Name of Policy:	Transfer of a Patient to Another Hospital	
Policy Number:	3364-100-53-15	THE UNIVERSITY OF TOLEDO MEDICAL CENTER
Department:	Hospital Administration Medical Staff	•
Approving Officer:	Chief Executive Officer - UTMC Chief of Staff	
Responsible Agent:	Chief Medical Officer	
Scope:	The University of Toledo Medical Center and its Medical Staff	Effective Date: 03/01/2024 Initial Effective Date: July 12, 1995
New polic Major revi	y proposal Minor/technical sion of existing policy X Reaffirmation of	revision of existing policy f existing policy

(A) Policy Statement

Patients will be transferred to another hospital when the admission is not appropriate for the type of care provided at the University of Toledo Medical Center or when patients or physician request the transfer.

(B) Purpose of Policy

To assure acceptance of the patient at the referral facility. To assure the safe transport of the patient; to provide the mechanism for transfer of records in a confidential manner; to insure safe arrival of the patient.

(C) Procedure

- The patient is evaluated by the attending physician, a medical screen is performed and steps are taken to stabilize the patient as necessary. The physician determines the need for the patient to transfer to another facility.
- 2. The facility to which the transfer is to be made is notified and the accepting physician is identified by the University of Toledo Medical Center (UTMC) physician.
- 3. The accepting facility agrees to admit the patient based on the information provided regarding the patient's medical need to be transferred to the facility, a determination by the transferring physician that the facility can provide the required specialty service, a physician on the medical staff accepts the patient, qualified personnel are available to provide the needed healthcare services, required therapeutic and diagnostic equipment is available to meet the patient's needs, and facilities are available to accommodate the patient.
- 4. The patient and family will be informed of the impending transfer and the risks and benefits associated with the transfer. The patient and/or family must consent to the transfer in writing. (See attached form.)
- 5. Mode of transport will be determined by the referring and accepting physicians.
- 6. Stabilization and care of patient during transport will be determined by the referring and accepting physicians.
- 7. A copy of the medical record will be sent, including the following:
 - a. Transfer report;
 - b. Operative report;
 - c. Pathology report;
 - d. Any testing;
 - e. Consults; and
 - f. History and physical.

The medical record will reflect:

- a. Initial and ongoing care to stabilize the patient prior to transfer
- b. A chronology of events that have taken place
- c. The treatment plan
- d. A description of the patient's response to treatments/medications/procedures

- e. Results of the measures that have been taken to prevent further deterioration of the patient
- 8. The transfer report will include:
 - a. Verification of the receiving facility to accept the patient;
 - b. The name of the receiving facility;
 - c. The consenting parties name and position of responsibility;
 - d. The date and time of acceptance;
 - e. Information given to receiving facility;
 - f. The patient diagnosis;
 - g. The patient's stabilized condition; and
 - h. Name of the responsible physician/clinician at the hospital receiving the patient:
 - If the receiving hospital is given medical information about the patient by someone other than the
 person who has requested the receiving hospital to accept the patient, both person's names should be
 documented.
 - 2) There should be a written record of the medical information that was transmitted to the receiving hospital and information describing responsibility for the patient during transfer and transport to the receiving facility.
- 9. Documentation to be completed in the transfer process includes:
 - a. A legible copy of medical record;
 - b. Transfer report notes as itemized in #8; and
 - c. The interhospital transport consent.
- 10. Arbitrary transfer of a patient.
 - a. No patient is transferred arbitrarily from UTMC.
 - b. The following are not acceptable reasons for a patient transfer:
 - 3) Ability to pay or method of payment;
 - 4) Amount of time required for treatment;
 - 5) Transfer for reason of prognosis (i.e., critical, terminal);
 - 6) Immigration status; or
 - 7) Age, ethnicity, gender, religion, disabilities, socio-economic status, educational background, sexual orientation, gender identity, sex, race/color, creed, national origin or criminal status.
- 11. All personal belongings and valuable items will be sent with the patient.

Approved by:		Review/Revision Date: 12/9/98
/s/		1/9/02 4/29/05
Richard P. Swaine, CPA Chief Executive Officer - UTMC	Date	3/26/2008 2/23/2011 2/1/2014 7/1/2017 7/1/2020 3/1/2024
Puneet Sindhwani, MD Chief of Staff	Date	3/1/2021
Review/Revision Completed By: HAS Chief of Staff Emergency Dept Medical Director Nursing Service Medical Records		
		Next Review Date: 3/1/2027