Department of Veterans Affairs **VHA DIRECTIVE 2007-015**
Veterans Health Administration
Washington, DC 20420 **May 7, 2007**

INTER-FACILITY TRANSFER POLICY

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy regarding the transfer of patients to and from Department of Veterans Affairs (VA) medical facilities and transfers between VA and non-VA facilities as well as between VA facilities.

2. BACKGROUND

a. Inter-facility transfers are frequently necessary to provide patients access to specific providers or services. The movement of acutely ill people from one institution to another exposes the patient to risks, while in some cases, failing to transfer a patient may be equally risky. VHA has the responsibility to ensure that transfers into and out of its medical facilities are carried out appropriately, under circumstances that provide maximum safety for patients, and comply with applicable standards.

b. The provisions of Title 42 Code of Federal Regulations (CFR) 489.24 implement the Emergency Medical Treatment and Labor Act (EMTALA). While not technically subject to the EMTALA and the regulations implementing the Act issued by the Centers for Medicare and Medicaid Services (CMS), VHA complies with the intent of EMTALA requirements regarding the transfer of acute patients among health care facilities.

3. POLICY: It is VHA policy that all transfers in and out of VA facilities of in-patients or patients in the Emergency Department or Urgent Care Units are accomplished in a manner that ensures maximum patient safety and is in compliance with the transfer provisions of EMTALA and its implementing regulations.

4. ACTION

a. **Facility Director.** The facility Director, or designee, is responsible for ensuring that:

(1) A written policy is in effect that ensures the safe, appropriate, orderly, and timely transfer of patients. These policies must comply with Joint Commission on Accreditation of Health Care Organizations (JCAHO) hospital standards, particularly those standards dealing with emergency and non-emergency transfers and with transfer provisions of EMTALA and its implementing regulations. Policies must have provisions applicable to patients transferring both into and out of the facility. Transfers of in-patients from VA facilities to other VA facilities or non-VA facilities are considered discharges for documentation and statistical purposes. As such, discharge documentation guidelines as outlined in VHA Handbook 1907.01 must be followed. ***NOTE:*** *If a Veterans Integrated Service Network (VISN) has established procedures for transferof veterans within and between VISNs, these procedures must be reflected in the individual medical center's policies.*

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(2) Transfers are monitored and evaluated as part of VHA's Quality Management Program. VA Form 10-2649A, Inter-Facility Transfer Form (see Att. A), and VA Form 10-2649B, Physician Certification and Patient Consent for Transfer (see Att. B), are used to record data for both clinical and monitoring purposes.

(a) If a patient is being transferred to a VA facility from a non-VA facility, local or state forms which provide all the required information can be accepted as an alternative to VA Form 10-2649A and VA Form 10-2649B. These forms (VA or non-VA alternatives) must be included in the patient's record. If paper forms are used (either VA or non-VA), they must be scanned into the patient's electronic medical record.

(b) Completion of a templated note in the patient's Computerized Patient Record System (CPRS) with electronic signature is acceptable in place of VA Form 10-2649A. It has been adapted to a CPRS template which can be accessed from the Health Information Management website: http://vaww.vhaco.va.gov/him/NationalDocTemplate.asp?siteName=Health_Information_Management&sitePath=HIM See "CPRS Templates" and follow the instructions for downloading. It is acceptable for medical centers to add additional items to a CPRS-templated version of VA Form 10-2649A, but none of the elements in the official form should be removed.

(c) VA Form 10-2649B is available as an IMed Consent form. It can be located by launching IMed from the tools menu of CPRS and locating VA Form 10-2649B in the shared folder.

(3) If a patient refuses to consent to transfer, all reasonable steps are taken to secure the individual's written informed refusal (or that of a person acting on the patient's behalf). Patients have the right to refuse transfer if the facility offers to transfer and informs the individual (or the individual acting on the patient's behalf) of the risks and benefits to the individual of the transfer. The written document must indicate the person has been informed of the risks and benefits of the transfer and must state the reasons for the individual's refusal. The medical record must contain a description of the proposed transfer that was refused by or on behalf of the individual.

