

**TITLE: INTRA-HOSPITAL CLINICAL SERVICE TRANSFER
POLICY**

PURPOSE: The purpose of this policy is to ensure continuous coverage of care to patients by the appropriate attending physician during intra-hospital clinical service transfers. This is a revised policy that supersedes the policy dated January 22, 2019. (Key words: Patient Care, Patient Transfer of Care, Clinical Consultation)

POLICY STATEMENT:

Staff and attending physicians will ensure that safe and appropriate care is provided for patients requiring a transfer of care to another clinical service. The expectation is that patients experience timely care without delay as a result of the transfer.

POLICY ELABORATION:

Patients may experience changes in the service type or level of clinical care required during their stay at University Hospital. The transfer of care within the hospital may be necessary to address changes in a patient's care plan. It may involve transfer of patients within University Health for a diagnostic or therapeutic procedure or transfer to another inpatient medical or surgical service with specific capabilities to better care for individual patients. University Health is committed to ensuring that all patients have an assigned attending provider managing the patient's care during a hospital stay, including when a patient requires a transfer to another clinical service. The key elements of safe transfer involve the decision to transfer and communication between transferring and accepting providers prior to the completion of the transfer.

I. DEFINITION:

A. Accepting Service— the inpatient clinical service team that accepts the transfer of a patient from another clinical service.

- B. Clinical Service** – a clinical team within University Health that operates under one of the Clinical Departments as designated in the University Health Medical-Dental Staff Bylaws.
- C. Consultant Services**—specific services requested by the patient’s primary or Emergency Department provider for the involvement of another specialty to provide evaluation and recommendations related to the patient’s condition and/or plan of care.
- D. Primary Service**—the responsible service for a patient at any given time that seeks assistance with a patient’s care from another service.
- E. Transferring Service** – the clinical service team that transfers a patient to another clinical service in order to achieve the most appropriate care for the patient.

II. INTRA-HOSPITAL TRANSFER OF CARE PROCEDURE:

- A.** When patients experience a change in clinical status, they may require a transfer of care to another service for 1) higher acuity care requiring a critical care unit; 2) lower acuity care requiring a downgrade from a critical care unit, or 3) a lateral transfer of care between specialty services, as seen with transfers between medical and surgical services. When the primary service requires a clinical service transfer, they seek consultation from the consultant service. A complete transfer of care between the primary service (transferring service) and the consultant service (accepting service) will include adequate information regarding the patient and transfer orders from the transferring service to ensure that appropriate orders from the transferring service are maintained after transfer. Once the transfer of care occurs, the responsibility for care, including orders for care, is with the accepting service.
- B.** The priority for transfer of care is patient safety. Considerations include appropriate placement of the patient in the right level of care with a clinically appropriate service who is responsible for delivering care. The House Supervisor will be notified if there

is a delay in the transfer of care and the House Supervisor will facilitate until resolution as follows:

1. Discussion between attending physicians of the primary and consultant services.
 2. Discussion between clinical medical directors
 3. Discussion between clinical department chairs
 4. Resolution is expected within an hour of request for transfer by the transferring service.
 5. The House Supervisor may notify the administrator on-call to assist with resolution as needed.
- C.** Changes in clinical status that occur during or immediately after a procedure may have additional considerations, especially if the primary team requires transfer of care to another service. In these instances, the procedural team, which includes the physician performing the procedure and the anesthesia physician, serve as the transferring service and will require nonclinical staff support to assist in locating the appropriate unit for transfer and the accepting service contact. This support will come from the House Supervisor, staff from the procedural area, and/or staff from the post-procedural area. Support is meant to facilitate communication between the transferring and accepting service physicians and is not to replace that communication.
- D.** Any patient care issues related to delay or improper transfer of care will be submitted as an occurrence report through an electronic Risk Assessment Form (eRAF) by the House Supervisor or designee and also submitted to the Quality Risk Management Committee for review.

REFERENCES/BIBLIOGRAPHY:

University Health System Medical-Dental Staff Bylaws

University Health System Rules & Regulations

The Joint Commission 2018 National Patient Safety Goal 1-Improve the effectiveness of communication among caregivers.

The Joint Commission 2018 Standard PC.02.01.01-The hospital provides care, treatment and services for each patient.

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The Joint Commission 2018 Standard PC.02.01.05 -The hospital provides interdisciplinary, collaborative care, treatment and services.

The Joint Commission 2018 Standard PC.02.01.19-The hospital recognizes and responds to changes in a patient's condition.

OFFICE OF PRIMARY RESPONSIBILITY:

Executive Vice President/Chief Medical Officer