Guiding Principles

MedStar Health will manage capacity and specialty care by transferring patients among MSH hospitals from all levels of care (LOC) to make effective use of its resources in providing for our patients regardless of COVID/PUI status. The process of interhospital transfers will occur through the MedStar Triage Officer (MTO) process. The goal is to prevent overload and optimize patient care by managing capacity and enhancing efficient movement of specialty care patients.

Use the criteria below and a knowledge of the local environment to accomplish this goal. Each entity will exhibit sensitivity to operations and **recognize the need to transfer early**, which will facilitate expeditious movement of patients among hospitals.

When to transfer patients to other hospitals

Generally, hospitals may be directed each day to transfer patients requiring various LOC (i.e. IMC, floor) to other hospitals based upon their hospital's inpatient capacity and internal movement of patients.

1. A capacity plan is developed twice daily by the MTO committee which has multiple members and appointed representatives, including one Hospital Triage Officer (HTO) from each MSH hospital.
2. Plans are meant to be clear and simple. We avoid plans to transfer until some criteria is fulfilled as varying interpretations create confusion. As an example, the plan will be to transfer ED floor patients to other hospitals. Plans will avoid being transfer to other hospitals until a goal is met. This is not only for simplicity purposes but also because plans are developed for multi day reasons and are not just based on current bed availability.
3. The HTO/MTO will communicate with the hospital's Medical/Surgical floor leadership if the MTO Committee's plan is to actively transfer patients to other hospitals from Medical/Surgical locations. The HTO will also communicate to the appropriate hospital leaders if the plan includes transfer of patients from inpatient units to other hospitals.
4. Transfers may be to any level of care based upon the plan.
5. Modification of the twice a day plan by the MTO may occur between meetings as the result of a change in situation at our sending or receiving hospitals. The only person who can change the plan is the MTO, but this is in consultation with a hospital's HTO. Call the MTO through the MTC (844-877-2424) or contact the MTO (Dr. St. Andre 301-538-4605 -cell, 703-534-2137- home) if a plan should be modified or with questions.

Patient Selection

Selection of patients to transfer will be guided by the criteria outlined below. However, the decision to transfer is multifactorial and will be dependent on patient acuity, COVID status, the required LOC and the capacity and capabilities of the intended receiving location.

In the current COVID crisis, all hospitals should consider themselves as potential sending and receiving facilities—occasionally on the same day—as we manage capacity and the specialty care needs of our patients. Ultimate responsibility for determining transfer needs rests with the MTO, in consultation with the sending and receiving hospital teams.

Selecting Patients to Transfer: There are many situations where this scheme will not be followed. As an example, if there are no ICU transfer to floor candidates or few patients in an ED these steps will be skipped.

1. COVID + patients leaving an ICU to go to a non-ICU location
2. COVID + or PUI patients in the ED being admitted to non-ICU locations
3. COVID + patients with an estimated remaining length of stay of no less than 3-5 days (could be more)
4. COVID + patients who are ready for discharge but do not have an identified location for disposition

Once the list of suitable COVID + patients has been exhausted, the same scheme above should be utilized for non COVID + and PUI patients. Wherever possible, patients who were previously transferred in from another MedStar hospital should be prioritized for re-patriation back to that facility.

Seeking patient acceptance of the need to transfer may be difficult on occasion. See suggestions in **Preparation of Patients and Families** below.

Facilities should use their best judgement in selection of patients for transfer based on their current patient population and may violate the scheme above when clinically indicated.

Medical Insurance - patients with and without insurance may be transferred

1. Kaiser patients may be transferred to any MSH hospital from any MSH hospital including MWHC. When a Kaiser patient is to be transferred the MTC through Kaiser's UMOC transfer service is given the opportunity to find a receiving Kaiser hospital which may be MWHC if they have beds available. The MTC will assist in contacting the UMOC.
2. If Kaiser has no hospital available, transfer within MSH by the MTO process
3. Contact the MTO if there are prolonged delays when seeking to transfer Kaiser patients.
4. Those in the Medicaid application process are generally not transferred.

