Name of Policy: **Regional Access - Transfers**	THE UNIVERSITY OF TOLEDO **MEDICAL CENTER**
Policy Number: 3364-100-01-11	
Department: Hospital Administration	
Approving Officer: Chief Executive Officer - UTMC	
Responsible Agent: Chief Nursing Officer	**Effective Date**: 06/01/2021
Scope: The University of Toledo Medical Center	Initial Effective Date: 4/5/2006

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	**X**	Reaffirmation of existing policy

(A) Policy Statement

To provide regional healthcare entities with an appropriate and convenient mechanism whereby they may transfer patients to the University of Toledo Medical Center ("UTMC") for treatment and hospitalization.

(B) Purpose of Policy

To maximize patient referrals and throughput from outlying healthcare entities, prevent delays in admissions, obtain relevant patient information, assign an appropriate level of care, provide referral source satisfaction, patient satisfaction and to ensure EMTALA regulations are maintained.

(C) Procedure

Communications

1. Telephone numbers have been assigned to facilitate contacting the Admission Line to notify UTMC of a desired and impending transfer from a regional hospital, clinic, physician's office or extended care facility. The phone numbers are 419-383-2337 (BEDS) and 1-866-404-2337 (BEDS).

2. The House Supervisor/Admission Coordinator ("HS/AC") will speak with the referring physician to obtain clinical information regarding the potential transfer so that a decision can be made as to which physician service would be most appropriate.

3. The HS/AC will enter this clinical information on the UTMC Admission Request Form .

4. Once the UTMC Admission Request Form is completed, the HS/AC will contact the accepting admitting physician to facilitate a conference call between the referring and accepting physician, and discuss with the accepting attending the level of care that may be required for the patient.

5. The HS/ACwill also determine the patient's third party payer to ascertain if the visit would be covered under the UTMC managed care contracts so the patient will not have to incur out of network charges, or any other unnecessary costs.

6. If a UTMC physician does not respond in a two-three minute time frame, the HS/AC will contact the Hospital Operator to determine if they have the correct physician on call information, and ask them to page or call the appropriate physician on call.

7. The UTMC accepting admitting physician will then make the decision to admit the patient as an Inpatient or Observation Status.

8. Once the accepting physician determines the status, and the level of care the patient is to receive, they can determine if this is to be a "direct" admit to the floor or if the admission is to enter UTMC via the Emergency Department ("ED")based on the clinical status of the patient.

9. The HS/AC will contact the referring facility's nurse or unit secretary to request the following documents be faxed immediately to the HS/AC: Patient *Face Sheet* with insurance information, copy of *MAR*, *ED/MD admit note* or *H&P*, *ED nursing assessment,* and in addition the HS/AC will request a copy of the chart to be sent with the patient.

10. If the patient is to be cleared by the ED initially, the HS/AC will then notify the ED Lead RN, and fax the patient's admission request form and any other patient information they have received. The HS/AC then alerts the ED Registration Staff, faxes the admission request form, and face sheet to ext. 6144, so that registration can be completed.
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11. If the patient is to be a direct admit to the floor, the HS/AC will request the bed assignment from the Lead Nurse, and then fax the admission request form and other pertinent clinical information to the accepting unit, as well as any physician orders for admission. The HS/AC then alerts the Lobby Registration Staff, faxes the admission request form, and face sheet to ext. 3039, so that registration can be completed.

Prioritization of Patient Flow

1. When ICU or other patient beds are limited, the HS/AC will utilize the "Access to Care" policy to facilitate decision making regarding bed utilization and patient placement.

Approved by:		Initial Effective Date: 2/9/1994
		Review/Revision Date:
/s/	06/01/2021	9/11/96 5/18/2011
Richard Swaine	Date	7/14/99 6/1/2014
Chief Executive Officer – UTMC		6/12/02 6/1/2017
		2/12/03 04/01/2020
		4/5/06 06/01/2021
Review/Revision Completed By:		
HAS		
Nursing		**Next Review Date:** 06/01/2024
Policies Superseded by This Policy: 7-01-11 - Regional Access – Transfers		