(4) No patient is transferred to the VA facility or from the VA facility to a non-VA facility, without the prior approval by an appropriately-credentialed, privileged, and responsible VA staff physician, or designee.

(a) No patient may be transferred from a VA facility to a non-VA facility without the prior approval from an accepting physician, or designee, at the receiving non-VA facility.

(b) The accepting physician, or designee, must speak directly with the referring physician, or designee, regarding the care of the patient. ***NOTE:*** *A nurse to nurse contact is essential.* These verbal communications need to allow for questions and answers from both transferring and receiving facilities. This is irrespective of whether the transferring facility is VA or non-VA.

(c) The sending facility assumes full responsibility for the patient during travel.

(5) An assigned designee, involved in any decisions or actions related to transfers, is a credentialed provider.

(a) The designee cannot be an individual who is at the VA as a post graduate trainee (intern, resident, or fellow). If the designee is not a physician, the designee must be a qualified medical person as determined by the facility's by-laws or rules and regulations.

(b) Transfer-related decisions by a non-physician designee may be made only after a physician is consulted and agrees with the action. Signatures of any transfer-related documentation by the non-physician designee must subsequently be counter signed by the physician consulted.

(6) Only the Emergency Department or Urgent Care Unit physician, or designee on duty and in charge, accepts patients for evaluation in the Emergency Department or Urgent Care Unit. ***NOTE:*** *Responsibility for accepting direct admissions to inpatient units is determined by local policy.*

(7) When a patient is accepted for transfer, the referring and accepting physicians, or their respective designees, agree on the following information, which the referring physician must record on VA Form 10-2649A. ***NOTE:*** *In the case of transfers from non-VA facilities, non-VA local forms meeting EMTALA requirements are an alternative.*

(a) The date and time transfer will occur.

(b) Documentation of the patient's (or legally-responsible person acting on the patient's behalf) informed consent to transfer (see Att. B, VA Form 10-2649B).

(c) Medical and/or behavioral stability of the patient for transfer.

(d) The mode of transportation and equipment needed.

(e) The appropriate level of care required during transportation and a health care professional trained to provide that care.

(f) Identification of the transferring and receiving physicians.

(g) Details of the need for care and the proposed level of care after transfer.

(h) Documentation of the patient's advance directive made prior to transfer, if any.

(8) Patient transfers comply with Section 1867 of the Social Security Act (Title 42 United States Code (U.S.C.) 1395dd) and its implementing regulation, 42 CFR 489.24 (d)-(f). If an emergency medical condition is determined to exist, any necessary stabilizing treatment, or an appropriate transfer, may be provided. The intent of these sections is to prevent a facility from transferring a patient with an emergency medical condition to another facility before the acute

condition has been stabilized, unless the receiving facility agrees to the transfer. VA facilities must comply with these provisions even though VA does not participate in Medicare or Medicaid. An emergency medical condition is defined in the implementing regulations as:

(a) "A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;

2. Serious impairment to bodily functions; or

3. Serious dysfunction of any bodily organ or part; or

(b) With respect to a pregnant woman who is having contractions:

1. That there is inadequate time to effect a safe transfer to another hospital before delivery; or

2. That transfer may pose a threat to the health or safety of the woman or the unborn child."

(9) If the VA facility has an Emergency Department or Urgent Care unit, it is in compliance with the emergency department provisions of 42 U.S.C. 1395dd, and its implementing regulation, 42 CFR 489.24(a). The intent of this provision is to ensure that all individuals with an acute medical condition, regardless of ability to pay, have equal access to emergency treatment in hospitals that have emergency departments. VA facilities with emergency departments or urgent care units must comply with these provisions even though VA does not participate in Medicare or Medicaid and even though VA's emergency departments and urgent care units are not licensed by the State, and do not hold themselves out to the public as a place that provides care for emergency medical conditions on an urgent basis without an appointment.

(10) If a patient presents to the facility with an emergency medical condition that has not been stabilized, the patient is not transferred, unless a failure to transfer the patient would itself be likely to result in greater harm.

