

CENTRAL STATE HOSPITAL  
POLICY AND PROCEDURE

SUBJECT: **INTRAHOSPITAL TRANSFER OF CLIENTS**

ANNUAL REVIEW MONTH: June

RESPONSIBLE FOR REVIEW: Chief Medical Officer

LAST REVISION DATE: September 2005

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**I. PURPOSE:**

To clarify the process by which clients from the three Divisions can be transferred from one division to the next depending upon therapeutic and physical needs of the client.

**II. DEFINITIONS:**

Intrahospital Transfer- The movement of a client from one division to another based upon clinical data.

Intradivisional Transfer- The movement of a client from one program within a division to another based upon clinical data.

Emergent Transfer- A transfer that must take place immediately based upon the emergency need of services in a particular division to address the symptoms of the client to be transferred.

Planned Transfer- A transfer of a client from one division to another based upon the therapeutic value of the client. Transfers will take place within two business days of a referral unless the transfer is not accepted.

For various therapeutic and safety reasons, it is necessary to transfer a client between two divisions of the hospital, or within programs of one division. The purpose of a transfer is always for the therapeutic value to the client.

**PLANNED TRANSFERS OF CLIENTS WITHIN CSH**

The transfer of a client from one unit to another within a Division or the transfer of a client from one Division to another is required to ensure the safety of the client and/or others; and the client's needs will be best met by the services provided in the receiving unit or Division.

RESPONSIBLE STAFF	ACTION
<b>PLANNED DIVISION TO DIVISION TRANSFER OF A CLIENT</b>	
1. Attending Physician	<p>Determine through interviews and review of client's medical record that the following criteria are present.  <b>NOTE:</b> The client must have "a &amp; d" OR "b &amp; d" OR "c &amp; d" to be recommended for transfer.            The client has:</p> <ul style="list-style-type: none"> <li>a) demonstrated recurring and/or physical assault and/or physical aggressiveness which places his/her safety or the safety of others in jeopardy.</li> <li>b) committed a serious act such as sexual assault.</li> <li>c) behavior prior to admission which may be considered a serious risk of imminent physical harm to himself/herself or others.</li> <li>d) needs which may best be met by the clinical services in the receiving Division.</li> </ul>
2. Treatment Team Leader	<ul style="list-style-type: none"> <li>1. Ensure documentation of the following by the Treatment Team in the Treatment Team Review format when a client is being recommended for transfer. The Treatment Team Review note must include the following:               <ul style="list-style-type: none"> <li>a. current diagnosis</li> <li>b. rationale to include the client's specific behaviors and needs including how the behavior impacts the environment and the safety of others.</li> <li>c. interventions such as special observations, use of restrictive procedures, evaluation of the use of psychotropic medications and behavioral interventions that were considered and found ineffective and reasons for ineffectiveness.</li> </ul> </li> <li>2. Submit recommendation to Division Clinical Director with a copy of the Treatment Team Review note as specified above.</li> </ul>

RESPONSIBLE STAFF	ACTION
3. Referring Clinical Director	1. Reviews recommendation and documentation by the Treatment Team.

	2. Consults with the Clinical Director of the receiving Division.
4. Receiving Clinical Director	Consults with Division Chief and other appropriate staff in their Division
5. Referring/ Receiving Clinical Directors	Submits the agreement/non agreement with supporting documentation to the CMO for final approval/disapproval.
6. CMO	Makes decision relative to the transfer request and advises the Referring and Receiving Clinical Directors and Division Chiefs.
<b>CMO Agrees to Transfer</b>	
7. Referring/ Receiving Clinical Directors &/or Division Chiefs	Notifies the designated staff in their Division of the decision regarding the transfer.
8. Designated Staff of Referring & Receiving Divisions	Ensures the following are notified: Service Director, Nurse Executive, Attending Physician, Unit Charge Nurse, Team Leader, and Therapists.
9. Referring Unit Charge Nurse	<ol style="list-style-type: none"> <li>1. Obtains order for transfer</li> <li>2. Follows the appropriate Nursing "Transfer Out" Protocol.</li> <li>3. Notifies the Receiving Unit Charge Nurse of the transfer</li> </ol>
10. Receiving Unit Charge Nurse	Follows the appropriate Nursing "Transfer In" Protocol.
11. Referring Physician	In the event that the client is accepted by receiving Division, referring physician will assess client's level of observation and will ensure that an adequate level of observation is provided during transfer of client to the receiving unit.
12. Receiving Physician	Client will remain on the level of observation ordered prior to and during the transfer until receiving physician evaluates the client and determines appropriate level of observation.
<b>CMO Doesn't Agree with Transfer</b>	
13. Referring Clinical Director	Consults with Division Chief, attending physician and treatment team for additional interventions to address the needs of the client.

