



Hackensack  
Meridian Health

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 Owner: Michelle Kobayashi: Admin Dir  
 EMS Emer Comm Ops  
 Policy Area: Transfer Center- ENTERPRISE  
 Applies To:  
 Applicability: Hackensack Meridian Health  
 Network

## Inter Facility Transfer of Patients

### Purpose:

The purpose of this policy is to describe the process for transferring patients between acute care facilities.

### Scope:

All HackensackMeridian Facilities

### Policy:

All transfers in and out of HMH facilities will be initiated by contacting the regional transfer center.

Northern Region, and JFK, Raritan Bay (Perth Amboy and Old Bridge): HMH Transfer Center at HUMC: 855-367-4862

Southern Region, and Bayshore, Riverview: HMH Transfer Center at JSUMC 866-515-4911

Prior to considering transfer, the level of care in the receiving hospital and the level of care needed in the process of transferring must be considered.

Under no circumstances will a patient be transferred solely for financial reasons. If the patient's insurer is not contracted with HMH and denies admission to the receiving facility, the patient and family must be advised of same.

**Prior** to initiating an **out of network transfer**, approval must be obtained from the department chair OR the CMO at the sending facility.

*Exceptions to this include patients being transferred for emergent specific services not provided within the HMH network (e.g. burn care) or regulated cardiac catheterization lab transfer agreements.*

Transfer consent from the patient, legal guardian, or person acting on the patient's behalf regarding transfer request must be obtained, including risks and benefits of transfer.

For psychiatric transfers, all pertinent required forms must be completed and the original document(s) must be included in the copy of the medical record sent with the patient.

If there is a change in patient status noted by the sending unit or transportation team, a call must be placed to the transfer center to communicate the update to the sending and receiving physician(s).

The name and address of **any** on call physician who refused or failed to appear within a reasonable time to provide necessary stabilizing treatment necessitating transfer must be entered into the event reporting system. This includes both HMH and Non-HMH physicians.

#### **Emergency Medical Treatment and Labor Act (EMTALA) Considerations for Interfacility Transfers**

- EMTALA regulations apply to transfers that involve the emergency department, and any “designated emergency department” (i.e., behavioral health, and labor and delivery).
- Inpatient to inpatient acute care interfacility transfers do not fall under EMTALA, however, all required documentation in this policy applies to all interfacility transfers regardless of sending and receiving unit designations.
- Inpatient to emergency department transfers are permitted so long as the accepting facility has designated the ED as the destination unit.

[HMH Universal transfer Policy](#)

## **Procedure for Transfer for Individual Patients from Acute Care Facilities to Acute Care Facilities:**

***If this is for evacuation/decompression of an acute care facility, please see evacuation/decompression section below.***

1. Informed consent must be obtained from the patient, legal guardian, or person acting on the patient's behalf regarding transfer, including risks and benefits of transfer. For involuntary psychiatric patients, informed consent is not required. The patient's involuntary psychiatric status must be documented on the transfer consent and physician certification.
2. A physician certification is required prior to the transfer of the patient. This certification must state the reason for the transfer, the patient's medical condition at the time of the decision to transfer, the benefits to be expected as a result of the transfer, the risks associated with the transfer and the expected duration of the transfer.
3. The treating/transferring physician will determine if the patient's medical condition has been stabilized prior to the patient being transferred to another facility. ***NOTE: "The term "to stabilize" means, with respect to an emergency medical condition described in paragraph (1)(A), to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or, with respect to an emergency medical condition described in paragraph (1)(B), to deliver (including the placenta)."(SSA, n.d.a).***
4. If a patient cannot be stabilized prior to transfer a physician must sign a certification stating the benefits of transfer outweigh the risks. If patient is requesting transfer despite risks that are greater than the benefits- this must be documented in the EMR.
5. *Note: "A participating hospital may not penalize or take adverse action against a qualified medical person described in subsection (c)(1)(A)(iii) or a physician because the person or physician refuses to authorize the transfer of an individual with an emergency medical condition that has not been stabilized or against any hospital employee because the employee reports a violation of a requirement of this section" (SSA, n.d.a).*
6. The Transfer Center will facilitate acceptance by the receiving facility by initiating a conference call between the physicians. The name of the physician who is accepting the patient must be documented. If acceptance of

transfer has occurred physician to physician without transfer center involvement, the transfer center will call the accepting physician to verify transfer.

