


Name of Policy: <u>Documentation Process: Transferred Patients to Another Hospital</u> Policy Number: 3364-110-01-08 Department: Nursing Service Approving Officer: AVP Patient Care Services/CNO Responsible Agent: AVP Patient Care Services/CNO Scope: The University of Toledo Medical Center (UTMC)	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy
Effective Date: 3/15/2021 Initial Effective Date: 9/1993	

(A) Policy Statement

A copy of the medical record, including all pertinent laboratory data, radiologic interpretations, nursing documentation, discharge summary, and any other patient data will be sent with any patient being transferred to another hospital.

(B) Purpose of Policy

To establish guidelines for documentation processes related to patient transfers.

(C) Procedure

1. The medical record will reflect:
 - a. Initial and ongoing care to stabilize patient prior to transfer.
 - b. Record of events.
 - c. Treatment plan.
 - d. Patient's response to treatments/medications/procedures.

2. The medical record will include:
 - a. Verification of the receiving facility's acceptance.
 - b. Name of the receiving facility, date, and time of acceptance.
 - c. Consenting parties name and position of responsibility.
 - d. Information given to receiving facility: patient diagnosis, condition, and persons giving/receiving report.
 - (1) Name and qualifications of any person providing or receiving patient information should be documented.
 - (2) Documentation should reflect all transmitted patient information.
 - (3) Documentation reflecting responsibility of patient through transport should be included in medical record.

3. The transfer summary shall include:
 - a. Legible copy of current medical record.
 - b. Authorization for transfer physician order.
 - c. All pertinent events, actions, diagnoses, and treatments.
 - d. Receiving hospital's acceptance of the transfer.
 - e. Names of all persons involved in the transfer.

4. Arbitrary transfer of a patient:

- a. No patient is transferred arbitrarily from UTMC.
- b. Medical care is completed, and the patient is stabilized prior to transfer.
- c. Documentation in the medical record should indicate that the patient has not been transferred on the basis of:
 - (1) Ability to pay or method of payment.
 - (2) Amount of time required for treatment.
 - (3) Transfer for reason of prognosis (i.e., critical, terminal).
 - (4) Immigration status.
 - (5) Sex, race, religious affiliation, gender identity, national origin or criminal status.

<p>Approved by:</p> <p>/s/ _____</p> <p>Monecca Smith, MSN, RN AVP Patient Care Services/Chief Nursing Officer</p> <p><i>Policy & Standard Committee, 7/11, 1/15, 3/18, 3/21</i> <i>Review/Revision Completed By:</i> Nancy Gauger, MSN, RN</p>	<p>Review/Revision Date:</p> <p>1995 5/2018 4/1999 3/2021 12/2001 3/2002 6/2005 7/2011 1.23.15</p> <hr/> <p>Next Review Date: 3/2024</p>
<p>Policies Superseded by This Policy: 1-08</p>	
<p><i>It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.</i></p>	

Also see “Guidelines for Authorization for Transfer of a Patient to Another Hospital” in the Guidelines – General section.