Relative Exclusions to Transfer

1. Patients on high flow nasal cannula (HFNC) are difficult to transfer as oxygen tanks become depleted quickly. Discuss with the MTC before putting in transfer requests on patients with oxygen consumption >50 liters/minute.
2. Patients on a ventilator who need a non-ICU location. Only one hospital accepts these patients.
3. Expected LOS <2 days
4. Guardianship patients
5. Patients at end of life or whose care is primarily comfort
6. Patients incarcerated
7. Patients that require a sitter
8. Those in the Medicaid application process
9. Those imminently requiring a procedure or have need for a unique specialty at their current hospital

Selection of a Receiving Hospital:

1. When possible, return a patient to the originating hospital or locale of domicile if the hospital has suitable capability/capacity. If a patient is being returned to an originating hospital (re-patriation) please indicate that hospital name on the transfer form.
2. Often the originating hospital is limited because of an ongoing flow of patients making this option available less often.
3. If the originating hospital or locale of domicile is not suitable, select a hospital nearest to locale or origin that offers the best option for patient care needs.
4. The MTC will select a receiving hospital based upon the MTO 's plans for distribution among available beds at receiving hospitals and other factors including:
    a. Services needed by the patient
    b. Bed availability
    c. Admission activity at receiving hospitals
    d. Geographic location
    e. Transport logistics

Process of placing a transfer request

1. Patients with and without insurance may be transferred. See above.
2. Place requests as patients to transfer arise and the needed level of care has been determined.
3. Once decided place a transfer request to the MedStar Transfer Center (MTC) using this sharepoint link which gives instructions. https://medstarcloud.sharepoint.com/sites/mtc/Lists/CMT/Newform.aspx
4. Once a patient agrees to transfer and the accepting physician and receiving location have been identified, the physician will proceed with the usual transfer process:
    1. Enter a transfer order in MedConnect
    2. Fill out the Transfer Form which includes the accepting physician and the patient's destination at the receiving hospital
    3. Complete and sign a Medicare Physician Certification Statement for transfer
5. A receiving physician will contact the physician of the sending hospital for full clinical handoff.
6. A sending hospital nurse will contact the receiving hospital nurse and follow the process outlined in the Nurse to Nurse Report for Patient Transfers Between MedStar Hospitals document.
7. Transfer may occur concurrently with steps 5 and 6.

Preparation of Patients and Families

Patients and families generally are more comfortable with the idea of transfer to another hospital or level of care if it does not come as a sudden surprise. In order to make the transfer process as smooth as possible, please consider these suggestions for engaging patients and families early and often. These suggestions may not apply to all levels of care especially when a patient is in the ED.

1. Let ED patients know that transfer is possible as soon as they are registered and repeat the message while being seen if the ED is currently transferring patients elsewhere. Informing a family member at home, when appropriate, is wise. Suggested script:

"To effectively care for you we may transfer you to a sister hospital. The care will be excellent as we cannot provide for a bed anytime soon. Because of COVID, we need to use all hospital beds and medical providers we have across our Medstar system to help care for you."

2. The MTC will let the sending Attending Physician know of the destination Hospital as early in the process as possible to allow for specific discussion with the patient and family.
3. A second conversation is sometimes necessary. Consistent messaging by provider and nurse associates is important.
4. Early in a patient's hospitalization suggest to a patient and family that movement to another hospital may be necessary to allow us to take care of all patients during the pandemic. Help them to understand that their care will remain excellent and appropriate to their acuity.
5. As soon as possible before a potential transfer, inform patients and families of the anticipated move. Ask nursing leadership and direct care nurses to reinforce a transfer message and address questions/concerns.
6. In potentially difficult situations have communication with patient and family take place with a clinician well practiced and effective in such conversations. Consider asking members of teams versed in such communication to participate.

Despite best efforts patients may consistently not want to transfer even after multiple conversations with their provider. Providers should be assertive, but an occasional patient may continue to refuse. At such times a clinician should use their best judgement of how to proceed.