<b>PLANNED UNIT TO UNIT TRANSFER OF A CLIENT WITHIN A DIVISION</b>	
1. Attending Physician	<p>Determine through interviews and review of client's medical record that the following criteria are present.</p> <p><b>NOTE:</b> The client must have “a &amp; d” OR “b &amp; d” OR “c &amp; d” to be recommended for transfer.</p> <p>The client has:</p> <ul style="list-style-type: none"> <li>a) demonstrated recurring and/or physical assault and/or physical aggressiveness which places his/her safety or the safety of others in jeopardy.</li> <li>b) committed a serious act such as sexual assault.</li> <li>c) behavior prior to admission which may be considered a serious risk of imminent physical harm to himself/herself or others.</li> <li>d) needs which may best be met by the clinical services in the receiving unit.</li> </ul>
2. Treatment Team Leader	<ul style="list-style-type: none"> <li>1. Ensure documentation of the following by the Treatment Team in the Treatment Team Review format when a client is being recommended for transfer. The Treatment Team Review note must include the following: <ul style="list-style-type: none"> <li>a. current diagnosis</li> <li>b. rationale to include the client’s specific behaviors and needs including how the behavior impacts the environment and the safety of others.</li> <li>c. interventions such as special observations, use of restrictive procedures, evaluation of the use of psychotropic medications and behavioral interventions that were considered and found ineffective and reasons for ineffectiveness.</li> </ul> </li> <li>2. Submit recommendation to the Division Clinical Director with a copy of the Treatment Team Review note as specified above.</li> </ul>
3. Division Clinical Director	<ul style="list-style-type: none"> <li>1. Reviews recommendation and documentation by the Treatment Team.</li> <li>2. Consults with the Division Chief</li> <li>3. Makes decision relative to the transfer request and notifies the designated staff.</li> </ul>
4. Designated Staff	Ensures the following are notified: Service Director, Nurse Executive, Attending Physician, Unit Charge Nurse, Team Leader and Therapists
<b>Division Clinical Director Agrees to Transfer</b>	
5. Referring Unit Charge Nurse	<ul style="list-style-type: none"> <li>1. Obtains order for transfer</li> <li>2. Follows the appropriate Nursing “Transfer Out” Protocol.</li> </ul>

	3. Notifies the receiving Unit Charge Nurse of the transfer
6. Receiving Unit Charge Nurse	Follows the appropriate Nursing "Transfer In" Protocol.
7. Referring Physician	In the event that the client is accepted by receiving Division, referring physician will assess client's level of observation and will ensure that an adequate level of observation is provided during transfer of client to the receiving unit.
8. Receiving Physician	Client will remain on the level of observation ordered during transfer until receiving physician evaluates the client and determines appropriate level of observation.
<b>Division Clinical Director Doesn't Agree with Transfer</b>	
9. Division Clinical Director	Consults with attending physician and treatment team for additional interventions to address the needs of the client.

<b>EMERGENCY</b> (is defined as occurring after hours, weekends & holidays) <b>TRANSFERS – DIVISION TO DIVISION</b>	
1. Referring Unit Charge Nurse	<p>1. Determine through observation and review of client's medical record that the following criteria are present.            NOTE: The client must have “a &amp; d” OR “b &amp; d” OR “c &amp; d” to be recommended for transfer.            The client has:</p> <ul style="list-style-type: none"> <li>a. demonstrated recurring and/or physical assault and/or physical aggressiveness which places his/her safety or the safety of others in jeopardy.</li> <li>b. committed a serious act such as sexual assault.</li> <li>c. behavior prior to admission which may be considered a serious risk of imminent physical harm to himself/herself or others.</li> <li>d. needs which may best be met by the clinical services in the receiving Division.</li> </ul> <p>2. Document in the client’s medical record a detailed progress note containing the following:</p> <ul style="list-style-type: none"> <li>a. current diagnosis</li> <li>b. rationale to include the client’s specific behaviors and needs including how the behavior impacts the environment and the safety of others</li> <li>c. interventions such as special observations, use of restrictive procedures, evaluation of the use of psychotropic medications and behavioral interventions that were considered and found ineffective and reasons for ineffectiveness.</li> </ul>
2. Referring Unit Charge Nurse	Provides a verbal report to include clinical information pertaining to procedures under #1-Referring Unit Charge Nurse to the Shift Supervisor with a recommendation to transfer the client to another Division
3. Referring Shift Supervisor	Provides a verbal report to include clinical information pertaining to procedures under #1-Referring Unit Charge Nurse to the attending physician/designee (OD) with a recommendation to transfer the client to another Division
4. Referring attending physician/designee (OD)	Provides a verbal report to include clinical information pertaining to procedures under #1-Referring Unit Charge Nurse to the Clinical Director with a recommendation to transfer the client to another Division
5. Referring Clinical Director	<ul style="list-style-type: none"> <li>1. Consults with Referring Division Chief.</li> <li>2. Consults with the Receiving Clinical Director and Division Chief to determine if an emergency transfer can occur.</li> </ul>

