institutions in accordance with applicable state and federal laws. Only medical personnel, or individuals under the supervision of medical personnel, directly treating the patient or directly involved in the transfer procedures, or those individuals monitoring the quality or effectiveness of the treatment, shall have access to the patient's medical records.

VIII. Discharge Planning.

A. Discharge Planning shall be a collaborative process and a shared responsibility of Transferring and Receiving Institutions. Both Institutions shall work together with the patient to arrange appropriate continuation of medical care which will include consideration of a return transfer to the Transferring Institution following completion of the requested care at the Receiving Institution.

B. With the exception of emergency transfers, the Transferring Institution and the Receiving Institution shall, in advance of transfer, clarify the purpose of the transfer and consider whether a return transfer is anticipated.

IX. Capacity and Services of Participating Institutions.

Each institution is responsible for providing notice to the Participating Institutions in the event that there is a substantial change in its basic capabilities and services. It is understood that the defined capability of a Participating Institution does not assure its availability for the receipt of transfer patients.

X. Quality Assurance Transfer Review.

A. In-house Review.

Each Participating Institution shall establish quality assurance review procedures to monitor the appropriateness of patient transfers and the quality of care delivered during patient transfer procedures.

B. Statewide Patient Transfer Review Committee.

VAHHS shall create an ad hoc statewide Patient Transfer Review Committee including, at a minimum, the Transfer Liaisons from each Participating Institution. This Committee shall meet at least once a year to review the implementation of these Standard Procedures and to evaluate generally any issues regarding the quality of care rendered during interhospital patient transfers. The Committee shall be a peer review committee under 26 V.S.A. §1441 and may collect data and make recommendations for the improvement of patient care during transfer. If patient medical records are necessary for this review process, all information which would identify the patient or the physician shall be deleted consistent with State law.

C. Continuing Education.

Participating Hospitals shall cooperate to develop in-service educational programs to address problems relating to patient transfers and to enhance the delivery of medical care during transfer procedures.

XI. List of Participating Hospitals.

The following Institutions have adopted the Standard Procedures for Interhospital Patient Transfers, dated March 10, 1999, and agree to utilize them for the transfer and receipt of all patients:

Brattleboro Memorial Hospital
Brattleboro Retreat
Central Vermont Hospital
Copley Hospital
Fletcher Allen Health Care
Gifford Memorial Hospital
Grace Cottage Hospital
Mary Hitchcock Memorial Hospital
Mt. Ascutney Hospital and Health Center
North Country Hospital
Northeastern Vermont Regional Hospital
Northwestern Medical Center
Porter Hospital
Rutland Regional Medical Center
Southwestern Vermont Medical Center
Springfield Hospital
Veteran's Administration Center

XII. Appendix A (EMTALA Statutes and Regulations)

XIII. Appendix B-1 (Patient Transfer Form)

XIV. Appendix B-2 (VA Form)

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RESOLUTION

We, the following, hereby adopt the attached Standard Procedures for Interhospital Patient Transfers dated March 10, 1999 which has been approved and adopted by the Board of Trustees of the Vermont Association of Hospital and Health Systems ("VAHHS") on March 10, 1999, and we agree, henceforth and until the expiration of such Standard Procedures by their own terms, or by 30 day written notice to VAHHS of withdrawal, to abide by and utilize the Standard Procedures for the transfer and receipt of transfer of all patients.

Date	
3/10/99	for Brattleboro Memorial Hospital
3/10/99	for Brattleboro Retreat
3/10/99	for Central Vermont Hospital
	for Copley Hospital
	for Fletcher Allen Health Care
3/10/99	for Gifford Memorial Hospital / G. Ford Medical Center, Inc.
	for Grace Cottage Hospital
3/16/99	for Mary Hitchcock Memorial Hospital

3/10/99 — for Mt. Ascutney Hospital and Health Center

3/10/99 — for North Country Hospital

3-10-99 — for Northeastern Vermont Regional Hospital

3-10-99 — for Northwestern Medical Center

4/21/99 — for Porter Hospital

3/10/99 — for Rutland Regional Medical Center

3/10/99 — for Southwestern Vermont Medical Center

3/10/99 — for Springfield Hospital

3/10/99 — for ~~Veteran's Administration Center~~ Dept. of Veterans Affairs Medical Center

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