


<b>Name of Policy:</b> <u>Patient Transportation to other Health Resources</u> <b>Policy Number:</b> 3364-100-01-03 <b>Department:</b> Hospital Administration <b>Approving Officer:</b> Vice President & Executive Director <b>Responsible Agent:</b> Vice President & Executive Director <b>Scope:</b> The University of Toledo Medical Center	 <b>Effective Date:</b> November 23, 1977
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

When necessary to provide an inpatient of The University of Toledo Medical Center (UTMC) with a diagnostic procedure or treatment at another health facility, transportation will be arranged.

**(B) Purpose of Policy**

To arrange the most reasonable mode of transportation for an inpatient requiring a diagnostic procedure or treatment at another health facility.

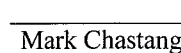
**(C) Procedure**

When an inpatient of UTMC requires transportation to another health care facility for a diagnostic procedure or treatment, the following modes of travel shall be considered:

1. A patient may be transported by ambulance or Mobile Life if warranted by the patient's condition. **The patient will be requested to sign a release from liability form by an RN.**
2. A patient may be transported by auto or taxicab accompanied by a family member or authorized designee. In this event, the patient will be requested to sign a release from liability form. The patient will never be transported unescorted or approved to drive alone.
3. A patient transportation service may be used to transport the patient dependent upon the patient's condition and the procedure or test being done. The patient will be accompanied by a family member or authorized designee.
4. A physician must approve transporting the patient for diagnostic purposes, and the mode of transportation.

The following procedure will be followed:

1. UTMC is responsible for the cost of transportation. Outcome Management will make payment arrangements. Transportation companies will be instructed to send invoices to the attention of Outcome Management.
2. Purchase requisitions for these transportation charges should be charged to UTMC Outside Services account #51760 which is maintained by the Hospital Business Office.
3. Nursing Services and/or Outcome Management will make transportation arrangements and Nursing Services will be responsible for obtaining a release **from liability** when applicable.
4. Medical Staff and/or Nursing Services shall determine when the patient's condition requires health care providers to accompany the patient. Nursing Services will assure that the patient has an appropriate escort.
5. A copy of the patient's medical record will be sent with the patient in a sealed envelope.

<b>Approved by:</b> <div style="text-align: center; margin-top: 20px;">   Mark Chastang  Vice President &amp; Executive Director </div> <div style="text-align: center; margin-top: 10px;"> Date _____ </div> <div style="margin-top: 20px;"> Review/Revision Completed By:  HAS  Risk Management </div>	<b>Review/Revision Date:</b> 5/30/81                      3/30/90 10/1/81                     3/11/92 4/8/84                      3/24/93 8/1/84                      7/31/96 4/15/86                     3/31/98 6/26/87                     6/18/01 6/15/88                     6/30/04 2/17/89                     12/13/06  <b>Next Review Date:</b> 8/1/2010
<b>Policies Superseded by This Policy:</b> 7-01-03 - Patient Transportation to other Health Resources	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*



THE UNIVERSITY OF TOLEDO  
**MEDICAL CENTER**

## Release of Liability

ADDRESSOGRAPH

I hereby release The University of Toledo Medical Center and its agents, employees, directors, officers, and attending physicians, from any and all liability during my absence from the Hospital, while being

transported to: \_\_\_\_\_  
*Name of Health Care Facility*

and returned to the University of Toledo Medical Center.

Witness \_\_\_\_\_

Signed \_\_\_\_\_  
Patient Signature

Signed \_\_\_\_\_  
Parent of Minor/Legal Guardian

Date \_\_\_\_\_