<b>RESPONSIBLE STAFF</b>	<b>ACTION</b>
<b>Both Clinical Directors agree to the transfer</b>	
6. Referring/ Receiving Clinical Directors	Clinical Directors will notify their respective Shift Supervisors of the transfer.
7. Referring/ Receiving Shift Supervisors	Will notify their respective Charge Nurses and Service Directors of the pending transfer
8. Referring Shift Supervisors	Will notify the attending physician/ designee of the approval for transfer and request the order to transfer.
9. Referring Unit Charge Nurse	<ol style="list-style-type: none"> <li>1. Will follow the Nursing "Transfer Out" Protocol.</li> <li>2. Will notify the receiving unit Charge Nurse.</li> </ol>
10. Receiving Unit Charge Nurse	Will follow the Nursing "Transfer In" Protocol.
11. Referring Physician	In the event that the client is accepted by receiving Division, referring physician will assess client's level of observation and will ensure that an adequate level of observation is provided during transfer of client to the receiving unit.
12. Receiving Physician	Client will remain on the level of observation ordered during transfer until receiving physician evaluates the client and determines appropriate level of observation.
<b>First working day after transfer</b>	
13. Referring Team Leader	<ol style="list-style-type: none"> <li>1. Reviews the client's medical record and all other pertinent documentation, i.e., Incident Report, 24 Hr. Nursing Report, Transfer documentation, etc.</li> <li>2. Schedules a Treatment Team meeting for that day.</li> </ol>
14. Referring Treatment Team with a representative from the Receiving Treatment Team	<ol style="list-style-type: none"> <li>1. Reviews the client's Treatment Plan and if appropriate revises the treatment plan.</li> <li>2. If the client is able to return to the referring Division document in the Treatment Team Review format the following:               <ol style="list-style-type: none"> <li>a. plans for the client's return to the referring unit</li> <li>b. timeline for the transfer to occur</li> </ol> </li> <li>3. If the client's behavior and symptoms necessitate continued stay with the receiving Division, the referring treatment team members,</li> </ol>

	including the Clinical Director, will consult with the receiving Clinical Director and Division Chief.
15. Referring/ Receiving Clinical Director	Submits the agreement/non agreement with supporting documentation to the CMO for final approval/disapproval.
16. CMO	Makes decision relative to the transfer request and advises the Referring and Receiving Clinical Directors and Division Chiefs.
17. Referring/ Receiving Clinical Directors &/or Division Chiefs	If CMO agrees to transfer, notifies the designated staff in the Division of the decision regarding the transfer.
18. Designated Staff of Referring & Receiving Divisions	Follow procedures 7-12 of "Planned Transfer, Division to Division".
19. Referring Clinical Director	In the event the CMO does not agree with the transfer, consults with Division Chief, attending physician/designee for additional interventions to use with the client.
<b>The Clinical Directors do NOT agree to transfer</b>	
20. Referring Clinical Director	Consults with attending physician/designee for additional interventions to use with the client.

<b>EMERGENCY</b> (is defined as occurring after hours, weekends & holidays) <b>TRANSFERS – UNIT TO UNIT</b>	
1. Referring Unit Charge Nurse	<p>1. Determine through observation and review of client's medical record that the following criteria are present.</p> <p>NOTE: The client must have "a &amp; d" OR "b &amp; d" OR "c &amp; d" to be recommended for transfer.</p> <p>The client has:</p> <ul style="list-style-type: none"> <li>a) demonstrated recurring and/or physical assault and/or physical aggressiveness which places his/her safety or the safety of others in jeopardy.</li> <li>b) committed a serious act such as sexual assault.</li> <li>c) behavior prior to admission which may be considered a serious risk of imminent physical harm to himself/herself or others.</li> <li>d) needs which may best be met by the clinical services in the receiving unit.</li> </ul>

