Interfacility Transfer Agreement for Adult and Pediatric Trauma and Burn Patients

This agreement is between:

and

District, herein referred to as the "Transferring Institution", enter into an agreement to facilitate continuity of care and timely transfer of adult or pediatric trauma and burn patients who require medical facilities, treatment modalities, and/or expertise not available at the Transferring Institution, and as required by Washington Administrative Code regarding transfer of trauma patients.

The terms of the agreement are as follows:

1. The Emergency Department Physician or Attending Physician at the Transferring Institution will contact the Emergency Trauma Center Physician at \( \) to determine the appropriateness of the patient transfer. If the need for transfer is substantiated, \( \) agrees to accept the patient for transfer as promptly as possible, as long as it has available space and qualified personnel for the treatment of the patient, and requirements in accordance with Federal and State laws/regulations are met.

2. The Transferring Institution will have the responsibility for arranging the transfer of the patient and agrees to use qualified personnel and equipment as required, including the use of necessary and medically appropriate life support measures during the transfer. All transfers will be done according to Federal and State laws and regulations.
3. Transfer requirements applicable to all patients:

The transfer conforms with all applicable State and Federal laws, regulations and obligations. Once any necessary emergency services and care have been provided, transfer may be considered if the patient is stabilized, or if unstable and the transferring physician has deemed that the transfer is for a medical reason which requires transfer. Prior to transfer of the patient, the following conditions must be met by the Transferring Institution:

A. **Risks Minimized**
   The transferring hospital has provided the medical treatment within its capacity which minimize the risks to the patient’s health. The need for transfer has been discussed and reviewed with the patient and his/her authorized representative and they have been informed of the benefits/risks associated with the transfer.

B. **Receiving Physician/Facility**
   The transferring physician has notified a physician at and has obtained his consent for receipt of the transfer and confirms that the receiving facility has agreed to accept the patient and will assume medical care of the patient upon arrival to

C. **Appropriate Transportation Arrangements**
   The transferring and receiving physicians shall discuss and achieve consensus on the best appropriate method for transport of the patient, including level of qualified personnel and equipment necessary to accompany the patient during transport. The personnel and equipment should be those which a reasonable and prudent physician in his locality would use to effect a transfer, including necessary and appropriate medical life support measures.

D. **Notice to Patients**
   The patient, or authorized representative of the patient must be notified prior to the transfer and of the reasons therefore indicated. The patient’s acknowledgment of such notification should be reflected in an appropriate written form.

Notification in advance of the transfer is not required where the patient is unaccompanied, the transferring hospital has made a reasonable effort to locate an authorized representative of the patient and notification of the patient is not possible due to the patient’s mental or physical condition.
4. The Transferring Institution agrees to provide appropriate documentation of clinical care in order to ensure continuity of patient care. This information should include the patient's medical record (i.e., summary of physician findings, nursing notes and flow sheets, lab and radiology reports, copy of EKG and x-rays, pertinent diagnostic documentation, etc.) This information will be provided at the time of transfer, or in the case of emergency, as quickly as possible.

5. The Transferring Institution will be responsible for the transfer or other appropriate disposition of personal effects, particularly money and valuables, and information related to those items.

6. Charges for services performed by either the Transferring Institution or shall be collected by the party rendering such services, directly from the patient, third party payor, or other sources normally billed by the party. Neither facility shall have any liability to the other for such charges.

7. Nothing in this agreement shall be construed as limiting the rights of either institution to contract with any other facility on a limited or general basis.

8. As appropriate, agrees to refer patients back to the Transferring Institution's providers and rehabilitation facilities.

9. This agreement shall be in effect for one year from the date of this agreement and shall automatically be renewed for successive one year periods. However, it may be terminated by either facility upon 30 day written notice.

10. Nothing in this agreement shall be construed in a manner inconsistent with federal or state laws and regulations.
... or the Transferring Institution enter into this agreement and all of its conditions as stated above.

Signed:

__________________________  __________________________
Name:                      Date
Title:                      
Institution: ()

__________________________  __________________________
Date                      Date

Approved as to form:

__________________________  __________________________
On file                      Date:
Name:  _______________________________
Title:  Assistant Attorney General

Effective Date of Agreement: IMMEDIATELY