Transfer Evaluation Policy 2025-06

The Medical Consult Service is responsible for evaluating requests to transfer a patient to the Medicine Service.

From outside Hospitals, **evaluation of non-Urgent transfers should be *deferred* to the day-time week-day Medicine Consult service**. *Urgent* transfers from outside hospitals should be evaluated without delay.

- **Confirm that the patient is in a Medicine bed in the outside hospital** (transfers from non-Medicine services at outside hospitals are not candidates for transfer to the Medicine service at Elmhurst).
- Discuss the case with the requesting team and review records that the requesting doctors must fax to Elmhurst documenting the case. If the case requires specialty intervention (eg GI or IR) then we should first discuss the case with the relevant Elmhurst specialty team and confirm with them that they have discussed the patient and reviewed the relevant records and agree to perform the intervention requested. **Ordinarily, the patient should stay at the referring hospital until the day prior to the planned procedure**. **Unless there is an urgent/emergent indication, decisions to accept hospital-to-hospital transfers should only be made by the daytime week-day Medicine Consult Attending.**
- **Patients who are being transferred for a non-Medicine procedure should be transferred to the relevant service (not Medicine)**. You may hear that "Medicine patients have to go to Medicine" -*this has not been the policy of EHC for years*!
- **If the patient is currently in the Medical ICU in the referring hospital, they cannot be transferred to a non-ICU bed at Elmhurst.** If the referring hospital wants to transfer the patient to the EHC Medical ICU, then **refer them to the ICU Fellow** for discussion of the case. If the ICU Fellow and Attending decide to accept the transfer, then they should make arrangements with the referring hospital for the transfer.

From non-Medicine services in Elmhurst Hospital, transfer requests are evaluated from the perspective of **"Is the patient's medical disease sufficiently complex or demanding that they cannot be adequately managed by the primary team with help from the Medicine Consult?"** A formal Medicine consult be placed for all such requests, and **all transfer requests should be discussed with the supervising Medicine Consult Attending or Night Hospitalist** (note that **Bell Attendings should defer transfer decisions to the Consult Attending or Night Hospitalist**). **Note that, for example, "the patient has no further surgical issues" is not a valid reason for transfer to the Medicine service.** The Medicine Consult service will work closely with the consulting service to ensure that patients with medical problems will be well taken care of.

- **Be aware Surgery and the Surgical subspecialties have a stepdown unit which is staffed 24/7 with a dedicated team of NP's supervised and rounded on by the SICU attending**. If a transfer to Medicine is requested for closer monitoring, then the Medicine Consult should consider whether an upgrade to the Surgical stepdown or SICU is warranted instead.
- **Consults for SICU patients to be downgraded and transferred to Medicine (eg A4 Medicine) are considered non-emergent and should be answered by the daytime Medical Consult team.** If Medicine is consulted for such a transfer, the Consult resident should 1) ask the SICU to place the consult, 2) inform them that the consult will be evaluated in the morning, and 3) notify the Bedboard that they are not to transfer the pt to Medicine until the Medicine Consult resident says otherwise.
- **The Psychiatry service** is a special case as it is limited in the care it can provide. For example, **patients on the Psychiatry service cannot be given oxygen therapy, nor continuous IV fluids, nor can they care for patients who need contact, droplet, or airborne isolation** (please refer to Elmhurst Hospital Infection Control guidelines regarding Isolation policies). Moreover, they do not have resources for close nursing monitoring for acute medical conditions (eg hemodynamic instability, tachyarrhythmias, hypoxia). The Consult Service has a relatively low threshold for transferring Psychiatry patients to

Medicine for any of the above reasons. There are Medicine attendings who are employed by Psychiatry to manage the medical problems of their patients, so during normal working hours, reach out to them if you want to discuss a Medicine transfer request with them.

Required Transfer Information from Outside Hospitals

HHC Transfer office: 646-615-7078

1. Date
2. Sending Hospital
3. Sending Unit and contact number
4. Sending Housestaff/PA name and contact number
5. Sending Attending name and contact number
6. PCP name and contact number
7. Date of Admission
8. Reason for Admission
9. Current Bed type (i.e. medicine, telemetry, isolation needs, etc.):
10. Reason for Transfer
11. Detailed Hospital Course Summary
12. PMH
13. PSH
14. Home Medications
15. Allergies
16. Vital Signs
17. Physical exam (at time of transfer)
18. Inpatient Medications (include start and finish date)
19. Labs
20. Microbiology results
21. Pathology results
22. Imaging – written report and all significant imaging must be sent on a disc with the patient
23. Name and contact number of all consultants
24. Most recent primary attending progress note
25. Most recent consultant note (all following consulting services)
26. Assessment/plan
27. Each problem must be discussed

This information must be included in the records faxed to the Teaching Resident for evaluation of any transfer from an outside hospital. If the transfer request is from a hospital whose records we have access to via EPIC, this can be in the form of a detailed Transfer Summary note. Otherwise, it must be faxed to the Teaching Resident for review by the Teaching Resident, supervising attending, and relevant sub-specialty (whose expertise is the rationale for the patient being transferred to Elmhurst).