	<p>2. Documents in the client’s medical record a detailed process note containing the following:</p> <ul style="list-style-type: none"> <li>a. current diagnosis</li> <li>b. rationale to include the client’s specific behaviors and needs including how the behavior impacts the environment and the safety of others.</li> <li>c. interventions such as special observations, use of restrictive procedures, evaluation of the use of psychotropic medications and behavioral interventions that were considered and found ineffective and reasons for ineffectiveness.</li> </ul>
2. Referring Unit Charge Nurse	Provides a verbal report to include clinical information pertaining to procedures under #1-Referring Unit Charge Nurse to the Shift Supervisor with a recommendation to transfer the client to another unit.
3. Shift Supervisor	Provides a verbal report to include clinical information pertaining to procedures under #1-Referring Unit Charge Nurse to the attending physician/designee (OD) with a recommendation to transfer the client to another unit.
4. Attending physician/designee	Provides a verbal report to include clinical information pertaining to procedures under #1-Referring Unit Charge Nurse to the Clinical Director with a recommendation to transfer the client to another unit.
5. Clinical Director	Reviews the recommendation and supportive documentation and consults with the Division Chief.
<b>Clinical Director Agrees with Transfer</b>	
6. Clinical Director	Will notify the Shift Supervisor of the transfer.
7. Shift Supervisor	<ul style="list-style-type: none"> <li>1. Will notify their respective Unit Charge Nurses and Service Director of the pending transfer.</li> <li>2. Will notify the attending physician/designee of the approval for transfer and request an order for the transfer.</li> </ul>
8. Referring Unit Charge Nurse	<ul style="list-style-type: none"> <li>1. Will follow the Nursing “Transfer Out” Protocol.</li> <li>2. Will notify the receiving Unit Charge Nurse.</li> </ul>
9. Referring Physician	In the event that the client is accepted by receiving Division, referring physician will assess client’s level of observation and will ensure that an adequate level of observation is provided prior to and during the transfer of client to the receiving unit.
10. Receiving Physician	Client will remain on the level of observation ordered during transfer until receiving physician evaluates the client and determines appropriate

	level of observation.
11. Receiving Unit Charge Nurse	Will follow the Nursing “Transfer In” Protocol.
<b>First working day after transfer</b>	
12. Referring Team Leader	<ol style="list-style-type: none"> <li>1. Reviews the client’s medical record and all other pertinent documentation, i.e., Incident Report, 24 Hr. Nursing Report, Transfer documentation, etc.</li> <li>2. Schedules a Treatment Team meeting for that day.</li> </ol>
13. Referring Treatment Team with a representative from the Receiving Treatment Team	<ol style="list-style-type: none"> <li>1. Reviews the client’s Treatment Plan and if appropriate revises the treatment plan.</li> <li>2. If the client is able to return to the referring Unit, documents in the Treatment Team Review format:               <ol style="list-style-type: none"> <li>a. plans for the client’s return to the referring unit</li> <li>b. timeline for the transfer to occur</li> </ol> </li> <li>3. If the client is unable to return to the referring unit, then the client must meet the criteria for a planned transfer and the team must follow the procedure for the “Planned Transfer, Unit to Unit.”</li> </ol>
<b>The Clinical Director does NOT Agree to the Transfer</b>	
14. Clinical Director	Consults with attending physician/designee for additional interventions to use with the client.

<b>CLIENT WHO IS IN NEED OF EVALUATION BY THE REGIONAL DEVELOPMENTAL DISABILITY SPECIALIST</b>	
If a client is admitted to Psychiatric Services or the Forensic Services Division is identified as needing Developmental Disability services the following will occur:	
Social Service Provider	On the first working day after admission the client will be referred to the Region of Responsibility’s Developmental Disability Specialist.

**TRANSFER OF CLIENTS TO DEVELOPMENTAL DISABILITIES DIVISION**

Transfer from other Divisions to the Developmental Disabilities Division can take place only via the legal requirements related to criteria for individuals being hospitalized under DDD provisions. Technically, this implies that an individual must be discharged from one type of commitment and undergo those processes required for DD admission and commitment. The Developmental Disabilities Division shall perform all admissions in accordance with Chapter 37-4 of the Official Code of Georgia, Standards for Certification, and Participation in Medicaid ICF-MR and Long-Term Care Programs, JCAHO Guidelines for Consolidated and Long Term Care Facilities, and any applicable Ombudsman Reconciliation Act (OBRA) regulations. Admissions activities should include, but not be limited to, an adequate comprehensive assessment (CET), communication coordination, and available appropriate space in the least restrictive environment.

