

Mary Greeley Medical Center

Administrative Operational Policy

Internal and Inpatient Transfer Policy

POLICY:

The following policy outlines the standardized process for transferring patients under the hospital's care to the appropriate level of care while ensuring continuity of care and patient safety.

PURPOSE:

To promote safe, efficient, and well-coordinated care through seamless transitions between care settings.

PROCEDURE:

1.) Outpatient to inpatient transfers (e.g. Emergency Department to internal inpatient unit):

A. Decision to Admit

- a. Emergency Department Provider determines admission to hospital is medically necessary.
- b. Appropriate admitting service is determined by the Emergency Department Provider and phone call is placed to the Admitting Provider requesting admitting assistance.
- c. Bed Request placed within Epic while patient is located within the Emergency Department

B. Bed Assignment

- a. Bed Request order is sent to Mary Greeley Medical Center House Supervisor via Epic who coordinates the placement of the patient within the inpatient units. House Supervisor reviews patient's special needs including but not limited to isolation status, telemetry needs, unit requested within bed request order, etc. and assigns the patient to the appropriate inpatient bed.
- b. Notification is sent by house manager to both Emergency Department and Inpatient units of pending transfer.

C. Clinical Handoff Communication

- a. Emergency Department sends notification to transferring unit of patient's estimated time of arrival to receiving unit
- b. Receiving bedside nurse and Emergency Department Nurse conduct verbal report including but not limited to:
 - i. Reason for admission
 - ii. Clinical status
 - iii. Pertinent medical history
 - iv. Diagnostic workup
 - v. Treatment provided
 - vi. Pending labs or imaging

D. Transfer to the Inpatient Unit

- a. Patient is transported to the assigned inpatient bed by designated transport personnel in accordance with policy ED021, Patient Transport from the ED.
- b. Upon patient arrival, inpatient unit is notified of patient arrival
- c. Receiving staff verify patient's identity and begin admission procedures

2.) Internal transfers (e.g. inpatient transfer between internal inpatient hospital units):

A. Identification of Need for Transfer

- a. Care team identifies the need to transfer the patient based on:
 - i. Change in level of care (i.e.: telemetry, ICCU, impending surgery or post-surgery)
 - ii. Specialty care requirements (i.e.: designated stroke unit, etc.)
 - iii. Bed availability or unit-specific needs
- b. The decision is confirmed and ordered by a Provider. The Provider will place a transfer order within Epic specifying the desired unit.

B. Bed Assignment

- a. Transfer order is sent to Mary Greeley Medical Center House Supervisor who coordinates the placement of the patient within the desired unit. House Supervisor reviews patient's needs and assigns the patient to the appropriate inpatient bed.
- b. Notification of approval is provided by House Supervisor to both the sending and receiving units of needed transfer.

C. Patient Transfer and Nurse to Nurse Hand Off

- a. Patient is transported to the assigned inpatient bed by necessary staff based off patient's condition
- b. Standardized Nurse-to-Nurse report is conducted via bedside handoff report upon patient's arrival to the receiving unit
- c. Receiving staff verify patient's identity and initiates orders

3.) Transfers to external organizations (e.g. internal inpatient to external hospital for inpatient care):

A. Attending or Consulting Provider determines that transfer to another hospital is medically necessary. This could be due to but is not limited to the list below:

- a. Need for higher level of care
- b. Insurance network requirements
- c. Patient or family preference (when clinically appropriate)
- d. Specialty Care Requirements
- e. Mass casualty

B. Discussion occurs with patient/family by Physician recommending transfer, and informed consent is obtained

C. Acceptance by Receiving Facility

- a. Transfer requests are initiated by nursing, Lead RN, Care Coordination, House Managers, and/or Physicians to external facility specified by Physician requesting transfer including a call to external transfer center to provide patient information.
- b. External transferring facility then calls referring Provider requesting transfer for Physician-to-Physician report. Discussion includes review of patient's clinical case and discussion of need for transfer.