(a) A transfer needs to be effected if the patient (or a legally-responsible person acting on the patient's behalf) makes an informed request, in writing, and acknowledges that this is to be done against medical advice, or a physician, or designee, certifies in writing that the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks of transfer.

(b) Any facility transferring patients with unstable medical conditions must:

1. Provide all medical treatment, within its capacity, which minimizes the risk to the individual.

2. Send all pertinent medical records available with the patient including the patient's advance directive (see VHA Manual M-1, Pt. I, Ch. 13, Par. 13.29).

a. In the case of a transfer between VA facilities, this item is satisfied if the relevant medical records at the referring facility are electronic records available for viewing at the receiving facility.

b. In the case of emergencies, the medical records to be sent include, at a minimum, all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of transfer, including: available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, and results of any tests.

c. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as possible.

3. Effect the transfer using the appropriate level of qualified personnel and equipment.

4. Obtain the consent of the receiving facility.

(c) VA physicians have the authority to deny or defer requests to transfer patients to their VA facility when there is reasonable doubt about the safe transfer of the patient. Very ill patients may require transfer to the nearest facility with appropriate level of care, rather than incur the risk of transfer over a longer distance to another VA facility.

(11) Efforts are made to keep the family and other caregivers informed regarding transfer plans, within HIPAA and VHA Privacy regulations.

(12) There is no delay in providing an appropriate medical screening examination, or further medical examination and treatment if required, in order to inquire about the individual's method of payment or insurance status.

(13) An on-call list of physicians on its medical staff is maintained in a manner that best meets the needs of the facility's patients in accordance with the resources available to the facility.

(14) There are written policies and procedures in place to:

(a) Respond to situations in which a particular specialty is not available or the on-call physician cannot respond because of circumstances beyond the physician's control.

(b) Provide that emergency services are available to meet the needs of patients with emergency medical conditions if the facility elects to permit on-call physicians to schedule elective surgery during the time that they are on call, or to permit on-call physicians to have simultaneous on-call duties.

(15) Appropriate administrative personnel at the receiving facility contact their counterparts at the referring facility to provide eligibility and administrative data.

(16) Travel for each inter-facility transfer is arranged appropriately, as follows.

(a) Transportation for the Transfer of Patient from one VA Facility to Another VA Facility

1. Transportation for the transfer of a patient from one VA facility to another VA facility is authorized at VA expense when:

a. The initial transferring VA facility is incapable of providing the necessary treatment, care or examination, or

b. The transfer is necessary for the continuation of services, as when:

(1) Patients are to be returned to the referring VA facility, (or place of residence as medically appropriate and eligible for beneficiary travel), upon termination of the required treatment.

(2) Patients in a terminal condition (defined as less than 6 months life expectancy as certified by a VA physician) are transported at VA expense to nearest appropriate site of care (e.g., VA or non-VA hospice, home, inpatient or nursing home facility).

2. Payment of transportation is the responsibility of the referring VA facility (each facility pays one way). ***NOTE:*** *Referring VA facility is responsible for round-trip transportation of patients, donors and escorts to VA transplant centers and to Parkinson's Disease Research, Education and Clinical Centers (PADRECCs.)*

(b) Transportation for the Transfer of a Patient from a Non-VA Facility to a VA Facility

1. Transportation for the transfer of a patient from a Non-VA facility to a VA facility is authorized at VA expense when:

a. A VA facility has accepted for admission a patient receiving emergency care at a non-VA facility at VA expense under 38 U.S.C. 1728, or

b. A VA facility has accepted for admission a patient determined eligible for beneficiary travel (38 U.S.C. Section 111) at VA expense, or

c. A veteran who was transferred from a VA facility to a non-VA facility at VA expense for emergency or other needed treatment and now needs to return to the referring VA facility.