7. All communications between the sending and receiving facility will be facilitated by the transfer center and documented in the EMR.

8. If accepted to an HMH facility, the transfer center will create a pending admission in the EMR. Upon arrival of the patient to the receiving facility, the receiving unit will either arrive the patient and activate the encounter in the EMR or call the transfer center and the transfer center will activate the encounter in the EMR.

9. The medical condition of the patient is documented at the time the decision is made to transfer the patient. If there is no change in the patient's condition from the time the certification occurs to the time the patient is physically transferred out of the facility, the same condition will be documented as the condition upon transfer. If for any reason the patient's condition changes, the nurse will notify the physician who will then document the patient's updated medical condition prior to the transfer of the patient. The physician is required to ensure that the patient has been sufficiently stabilized prior to transfer as per state and federal guidelines, as described above.

10. All patients transferring out of HMH require a transfer order. "...[A] copy of the patient's transfer orders signed by the patients' physician or a verbal order to transfer signed by a registered nurse at the sending facility including the level of care to be provided during transfer and the name of the receiving health care facility" (NJAC 8:41, n.d.)

11. The transfer must occur utilizing appropriate personnel as indicated by the treating physician and transported with appropriate equipment as required, including the use of necessary and medically appropriate life support measures during the transfer. Appropriate nursing personnel and physician staff must accompany the patient if necessary. This information is included in the transfer order.

***Exception as per NJDOH Wavier: Patients being transferred from Ocean Care Center to Ocean Medical Center may be transported by personal vehicle and physician order.***

12. At the time of transfer, the following documents are required to be provided to EMS:

- A copy of the patient's medical record for the receiving facility, unless the report was sent electronically.
- A printed copy of the patient's medical record for the EMS providers, unless the report was sent electronically.
- A printed copy of the consent and physician certification (i.e. Transfer Consent).
- A printed copy of the transfer order, including the appropriate level of care during transport.
- A printed copy of the universal transfer form.
- The original State of NJ Psychiatric Transfer Form.

13. For patients transferred from an HMH facility, the patient is discharged from the EMR **immediately upon leaving the sending facility**. The encounter is discharged using the disposition "Transferred to Another Facility." Failure to discharge the patient from the EMR will result in a receiving HMH facility being unable to register the patient.

14. If the transfer is due to equipment breakdown or testing not available at the sending facility (e.g. open MRI), the encounter may be placed on leave of absence while the testing is done at the accepting facility. At the completion of the testing, the patient will be returned to the sending facility and the leave of absence will be canceled, or the patient will be discharged home.

15. For patients requiring authorization prior to transfer, the sending facility is responsible for obtaining

authorization from the payer. Authorization should include both the hospitalization and the transportation between facilities.

## Procedure to Transfer Multiple Patients from an Acute Care Facility for Evacuation/Decompression

1. A decision is made to decompress / evacuate to another acute care facility.
2. The incident commander (IC) at the sending facility is notified.
3. The IC determines the level of activation (no command center, local command center, network command center). A representative from the Transfer Center and/or EMS will respond physically or virtually as indicated by the scope of the event.
4. A patient list is compiled by the sending facility and is sent to the IC and the Transfer Center using the template attached to the policy.
5. The IC works with CHE(s) to identify available beds at the potential receiving facility. The transfer center will confirm with the receiving facility that the available beds are staffed at the level required by the patient.
6. The Transfer Center receives the list of patients to be transferred from the IC and then the Transfer Center generates a transfer center intake for each patient in the EMR.
7. The Transfer Center obtains clinical information from the sending facility utilizing the IPASS hand off communication tool in the EHR. If further clarification of patient information is needed the Transfer Center will call the sending unit/nurse.
8. The Transfer Center identifies the type of bed and level of care needed and obtains bed assignments from Command Center or directly from utilization of the EMR as directed by the IC.
9. Barriers are escalated to the IC for resolution (e.g. refusal by MD, incorrect bed type).
10. The Transfer Center connects the sending and receiving physician(s) for handoff.