- c. Receiving facility physician and external Transfer Center formally accepts the transfer and bed is assigned.
- D. Transfer Coordination
 - a. Internal hospital staff coordinates logistics:
 - i. Bed assignment at receiving facility and accepting Provider is confirmed
 - ii. Completion of required transfer paperwork
 - 1. Patient Transfer Form
 - 2. Transfer Requirements Form
 - 3. Physician Assessment and Certification
 - b. Ambulance transport is requested and confirmed.
- E. Preparing the Patient for Transport
 - a. Internal Primary Nurse calls nurse-to-nurse report to receiving facilities nurse
 - i. This report includes information regarding patient's clinical condition, reason for transfer, vital signs, medications, devices, precautions, mobility status, etc.
 - ii. Departure and estimated arrival time are communicated to the receiving facility
- F. Upon arrival to the internal inpatient unit, the transport team is briefed on patient condition and special needs
- G. When a higher level of care is required for NICU or Pediatric patients, the accepting facility is responsible for patient transport to the designated hospital. The patient's RN will give a verbal report to the transport crew at the bedside prior to departure.

All relevant documents are sent with or ahead of the patient including a copy of the electronic health record of the patient and imaging disc when indicated

- 4.) Preadmissions to internal Inpatient and outpatient services (e.g. inpatient scheduled surgery, ACS, infusions, blood transfusions, injections, GI, sleep study, radiology)
 - A. When the surgery or procedure is scheduled the Patient Access department will begin pre-admitting the patient
 - a. Creation of Hospital Account Record and guarantor assignment
 - b. Build and verification of insurance record
 - c. Investigation of authorization requirements
 - B. Preadmission nurses call the patient prior to the surgery/procedure to:
 - a. Obtain medical history and nursing information, to initiate nursing documentation and to identify special needs of patients and their families and make referrals as appropriate
 - i. Pre-operatively teach the patient and their significant others relevant to the upcoming surgery/procedure, and answer questions related to the Mary Greeley Medical Center admissions process
 - ii. Initiate discharge planning
 - C. Nurses then collate and review preadmission diagnostic test results and inform physicians of abnormal values as appropriate.
 - D. At the time of Admissions, the patients report to the hospital admitting office. Birthways (obstetric) patients go directly to the Birthways unit. Acute Rehab patients go directly to the Acute Rehab unit.
- 5.) Direct Admits to the internal Inpatient Units (Patient's condition indicates that patient needs constant supervision and should bypass the admission office and go directly to either room or ancillary departments) (e.g., obstetrics, direct admissions)

- A. Physician/nurse will initiate the procedure by notifying the house manager for bed assignment.
- B. The nurse may transport the patient directly to the room or ancillary departments.
- C. Patient Access is notified by nurse of patient's arrival. Admission staff will admit the patient in Epic and send armbands to the floor. Admission staff will perform registration at bedside if patient is able.
- D. Birthways (obstetric) Staff arrive and admit patients into Epic who present to their floor and print armbands. Birthways sends Patient Access information needed to complete registration.
- E. Pediatric patients who are directly admitted from McFarland Clinic Pediatrics during clinic hours may present directly to the Pediatric Unit, based on clinical acuity. The Pediatric Hospitalist will formally accept the patient from the McFarland Pediatric Provider. The patient will be escorted from the McFarland Pediatric Clinic by a RN to the patient's hospital room. Clinic RN and MGMC Pediatric RN handoff will be completed at patient's bedside. Upon notification of a pending arrival, the Pediatric Nurse will inform the House Manager. Once the patient is placed in a room, the Pediatric Nurse will notify Patient Access to initiate patient registration and provide ID bands.

Training and education will be accomplished using the following methods:

- Upon orientation, the Internal and Inpatient Transfer Policy CBL will be completed by the following employees --- nursing staff of inpatient units, outpatient units, Emergency Department, and ambulatory care services, RN Care Coordinators, and House Supervisors
- Ongoing training and education will be maintained through annual Internal and Inpatient Transfer Policy CBLs for the following employees ---- nursing staff of inpatient units, outpatient units, Emergency Department, and ambulatory care services, RN Care Coordinators, and House Supervisors
- Training for physicians, other LPs, and APPs will include the provision of the Internal and Inpatient Transfer Policy overview provided in their Orientation Resource Guide and will be reviewed annually thereafter via their annual physician education packets.

Refer to EMTALA (Transfer) Policy for EMTALA transfer workflows.

New: 10/1981

Review Date(s): 7/1987, 3/1989, 3/1999, 6/2005, 3/2010

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