2. The accepting VA facility must provide payment for the transportation.

(c) Transportation for the Transfer of a Patient from a VA facility to a Non-VA facility

1. Transportation for the transfer of a patient from a VA facility to a Non-VA facility is authorized at VA expense for emergency treatment, care or examination that is unavailable at the referring VA facility and the patient is unstable for transportation to the nearest VA facility offering the necessary treatment (see 38 CFR 17.52(a)(3) and VHA Manual M-1, Pt. I, Ch. 13, Par. 13.19).

2. The referring VA facility must provide payment for round-trip transportation.

(d) Mode of Transportation. Determination of the appropriate mode of transportation is the responsibility of the referring facility providers in conjunction with the receiving facility. Final determination is to be made by the referring facility provider.

NOTE: *Guidelines noted here only pertain to travel within the United States (U.S.) and the Philippines.*

(17) When active duty patients are being treated in a VA facility, TRICARE authorization is obtained prior to any elective transfer to a non-Department of Defense facility, as such authorization is required.

(18) Any concerns regarding transfers from or to a VA facility are reported to the VISN Chief Medical Officer (CMO).

b. **VISN Chief Medical Officer (CMO).** The VISN CMO is responsible for:

(1) Contacting any VA or non-VA facility that may have transferred a patient to a VA facility in a manner that violates this policy or other sections of EMTALA . ***NOTE:*** *Attachments C and D are sample memoranda; Attachment E is a sample letter; i.e., Notice of Investigation, for use with non-VA facilities.*

(2) Responding to any concerns of non-VA facilities regarding transfers from a VA facility.

(3) Initiating a fact-finding review in cases of possible inappropriate transfer to a VA medical facility from either another VA or from a private facility. The investigation must include discussions with all VA staff involved in the transfer, including the facility Director and Chief of Staff (COS) at the involved facilities.

5. REFERENCES

a. VHA Manual M-1, Part I, Chapters 4, 25, and 13.

b. Title 42 U.S.C. § 1395dd. (EMTALA)

c. HHS Rule implementing EMTALA 42 CFR 489.24.

d. Comprehensive Accreditation Manual for Hospitals, JCAHO, 2006.

6. FOLLOW-UP RESPONSIBILITY: The Office of Patient Care Services, Medical-Surgical Service (111), is responsible for the contents of this Directive. Questions may be referred to 202-273-8530.

7. RESCISSIONS: VHA Directive 97-001 is rescinded. This VHA Directive expires May 31, 2012.
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Michael J. Kussman, MD,MS, MACP
Acting Under Secretary for Health

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ATTACHMENT A

VA FORM 10-2649A, INTER FACILITY TRANSFER FORM

Below is an embedded copy of Department of Veterans Affairs (VA) Form 10-2649A, Inter Facility Transfer Form. The fillable version of VA Form 10-2649A can be found on the VA Forms website at: http://vaww.va.gov/vaforms .

VA Form 10-2649A has also been adapted to a Computerized Patient Record System (CPRS) template which can be accessed from the Health Information Management website: http://vaww.vhaco.va.gov/him/NationalDocTemplate.asp?siteName=Health_Information_Management&sitePath=HIM See "CPRS Templates" and follow the instructions for downloading.

You should use the latest version of Adobe Acrobat Reader to view this form.


10-2649A-fill.pdf

ATTACHMENT B

VA FORM 10-2649B, PHYSICIAN CERTIFICATION AND PATIENT CONSENT TO TRANSFER

Below is an embedded copy of Department of Veterans Affairs (VA) Form 10-2649B, Physician Certification and Patient Consent for Transfer. The fillable version of VA Form 10-2649B can be found on the VA Forms website at: http://vaww.va.gov/vaforms .

VA Form 10-2649B is also available as an IMed Consent form. It can be located by launching IMed from the tools menu of Computerized Patient Record System (CPRS) and locating VA Form 10-2649B in the shared folder.

You should use the latest version of Adobe Acrobat Reader to view this form.