**Note: In cases of COVID-19, the receiving facilities hospitalist or intensivist ( whichever is appropriate for the level of care) will automatically accept the patient(s).**

11. The Transfer Center arranges transport using the HMH EMS assets.
12. The Transfer Center connects the sending and receiving RNs for patient handoff. ETA to sending and receiving facilities is provided by the Transfer Center.
13. The Transfer Center confirms arrival to receiving facility and completes transfer center record in the EMR.

**NOTE:** For planned decompression, it is essential to start the review and consenting process during the night shift so that provider communications can begin promptly and patient transportation can be completed prior to 7pm.

## References:

N.J.A.C.8:41. (n.d.). *N.J.A.C. Title 8 Chapter 41 Advanced Life Support Services; Mobile Intensive Care Programs, Specialty Care Transport Services and Air Medical Services*. Retrieved April 7, 2015 from: <http://www.nj.gov/health/ems/documents/njac841r.pdf>

N.J.A.C. 8:43G. (2008). *N.J.A.C. Title 8 Chapter 43G Hospital Licensing Standards* Retrieved April 7, 2015,

from <http://www.state.nj.us/health/healthfacilities/documents/lrc/regnjac843.pdf>

NJHA and NJ Chapter of ACEP Consensus Statement: Medical Clearance Protocols for Acute Psychiatric Patients Referred for Inpatient Admission, March/April 2011.

Social Security Administration. (n.d.a). *Social Security Act, Examination and Treatment for Emergency Medical Conditions and Women in Labor, Sec. 1867 (c)(1)(A)(ii), (c)(1)(A)(iii), and (c)(2)(C)* Retrieved April 7, 2015, from [http://www.ssa.gov/OP\\_Home/ssact/title18/1867.htm#](http://www.ssa.gov/OP_Home/ssact/title18/1867.htm#)

*The Joint Commission E-dition (2019). (PC 04.01.01, PC 04.01.03, PC 04.01.05, PC 04.02.01)* Retrieved via HUMC Intranet June 24 , 2019, from <http://e-dition.jcrinc.com/MainContent.aspx>

Social Security Administration. (n.d.a). *Social Security Act, Examination and Treatment for Emergency Medical Conditions and Women in Labor, TAG A-2409/C-2409 §489.24(e)(1)* Retrieved April 7, 2015, from <http://www.cms.hhs.gov/transmittals/downloads/R46SOMA.pdf>

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07/2021, 06/2021

## Attachments

[HMH Consent for Transfer 2020-11-09.pdf](#)

## Approval Signatures

Step Description	Approver	Date
Regional President Southern Region	Kenneth Sable: Reg President Southern Market	07/2021
VP Operations	Lisa Iachetti: VP Operations	07/2021
Manager JSUMC Transfer Center	Rita PossBrant: Mgr Patient Flow South	07/2021
Assistant Nurse Manager JSUMC Transfer Center	Elizabeth Martin: Nurse Manager Assistant	07/2021
Supervisor HUMC Transfer Center	Henry DunhamIII: Sup Transfer Center	07/2021
Owner	Michelle Kobayashi: Admin Dir EMS Emer Comm Ops	07/2021

## Applicability

Alert Ambulance, Bayshore Medical Center, Carrier Clinic, HMH Nursing & Rehabilitation, Hackensack Meridian Health Inc., Hackensack University Medical Center, Home Health and Hospice, JFK Medical Center, Jersey Shore University Medical Center, Legacy Meridian Health, Ocean Medical Center, Palisades Medical Center, Physician Services Division, Raritan Bay Medical Center - Old Bridge Division, Raritan Bay Medical Center - Perth Amboy Division, Riverview Medical Center, Southern Ocean Medical Center, System Search Engine (All Sites)