

## CHAPTER 2 – PATIENT MANAGEMENT

### 2-3 PATIENT TRANSFER

#### Overview – Patient Transfer Concept of Operations

The Hospital Mutual Aid System MOU (see Chapter 5 policy) outlines the process of patient transfer between county hospitals. As hospital treatment areas become overwhelmed during a surge disaster, the authorized administrator (or designee) of the impacted hospital should take the following communication and requesting steps to transfer patients:

- Contact the authorized administrator at the Primary Buddy Hospital to communicate specific needs (informal, usually verbal), including:
  - The number of patients that need to be transferred.
  - The general nature of their illnesses or conditions.
  - The type of specialized services that each patient requires (e.g., type of bed/unit, dialysis services, etc.).
- If the Primary Buddy Hospital is able to fulfill your needs, complete the necessary documentation (addressed below) and send it to the Primary Buddy Hospital.
- If the Primary Buddy Hospital is unable to meet your needs, contact the authorized administrator at the Secondary Buddy Hospital to communicate specific needs (informal, usually verbal), including number and kinds of patient needs (unit, bed type, etc.).
- If the Secondary Buddy Hospital is able to fulfill your needs, complete the necessary documentation (addressed below) and send it to the Secondary Buddy Hospital.
- If the Secondary Buddy Hospital is unable to meet your needs, complete a *Hospital Status Report Form*, as well as a *Resource Request Form* (see 5-2, Hospital Mutual Aid System MOU) and send them to the Jurisdiction DOC/EOC.
- The Jurisdiction DOC/EOC will review status and requested resources and collect *Hospital Status Report Forms* from other H-MAS participating hospitals, and decide if/where patients can be transferred.
- Once the impacted hospital’s authorized administrator has received a successful confirmation from a donor hospital, authorized administrators should follow up within an agreed-upon timeframe and location of delivery and receipt of patients (refer to the completed Resource Request Form in Chapter 5).
- The Authorized Administrator (or designee) of the patient transferring hospital must notify the local fire department of its situation and seek assistance, if necessary, from EMS.

#### Legal Liability

- Patient-accepting hospitals assume the legal and financial responsibility for transferred patients upon arrival into the patient-accepting hospital.
- The patient-transferring hospital is responsible for coordinating and financing the transportation of patients to the patient-receiving hospital. Once admitted, that patient becomes the patient-receiving hospital’s patient and is under the care of the patient-receiving hospital’s admitting physician until discharged, transferred, or reassigned.

- The patient-transferring hospital is responsible for transferring extraordinary drugs or other special patient needs (e.g., equipment, blood products) along with the patient, if requested by the patient-receiving hospital.
- The patient-receiving hospital will designate each patient’s admitting service and admitting physician and, if requested, will provide at least temporary courtesy privileges to the patient’s original attending physician.
- The patient-receiving hospital is responsible for liability claims originating from the time of the patient’s admission to the patient-accepting hospital. Reimbursement for care should be negotiated with each hospital’s insurer under the conditions for *admissions without precertification requirements* in the event of emergencies.<sup>1</sup>

### Documentation

The impacted hospital’s authorized administrators (or designees) must carefully track all transferred patients by:

- Completing the *Facility Transfer Summary Form* (Attachment A).
- Assuring that the *Facility Transfer Short Form Medical Record* (Attachment B) and Triage Tag (if applicable) accompany transferred patients.
- Notifying both the patient’s family or guardian and the patient’s attending or personal physician of the situation. The patient-receiving hospital may assist in notifying the patient’s family and personal physician.

### Attachments

- A. *Facility Transfer Summary Form*
- B. *Facility Transfer Short Form Medical Record*

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<sup>1</sup> Santa Clara County Hospital Mutual Aid System Memorandum of Understanding, II. *Purpose of Mutual Aid Memorandum of Understanding*, 2007.