D.D. Division Chief	If the individual is determined by the Region to be appropriate for admission to DDD, ensures that the procedures as outlined in the DDD policy 100 (Admissions Policy) are followed.
Referring Physician	In the event that the client is accepted by DDD, referring physician will assess client's level of observation and will ensure that an adequate level of observation is provided during transfer of client to the receiving unit.
Receiving Physician	Client will remain on the level of observation ordered during transfer until receiving physician evaluates the client and determines appropriate level of observation.
D.D. Division Chief	In the event that the DD Division feels that an individual within that division would be more appropriately served through mental health, ensures that such referral is made to the Regional Office having responsibility for that individual.

**CLIENT WHO IS IN NEED OF NURSING HOME PLACEMENT**

If a client who is admitted to Psychiatric Services or the Forensic Services Division is identified as needing Nursing Home Placement the following will occur:

Treatment Team Leader	<p>Ensure documentation of the following by the Treatment Team in the Treatment Team Review format when a client is being recommended for placement. The Treatment Team Review note must include the following:</p> <ol style="list-style-type: none"> <li>1. current medical diagnosis</li> <li>2. rationale to include the client's specific behaviors, physical symptoms, medical needs as well as environmental factors that would require client to receive intermediate or skilled nursing care</li> </ol>
Referring Social Service Provider	<ol style="list-style-type: none"> <li>3. Obtain Release of Information from client or legal guardian</li> <li>4. Complete a DMA-6 and Level I.</li> <li>5. Upon completion of above forms, Social Worker will contact Georgia Medical Care Foundation for approval of placement.</li> <li>6. Document discharge plans in the medical record</li> </ol>
<p style="text-align: center;"><b>Level II Review of all clients with Primary Diagnosis of a Major Mental Illness, Mental Retardation and/or a Related Condition</b></p> <p>Georgia Medical Care Foundation will arrange a Pre-admission Screening and Resident Review (PASRR) assessments of persons with suspected or confirmed diagnoses of mental illness (MI), mental retardation (MR) and/or a related condition (RC), who are seeking admission to a Medicaid-certified nursing facilities in Georgia. Upon completion of assessment, GMCF will make a determination and will contact the referring Social Worker of their decision. <b>If client is approved, GMCF will provide the referring Social Worker a certification number. After obtaining the certification number, the following must occur:</b></p>	
Referring Social Service Provider	<ol style="list-style-type: none"> <li>7. Send approved DMA6, Level I and II (Level II if available already from GMCF) along with the most recent Physical Examination, Medical Behavioral Assessment and current list of medications to Admissions Coordinator for Craig Center.</li> <li>8. If additional information is needed as determined by the Admissions Coordinator, referring Social Worker must send information immediately for review.</li> </ol>
Admissions Coordinator	<ol style="list-style-type: none"> <li>1. Will contact referring Social Worker of the decision to admit or not admit client.</li> </ol>
<p><b>If client is accepted by Craig Center, the following must occur:</b></p>	
Referring Social Service Provider	<ol style="list-style-type: none"> <li>1. Inform treatment team of acceptance</li> <li>2. Contact legal guardian regarding transfer</li> <li>3. Arrange for transfer to Craig Center</li> </ol>

	4. Document in the medical record
Referring Unit Charge Nurse	5. Obtain order for transfer 6. Follows the appropriate Nursing “Transfer Out” Protocol.
Referring Physician	In the event that the client is accepted by Craig Center, referring physician will assess client’s level of observation and will ensure that an adequate level of observation is provided prior to and during the transfer of client to the receiving unit.
Receiving Physician	Client will remain on the level of observation ordered during transfer until receiving physician evaluates the client and determines appropriate level of observation.
<b>If client is not accepted by Craig Center, the following must occur:</b>	
Referring Social Service Provider	1. Inform treatment team and legal guardian of denial and document in the medical record.
Referring Treatment Team	2. Consults with Clinical Director and Division Chief for additional interventions to address the needs of the client.
<b>If client is not approved by Georgia Medical Care foundation, the following must occur:</b>	
Referring Social Service Provider	1. Inform treatment team and legal guardian of denial and document in the medical record.
Referring Treatment Team	2. Consults with Clinical Director and Division Chief for additional interventions to address the needs of the client.

**Approved:**

**This policy has been approved by the CMO and CEO December, 2005.**