10-2649B-fill.pdf

ATTACHMENT C

SAMPLE MEMORANDUM #1
(Department of Veterans Affairs (VA) facility to VA facility Transfer)

DATE:

TO: Medical Center Director or Chief of Staff at Referring VA Facility

FROM: Veterans Integrated Service Network (VISN) Chief Medical Officer (CMO)

1. National and local Department of Veterans Affairs (VA) policies specify that credentialed and privileged VA physicians must approve all transfers of individuals from other facilities to a VA facility. This helps provide for patient needs and ensures that the necessary services are available to meet those needs. It is VA policy to comply with Section 1867 of the Social Security Act, "Examination and Treatment for Emergency Medical Conditions and Women in Labor," forbids transfer of patients with unstablilized medical conditions except under narrow and specific circumstances.

2. On ___(Date)___, _____(Patient's Name and Social Security Number)_____. was transferred to _____(Name of Receiving VA Facility)_____ from your facility.

3. A concern has been raised that this transfer did not comply with VA policy because (choose as many as apply):

a. The patient was not provided with an appropriate screening examination prior to transfer.

b. The transfer was not approved by a VA physician.

c. The patient (or legally responsible person acting on the patient's behalf) did not consent in writing to the transfer.

d. There was no physician's certification that the benefits of transfer outweighed the risks.

e. Pertinent medical records did not accompany the patient at the time of transfer and/or

f. The transfer was not effected using qualified personnel and/or equipment.

4. I would appreciate your reviewing the facts of this case and contacting me so that we may discuss the matter further. My telephone number is _____.

Signature Block for the
VISN CMO

ATTACHMENT D

SAMPLE MEMORANDUM #2
(To Non-Department of Veterans Affairs (VA) Facility regarding possible inappropriate Non-VA Facility to VA Facility Transfer)

DATE:

TO: Medical Director or Chief of Staff at Referring Non-VA Facility

FROM: Veterans Integrated Service Network (VISN) Chief Medical Officer (CMO)

1. National and local Department of Veterans Affairs (VA) policies specify that credentialed and privileged VA physicians must approve all transfers of individuals from other facilities to a VA facility. This helps provide for patient needs and ensures that the necessary services are available to meet those needs. Section 1867 of the Social Security Act, "Examination and Treatment for Emergency Medical Conditions and Women in Labor," forbids transfer of patients with unstablilized medical conditions except under narrow and specific circumstances.

2. On __(Date)__, _____(Name and Social Security Number)_____. was transferred to the VA _____(Name of VA Medical Facility)_____. from _____(Name of Transferring Facility)_____.

3. We are required by VA policy, which has adopted the essential legal requirements of Section 1867, to report this transfer to Health Care Financing Administration (HCFA) because (choose as many as apply):

a. The patient was not provided with an appropriate screening examination prior to transfer.

b. The transfer was not approved by a VA physician.

c. The patient (or legally responsible person acting on the patient's behalf) did not consent in writing to the transfer.

d. There was no physician's certification that the benefits of transfer outweighed the risks.

e. Pertinent medical records did not accompany the patient at the time of transfer and/or

f. The transfer was not effected using qualified personnel and/or equipment.

4. The patient has been notified that contact may be made by HCFA regarding the transfer.

Signature Block for the
VISN CMO

ATTACHMENT E

SAMPLE LETTER, NOTICE OF INVESTIGATION
(Regarding Transfer from Non-Department of Veterans Affairs (VA) Facility)

(Date)

Dear ___(Patient's Name)_____:

On __(Date)__, your were transferred from ____(Name of Facility)_____ to the Department of Veterans Affairs (VA) ____(City and State)____ medical facility.

After careful review of the circumstance, we have decided to request an investigation of your transfer by the Centers for Medicare and Medicaid Services (CMS). This is an agency within the United States Department of Health and Human Services that administers the Medicare program. Someone from the CMS Regional Office in ___(City and State)____ may be contacting you.

The law which applies to cases such as yours is Section 1867 of the Social Security Act, "Examination and Treatment for Emergency Medical Conditions and Women in Labor." A copy is available upon your request.

If you have any questions, please contact _____(Name)_____ at ____(Telephone Number)__.

Sincerely,

Signature Block for the
Veterans Integrated Service Network (VISN) Chief Medical Officer